St George's Healthcare NHS
NHS Trust

ST GEORGE'S HEALTHCARE TRUST
SINGLE EQUALITIES STRATEGY

October 2007 – September 2010

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FOREWORD BY CHIEF EXECUTIVE AND CHAIR

St George's Healthcare Trust is responsible for improving the health and well being of a diverse local population in Wandsworth and Merton. We also serve and work with patients, users and staff from across London and from other parts of the country. We have a responsibility for them all and the duty to make their experience with us a welcoming and comfortable one.

St George's is planning to become a Foundation Trust, a commitment to Human Rights and to equality and diversity is an absolute must, particularly if we are to attract, involve and retain a diverse member base. We want to make sure that local people, patients – some of who come from all over the UK, users and employees see St George's as part of their community. We want diversity in our member base, it brings with it, fresh experience and expertise, innovation and creativity as well inclusive policies and decisions.

We believe in treating everyone who is involved with us, with value, with dignity and respect. This is reflected in our corporate objectives, in the way we involve and engage with our patients, local communities and with our staff. We also demonstrate it in how we communicate with people, in our policies and in how we train, inform and educate our staff.

This Single Equality Strategy heralds our next steps towards mainstreaming equalities into our core functions, into decision making, into business planning, policy development and staff management. This three year strategy sets out our obligations under equalities legislation, and in particular Human Rights Legislation, but more than that, how we will make a positive difference to the lives of everyone involved with us. By systematically setting out how we are going to do this and with clear leadership and commitment from leaders within the organisation, we are confident of making respect for human rights and equality a way of life at St George's.

Naaz Coker
Chair

David Astley
Chief Executive

1 Purpose of our Single Equality Strategy (SES)

The purpose of this Single Equality Strategy is to set out the way in which St George's Hospital will meet its duties under the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005 and the Sex Discrimination Act as amended by the Equality Act 2006 over the next three years.

In the past we have had three separate schemes on gender, race and disability and from November 2007, our objective is to bring our key priorities under all three schemes into a Single Equality Strategy. Within this new strategy the Trust has developed measures and actions to ensure that we respect human rights, meet the requirements of various equalities legislation and ensure that in addition to race, gender and disability, discrimination on the grounds of age, religion and sexual orientation does not occur.

The SES outlines our actions over three years, aiming to address aspects of the general duty outlined in equality legislation **(see Appendix C)**. The general duty is a positive duty that builds equality into the beginning of the process of policy, decision making and plans rather than making adjustments at the end of these process. This simply means that as a public authority we actively seek out actual or potential discrimination, as well as barriers to access and do something about it, instead of waiting for a complaint or adverse effect on someone.

We have linked the SES closely to our functions, values and goals because of our commitment to make equality and human rights core to our leadership practices, service delivery and to our employment practices.

The Legal Context

The government is bringing together the three statutory equality commissions (Commission for Racial Equality (CRE), Equal Opportunities Commission (EOC) and Disability Rights Commission (DRC) to create a Commission on Equality and Human Rights that will, from October 2007, cover all equality strands (sexual orientation, religion and belief and age in addition to race, gender, disability) and human rights. It therefore makes sense that we develop an integrated strategy and one which mirrors the priorities and objectives for the new Commission.

Benefits of having a Single Equality Strategy

Having a Single Equality Strategy avoids unnecessary overlap between separate schemes, increases our focus on achieving positive outcomes, and also makes what we are doing to tackle issues of equality more accessible to the public. A Single Equality Strategy makes real business sense for St George's. This is because we acknowledge that there are people who do not experience fair access to services or a fair quality of life. This can have an adverse impact on the opportunities available to them as they progress through their lives. They can experience discrimination, harassment and other barriers to access/participation as a result of different aspects of their identity such as race, gender, age, sexuality, religion or disability. The specific incidences can happen at different points in their lives or interactions with public services but can have a deep and lasting impact. A single equality strategy will enable us to proactively tackle experiences of multiple discrimination and more effectively.

Involving disabled people

In line with the disability duty, disabled people were actively involved in the development of our Disability Equality scheme, published in December 2006. The Trust's Access Committee, made up disabled service users, representatives from community groups and staff led on surveys and on a consultation event. Their views informed the strategy and action plan. Members of the Access Committee were also involved in developing the SES. As we further the Single Equalities Strategy, we intend to build in the involvement of disabled people.

Consulting on the Strategy

St George's started consultations on its Single Equality Strategy from May 2007. Consultations will end in mid September 2007. The SES was sent as widely as possible to community and voluntary sector based groups, to staff and to all service areas in the Trust.

2 Reflecting on our Achievements 2007…..

At the end of December 2006, we agreed on key priorities for 2007/8. We committed to develop closer and more meaningful relationships with our local community groups; take forward actions we developed under our Disability Equality Scheme (DES); to mainstream diversity and equality considerations into policy development, service decisions and HR practices; to develop key performance indicators for diversity and to develop our diversity activities in Maternity Service and within Corporate Outpatient Services. The following are a few of our achievements to date:-

At the beginning of 2007, we published our first Annual Diversity Report, which has been widely communicated across the Trust, within the local community and amongst statutory partners.

As part of our commitment to build meaningful relationships with our local community, with patient groups and users and to bring them closer to decision making processes in the Trust, we organised a community workshop, 'Building Communities' in January 2007. The focus was on BME and hard to reach communities. It was well evaluated and several service improvement work streams, directly involving community groups and other statutory agencies (e.g. nutrition, sickle cell, diabetes) have developed from this workshop.

The core of our DES is to improve physical access across the Trust. The Trust allocated £450,000 towards improving physical access, this work has now started and progress is monitored by the Trust's Access Committee. The Trust is also making huge progress in actively involving disabled people in its activities, this includes representation on the Patient Reference Group which is supporting the Trust in its Foundation Trust activities and Clinical Services Strategy. The reference group is chaired by a Non Executive Director, with leadership from the Director of Nursing and Patient and Public Involvement. Working with Wandsworth PCT, we are working towards improving British Sign Language support in A&E.

Corporate Outpatient Services are responsible for providing support to over 400,000 patient appointments per year. The diversity team work closely with the service to build equality considerations into booking systems, service provision and staff workplace developments. The service is the only area within the Trust to make Diversity Training mandatory to all staff.

An integrated Single Equalities Strategy (SES) for 2007-10 was approved by the Equalities and Human Rights Committee in November 2007. This scheme, in line with current guidance) integrates duties and actions under legislation covering Race, Disability, Gender, Age, Sexual Orientation and Religious Choice.

Trust board papers include the requirement to undertake Equality Impact Assessments (EIA). This means that new and proposed activities, including those being reviewed must consider the implications of their proposals on human rights and the six equality strands. All new and revised corporate policies now follow standard Trust guidance, and the requirement to undertake an EIA has been integrated into the policy development process.

We have also held a series of EIA master classes for managers. The objective is to help them undertake meaningful EIAs and ensure that the issue of equality and human rights is central to policy development, planning, decision making, service and HR activities.

We continue to work with Maternity services to ensure that the needs of BME users, who make over 50% of the users of the service, are met. The service has engaged in early discussion with communities to meet the needs of a growing population of women who have very diverse health and communication needs . A major community stakeholder event is planned for November 2007 to consider how St George's could best deliver the core elements of the Department of Health - Maternity Matters promise of improved choice across the services by 2009.

We continue to deliver diversity training sessions for consultants, senior managers and teams across the Trust. We work with services in identifying diversity issues internally and develop remedial steps to address these issues.

At the beginning of 2008 we will publish our second Annual Diversity Report (for 2007), providing more detailed information about our work, progress made as well as areas for improvement. We will also include progress made on equality and human rights activities in our workforce and employment practices.

3 Equality and Human Rights Actions for 2007 - 2010

Section 3.2 of the Single Equality Strategy sets out how the Trust will continue to embed or mainstream equality and human rights into its core functions, policies, plans, decisions, services and employment practices.

Lead for mainstreaming will be the Director of Operations and Deputy Chief Executive, supported by the Equality and Human Rights team. Monitoring progress and Strategic guidance will be offered by the Equality and Human Rights Committee, chaired by a non executive director. The four diversity working groups (Access (disability), health, workforce and procurement will continue to work closely with appropriate services, to make equality a central part of their daily practices.

3.1 Priority areas for Single Equality Strategy

Our Single Equality Strategy will aim to do the following:

- **Mainstream Equality and Diversity considerations** into areas assessed as relevant to diversity– as part of this ensure that consideration of equalities issues are at the mainstream of thinking and day-to-day practice across the trust.
- **Meet Legislative duties** - provide a coordinated approach to meeting legislative duties under race, gender and disability
- **Continue to Improve access to services** - continue to improve access to services for all patients, users of our services
- **Accessible and Responsive communication and information materials -** continue to improve communication and information materials, with a particular focus on disability
- **Meet employment equality duties** - build diversity and equality considerations into workforce and employment practices
- **Equality and Diversity training and education** for staff
- **Identify and address actions under age, sexuality and religion** working with patients, users, staff and communities
- **Improve Partnership work, Community and User Involvement** around equalities
- **Performance manage and evaluate** the impact and difference we make as a result of our diversity and equality activities

3.2 Ongoing equality activities since 2006

Embedding EIA into how decisions, services and policies are developed, reviewed in the Trust	Marie Grant
Developing Performance Indicators for Diversity	Margaret Adjaye,
Ethnicity Monitoring – working towards 100% Training for staff collecting ethnicity data	Service areas Diversity team
Improving physical access at St George's with disability as a key consideration working closely and with involvement from the Trust's Access Committee	Neal Deans Mary Kyne
Building relationships with local diverse community, patient and voluntary sector based groups, improving their participation in decision making within the hospital	Wilfred Carneiro, Equality and Outreach Facilitator
Working within clinical service areas to embed diversity more fully into their teams, within services and decision making processes – maternity services, corporate outpatients, stroke, diabetes, nutrition, theatres, ENT, NSF for Older people, Sickle Cell,	Margaret Adjaye, Wilfred Carneiro
Partnership work with other statutory agencies and external groups	Margaret Adjaye, Wilfred Carneiro, Sue Cooper
Employment and workforce actions • Workforce monitoring by diversity • Building race equality into workforce practices • Disability monitoring, including the recording of reasonable adjustments made • Delivery of fairness and flexibility training for managers • Diversity training for consultants and trainee doctors • Team based training activities • Conflict management and customer care training with diversity as a key consideration • Impact assessments of HR policies	Moji Adetoye, Debbie Eyitayo, Kate Thorp , Louise Holmes, Wilfred Carneiro, PALS team
Annual Diversity Report, including summary of EIAs undertaken	Margaret Adjaye, Wilfred Carneiro, Moji Adetoye

3.3 Equality Actions for 2007 – 2008

Action	By Whom	By When
MAINSTREAMING DIVERSITY		
• Widely communicate SES and diversity values/priorities across the Trust	Marie Grant	December 2007
• Continue to ensure that the Board, Executive Committee and other strategic committees within the Trust consider equality implications of decisions and plans	Marie Grant	Ongoing
• Agree and set equalities objectives for senior managers in the Trust. As part of this, each Assistant Director of Operations to identify and work on one equality action for 2007/8 which will enable diversity to be mainstreamed into their core functions, policies and activities	Marie Grant	March 2008
• Foundation Trust Programme: - mainstream diversity and equality considerations into membership, transformational change, communication and human resource strategies, activities, plans and decisions. Key outcomes – ensure fair representation, equal access and equal outcomes for patients, users, staff, local community	Geraldine Walters, Head of Communications, Wilfred Carneiro and Val Moore	May 2007 until October 2008
IMPROVING ACCESS TO SERVICES		
• Focus on maternity services, corporate outpatients, sickle cell, fractured neck of femur, stroke and diabetes – key diversity considerations are age, gender, disability, race and religion • Work with SLA lead to ensure Trust activities recognise diversity within its activities	Wilfred Carneiro	March 2008 and ongoing
MEET LEGISLATIVE DUTIES UNDER RACE, DISABILITY AND GENDER		
Disability Access		
• Improve BSL interpreting support, particularly in A&E	Sarah Houston	December 2007
• Improve communication on free on site parking	Neal Deans	December 2007
• Ensure that those with cancer and other disabilities have improved access to car parking	Neal Deans	December 2007
• Promote the use of Grosvenor wing as the main entrance for use by disabled people	Neal Deans	December 2007

• Transport Services – undertake EIA on Transport services contact and improve transport services with disability as a key consideration • Disability Equality training for trust staff **Gender Equality** • Focus on those areas where health care has been shown to make a difference in mortality and assess whether gender differences can be found, on the basis that there should be equal access to treatments that make a clear difference to mortality (in the first instance). Updates to the Equality and Human Rights Committee **Monitoring and Statistics** • Develop and publish useful statistical data on diversity with some guidance to support service areas in mainstreaming activities. • Work with ICLIP team to mainstream disability monitoring into new system **Equality Impact Assessments** • Introduce intranet based EIA process developed by WPCT into St George's • Provide training for Trust staff to support EIA process. • Prioritise for assessments, key policies with high impact to diversity **Annual Diversity Report** • Produce and widely publish annual report on diversity and equality activities	Mary Kyne and Shola Adegoroye Wilfred Carneiro and Louise Holmes Trudi Kemp Wilfred Carneiro Wilfred Carneiro Wilfred Carneiro and HR team	March 2008 March 2008 December 2007 March 2008 October 2007-December 2008 Feb 2008
PARTNERSHIP WORK, COMMUNITY AND USER INVOLVEMENT • Organise Maternity Services event, with active involvement from BME and religion/faith communities	Wilfred Carneiro and Angela Helleur	November 2007
EMPLOYMENT EQUALITY DUTIES o Screen HR Policies for relevance to Diversity and prioritise for assessments from 2007 – 2010 **Disability Equality** o Set up database of reasonable adjustments requested and implemented for disabled staff. Publish results in Annual diversity report	Senior HR Managers Debbie Eyitayo	September 2007 March 2008 `

o Include disability equality in customer care training programme	Louise Holmes	September 2007
Race Equality Assess and improve developmental needs of BME nursing staff as part of Trust objective to have fair representation and equal opportunities for all, starting with Nursing • Outcomes and proposed next steps to Diversity Committee March 2007 • Implementation of outcomes/recommendations and progress update to Diversity committee – Sept 07 and March 08	Moji Adetoye and Workforce Group Sue Cooper	March 2007 March 2008
Age Discrimination Embed age considerations into HR policies and procedures. Ensure that policies comply with legislative requirements. Review retirement policy and recruitment process with age in mind	HR Managers	March 2008
Gender Equality o Equal Pay Policy – the specific duty on equal pay requires us to develop and publish a policy on developing equal pay arrangements between women and men, including measures to promote equal pay, ensure fair promotion and development opportunities and tackle occupational segregation. This duty also implies the collation and publication of data which will indicate changes in the gender pay gap, and the gender balance in different areas of employment and in occupational grades. Develop actions address gaps for 2008/9	Moji Adetoye, Debbie Eyitayo	March 2008
o EIA on Trust Recruitment Policy and Procedures. As part of this look at ratio of men and women who apply for positions and those successful and see if there is gender imbalance and take appropriate steps to close gaps identified, particularly in posts that do not require qualifications e.g. HCAs. As part of EIA consider implications for disability and check compliance with 2 ticks symbol. Engage with local community groups and disability organisations to promote opportunities for disabled people	Moji Adetoye, Debbie Eyitayo,	March 2008
IDENTIFYING ACTIONS UNDER SEXUALITY, RELIGION AND BELIEF		
• Identify two actions for Religion or Belief working closely with the Trust's Chaplaincy team and with faith groups/staff for implementation by 2010 • Identify two actions for sexuality working closely with the Wandsworth Lesbian Gay, Bisexual and Transgender group/staff for implementation by 2010	Wilfred Carneiro Wilfred Carneiro	March 2008 March 2008

PERFORMANCE MANAGING AND EVALUATING IMPACT OF DIVERSITY ACTIONS • Complete and implement performance indicators for diversity • Involve disabled groups, patient and community groups in reviewing and agreeing actions for 2008 – 2009 (ensure that review considers and includes actions on sexual orientation and religion/belief 2008/9)	 Margaret Adjaye Mary Kyne and Wilfred Carneiro	 March 2008 March 2008

3.4 Equality and Diversity Actions 2008 – 2009

Action	By Whom	By When
MAINSTREAMING DIVERSITY • Integrate diversity into SOC • Ensure that diversity and in particular disability issues are mainstreamed into ICLIP programme • Continue to mainstream diversity more fully into Foundation Trust programme	 Trudi Kemp Wilfred Carneiro FT Membership group	 October 2008 October 2008
MEET LEGISLATIVE DUTIES UNDER RACE, DISABILITY AND GENDER **Disability Equality** • Deliver on actions under disability strategy – improvements to approach routes, car parking, external ramps, way-finding, signage, external steps, entrances, reception areas/lobbies, lifts, external works, general access, WCs for disabled people, suitable seating to provide rest areas for patients and visitors with mobility issues • Purchase and place hard of hearing signs, vision impairment signs near patients beds • Undertake DOH site access audits to improve quality of access for disabled people • Induction loops in key strategic services and in all outpatient reception areas • Evacuation procedures and fire safety procedures recognise and includes the needs of disabled patients, users and staff • Bid to the Charitable foundation for funds to purchase a tape recorder/copier for	 Neal Deans and Capital projects team Mary Kyne Neal Deans Mary Kyne Mary Kyne Sarah Houston	 2007 – 2009 July 2008 2007 – 2009 2007 - 2009 July 2008 December 2008

[1] Indicators of the Nations Health: Female/Male death rates by selected causes, http://www.performance.doh.gov.uk/HPSSS/TBL_A4.HTM, accessed 11.2.2007.
[2] Rawaf, S. Health in Wandsworth: The Independent Annual Report of the Director of Public Health, 2004. Available from: http://www.wandsworth-pct.nhs.uk/pdf/public%20health/annual_report_05_06.pdf, accessed 14.2.07.

recording minutes so that lay reps with hearing impairments can be sent tapes on these		
Gender Equality • Focus on those areas where health inequalities between men and women can be found nationally (or if possible locally) and assess whether treatment as St Georges could make a difference to these outcomes. For example, the death rate per 100,000 from Ischemic Heart Disease in 2002 for men was 218.2 and for woman was 404.1[1]. Local statistics suggest significant gender difference for instance in deaths from stroke (112 deaths in women in 2003, compared to 62 in men[2]). A more detailed list could be drawn up of areas where work could be undertaken to determine if St Georges care contributes to or could ameliorate such differences.	Trudi Kemp	September 2008
Race Equality in Procurement • Take forward proposed Meet the Buyers event for local BME and other communities (engage gender, disability, race, religion, sexuality in the process)	Neal deans	July 2008
IMPROVE PARTNERSHIP WORK, COMMUNITY AND USER INVOLVEMENT		
• Organise disability event to promote awareness and understanding of disability amongst staff and promote good relations with involvement from disabled groups/community, voluntary and other statutory partners	Wilfred Carneiro and Access Committee	July 2008
• 'Young and Health Aware' - event for young people - bringing St George's closer to young people (involve other local partners and statutory organisations)	Wilfred Carneiro	September 2008
EMPLOYMENT EQUALITY DUTIES		
o Continue to assess the impact of HR policies and activities on race and equalities	HR Managers	Ongoing
o Review flexible working opportunities by gender as well as job sharing opportunities for women in senior management positions and develop actions to address any gaps identified 2008/9	Kate Thorp	June 2008
o Review and update the Employment of Disabled People Policy	Debbie Eyitayo	April 2008
PERFORMANCE MANAGING AND EVALUATING IMPACT OF DIVERSITY ACTIONS		
• Review and agree actions for 2009 – 2010 (ensure that review considers and	Wilfred Carneiro	December 2008

includes actions on age, sexual orientation and religion/belief 2009/2010)		

3.5 EQUALITY AND DIVERSITY ACTIONS 2009 – 2010

Action	By Whom	By When
MEET LEGISLATIVE DUTIES UNDER RACE, DISABILITY AND GENDER	Shola Adegoroye	April 2009
Disability Access • Improve appointment and waiting times for disabled people • Audible LCD Screens in all outpatient areas	Neal Deans `	December 2009
Gender Equality • To look at length of stay in hospital by gender.	Trudi Kemp	December 2009

SINGLE EQUALITY STRATEGY (SES) SUPPORTING INFORMATION AND APPENDICES

About St George's Healthcare Trust

St George's Healthcare Trust is a centre for clinical care, teaching and research. We currently provide the services of a district general hospital (secondary care) and specialist (tertiary care) hospital services from three sites. Our tertiary and specialist services account for about 40% of the Trust's work. The population served by each specialty varies, but almost all serve the 1.3 million people who live in the six Boroughs of South West London. Examples of these include cancer services, neonatal intensive care and plastic & reconstructive surgery.

A large number of our services, such as those for cardiothoracic medicine and surgery, neurosciences and renal transplantation also cover significant populations from Surrey and Sussex – about 3.5 million people. We also care for patients from an even larger catchment area in the South East of England, for specialties such as complex pelvic trauma. Some services treat patients from all over the country, such as family HIV care and bone marrow transplantation for non-cancer diseases. We also provide nation-wide endoscopy training from a state of the art facility.

We provide district general hospital services for people living in Wandsworth, Merton and the western parts of Lambeth – about 330,000 people. This includes emergency (A&E) services and emergency medical, children's, trauma and surgical services. We also provide the full range of general non-emergency medical, surgical and diagnostic services, alongside those for women and children. GPs refer patients to these services, but for some, patients can refer themselves directly.

We are the teaching hospital for three leading higher education institutions: Kingston University and Royal Holloway, University of London and we share the Tooting site with St George's, University of London medical school.

Our current work and future services are based upon a set of values that help guide us to work together to provide excellent care. These values state that we will

St George's Hospital - Our Values

- Treat all people with respect and dignity
- Deliver care in partnership with others
- Continually strive for clinical excellence
- Ensure probity and transparency in spending public money
- Be an exemplary employer
- Be committed to excellence in education, training and research
- Be open and honest with each other and those outside the organization

Becoming a Foundation Trust Hospital in 2008

St George's hospital is hoping to become a Foundation Trust in 2008. The key difference between a Foundation Trust and existing NHS Trusts is that local people and users of the service will have a real say in running their hospital by becoming members of the Trust and representing local views by becoming and/or electing governors.

There are real benefits to becoming a Foundation Trust. Local people, patients, users, staff

- will have a bigger say in how services are developed and provided and in this way support us to get our services right. This is a key requirement under equalities legislation.

  Duties set out under race and gender legislation require public bodies such as St George's to engage and involve local people in decisions so we get our policies, services and employment practices right for everyone. Disability legislation goes a step further, with a duty to make disabled people part of the organisation's culture, policy development and decision making processes.

- will have the opportunity to give their views about services (ensure that they receive honest feedback on what the Trust can and will do)
- will have a say on service plans and
- we will make sure we do what we say we are going to do

As a Foundation Trust we will be able to strengthen partnerships with our local communities and partner organisations which will help us to

- become champions for promoting health and well being
- become innovators and leaders in our field
- speak out for those who use our services
- make equality a reality and a commitment to human rights a 'can do'
- support communities we find hard to reach, including those who feel marginalized and excluded to challenge and eliminate stigma and promote social inclusion of all who use our services

Foundation Trust offer new financial freedoms and with this freedom we can prudently provide responsive, sensitive and efficient services, but also address some of the inequalities experienced by specific groups who use our services.

As we progress with our application and implementation of Foundation Trust, human rights, equality and diversity, will be integrated more closely into our human resources, communication, membership and transformational change activities.

Strategy Context

Socio economic and demographic trends in the UK show that our population is ageing becoming more ethnically diverse and more mobile. These changes increase the diverse nature and challenging needs of patients and users of health services in the UK.

Equality and diversity issues are high on the government agenda, this has been accentuated by legislation which introduces major responsibilities and rights for

groups/people who commonly experience disadvantage. These include the Race Relations Amendment Act, 2000, Disability Discrimination Act 2005, Sex Discrimination Act 1975, Equality Act 2006, Age Discrimination Act 2006. **Appendix C** captures succinctly the three key legislative duties (Race, Gender, Disability), driving our Single Equality Strategy and the related duties.

Appendix B provides some background information about equalities legislation and the duties which inform our Single Equality Strategy.

Reports such as the McPherson Report and the Formal Investigation on Health Inequalities by the Disability Rights Commission highlight the importance for public authorities including the Health service to respond proactively in meeting legislative duties, but most importantly to ensure that the health needs of the diverse patients and communities who use its services are not overlooked through our actions, decisions and activities.

National Context

Race and Ethnicity

We recognize the differences between the health of the general population and the health of black and minority ethnic groups (BME). Information from the Commission for Racial Equality show that people from many BME groups tend to have worse health than the wider population. Infant mortality is higher for children with mothers born in Pakistan and mothers born in the Caribbean; smoking rates are higher among BME men; BME communities are among the least satisfied with the services they receive and coronary heart disease is more common among South Asians.

Disability

There are an estimated 11 million disabled people in the United Kingdom (1 in five of the total adult population) and around 770,000 disabled children. Many of these disabled people have less obvious or non-visible impairments. Evidence from the Disability Rights Commission (DRC) suggests that disabled people do less well than non disabled people in many areas of life. For example they are more likely to do less well in terms of employment, income and education. They are most likely to face discrimination and negative attitudes and behaviours (Improving the Life Chances of Disabled People, Government Strategy Unit 2005). People with learning disabilities and mental health are also more likely to experience some serious physical illnesses than most citizens. In some cases these inequalities in health are reflected in further inequalities – in the health services they receive.

Gender

The differences between men and women in health status and use of services are significant. These differences also result from differences in income and social class, age, ethnicity and caring responsibilities. Some examples of inequalities in the area of gender include the following: men are three times more likely than women to commit suicide, death rates for colorectal cancer are 24.7 per 100,000 men compared to 14.7 per 100,000 women, life expectancy at birth for females in London is 81.1 years while for males it is 76.5 years, men have higher mortality rates due to respiratory, cancer and circulatory causes, women are more likely to suffer from arthritis and rheumatism over all age groups

Age
There is a great deal of anecdotal evidence of negative attitudes from healthcare providers towards older people that affect the quality of service they receive. Specific examples of inequalities experienced by older people include age discrimination (the most reported form of discrimination in the health service) and those aged 65 and over constitute one-sixth of the population and yet occupy two-thirds of general and acute beds. There are several national initiatives to help focus on care for older people and on reducing any adverse practices.

Sexual Orientation
Many lesbian, gay, bisexual and transgender (LGBT) people face discrimination in today's society. The experience of homophobia, transphobia and heterosexism can have a serious health impact, especially on young people. Sexual orientation and gender identity undoubtedly contribute to health inequalities and poor experience of health services. There is limited substantive guidance in England covering the health of LGBT people, their experience of health services and their quality of life. However, studies have shown that access to gender reassignment services is haphazard and provision of generalised health care is patchy and inadequate and LGB individuals have higher levels of mental ill health than their heterosexual counterparts;

Religion
Religion cannot serve as a context group for health status, disease patterns or health behaviors. However, although disease prevalence and access to health services have not been monitored by religion as a matter of course, there is evidence to suggest that large sections within some Muslim and other faith communities experience significant health inequalities. This is based on knowledge of health outcomes for Pakistani and Bangladeshi communities at a national level. Faith settings and networks can serve as an important avenue for health engagement and improvement

Local Context

Our community can be summarised as follows:

- Younger than the national average, with a large proportion of the local population aged between 20 and 44 years-old.
- More ethnically diverse than the national population, with local residents belonging to a wide variety of ethnic groups.
- More transient than the national population with immigrants from around the globe taking residence in the area, bringing with them a vibrant mix of cultures and beliefs.
- Widely varying in its level of deprivation - ranging from the very affluent to the very deprived.

And these trends are set to continue, as the population in South West London continues to grow at a higher rate than the national average bringing with it even further increases in the local young adult population, ethnic diversity, variations in deprivation.

Appendix A provides detailed profile of our local communities, patients, users and staff

Brief Overview of the Diversity and Human Rights Framework and Reporting processes

Clear lines of corporate accountability and leadership are essential to ensure equality and diversity is embedded into all structures and functions of the organisation. Tackling health inequalities is a corporate function and responsibility. The Trust Board and Trust Executive Group provide clear leadership to drive our equalities work, ensure compliance with legislative duties and promote health and well-being for our patients, users and staff.

Leadership and Accountability for Equalities and Diversity

The trust has a legal responsibility for ensuring that discrimination does not occur. The Trust is liable (together with its managers and staff) for any act of unlawful direct or indirect discrimination by its staff committed during the course of their employment unless it can prove that it did all that was reasonably practicable to prevent that act.

- The Board is accountable for making equality a reality and for compliance with our legislative responsibilities.
- The Chair and Chief Executive have overall responsibility for achieving equalities for all who come into contact with us.
- The Day to day responsibility for equality and diversity lies with the Director of Operations and Performance Management.
- Responsibility for the overall development, monitoring and day to day co-ordination of the Equal Opportunities Policy and employment matters rests with the Director of Human Resources.
- The Director of Nursing and Patient & Public Involvements is the trust's lead on patient and public involvement issues.

The above senior managers are all represented on the Trust's Diversity and Human Rights Committee, where they ensure that we value diversity, implement policies and practices which promote equality, address any potential discrimination and promote well being for all. The Trust Board receives a six monthly progress report.

The Equality and Human Rights Committee

The Diversity and Human Rights Committee was re-structured in January 2006. Now chaired by a Non- Executive Director, its members also include the Chair of the Trust , Chief Executive, Medical Director and other Executive Directors of the Trust. The committee meets twice yearly. It offers strategic guidance and sets the direction and focus of our equality and diversity work. The committee is supported by four operational sub-groups- Health, Workforce and Procurement.

- Workforce lead on identifying, monitoring, and addressing diversity issues within workforce planning, training, leadership, employment policies/activities.
- Health Working Group focuses on integrating diversity into clinical service design/improvements. The group monitors and ensures that our health, clinical

and medical services, policies and practices promote equity, tackle health inequalities and are targeted to real need.

- Procurement focuses on meeting our race equality duties in procurement and improves physical access to services/premises.
- Access Committee focuses on meeting our disability equality duties. The committee was instrumental in developing the Disability Equality scheme, and currently monitor its implementation and progress. They ensure that services we provide, policies and HR practices recognise disability and promote equality. Members on this group include disabled patients and users, community and voluntary sector groups who support and work with disabled people.

The Trust has developed clear terms of reference for the Committee and Working groups and these are reviewed annually. The Terms of reference for the committee is available on http://www.stgeorges.nhs.uk/equalitydiversity.asp
The Annual Report for Diversity 2006/7sets out the achievements of each working group.

Key areas assessed as having direct impact on equality and human rights

The key areas which have been assessed as having a direct impact to equalities are

- Service we deliver
- Policies, plans, strategies and procedures
- Procurement
- Allocation of resources
- Patient and Public Involvement
- Employment, Training and Development
- Information about services and access to information
- Foundation Trust

Our action plan clearly indicates what we will do to ensure that the above areas identified as significant to diversity and equality are appropriately assessed against equalities duties and promote equality for all.

Equality Impact Assessment (EIA)

An Equality Impact Assessment is a way of deciding whether an existing or proposed policy, procedure or service does (or could) affect people differently, and if so, whether it affects them in an adverse way. Where adverse impact is noted, appropriate actions are put in place or taken to address or minimise the impact. In effect, EIAs enable us to identify and tackle any likely discrimination within our services, and to delivery quality and equality focussed health services and employment practices.

St George's has developed guidance and a template for assessing the impact of its activities on diverse patients, users and staff**. A** copy of the template is available http://www.stgeorges.nhs.uk/EDRaceEquality.asp. Disability, age, race, gender, sexuality, religion, language and deprivation are key considerations within the assessment. The Trust's Guidance for developing policies, Business Planning process and items to the Board, include the requirement to carry out an equality impact assessment.

A summary of completed EIAs are published on the Trust's external website and Intranet.

New policies and those being reviewed

The Trust has agreed for new policies, procedures, strategies, services and those being reviewed to have equality impact assessments carried out.

Equality and Diversity Training

As required under legislative duties, the Trust has trained the Board in its duties and they receive regular updates.

Equality and Diversity is part of the Corporate Induction programme for all new staff

Equality and Diversity training is mandatory for managers – promoting race equality, tackling harassment and bullying and flexible working practices are central to the training programme.

Equality in Employment training is mandatory for our Consultants to enable them to sit on recruitment panels . The training looks at the different legislation driving equalities, how to effectively manage diversity and recruiting with diversity in mind. Diversity training is also mandatory for trainee doctors (F1) and it focuses on ensuring doctors have the competency and skill to deliver care and treat diverse patients equitably. Training for nursing staff include sessions on promoting dignity, value and respect in care.

The equality and diversity team provide team based training across the Trust – all staff in the Corporate Outpatients area have received diversity and equalities training. In addition to this, the principles underpinning equality and diversity are built into a wide range of training programmes across the Trust.

Diversity Monitoring

Ethnicity monitoring is statutory requirement for the Trust and we monitor progress through our performance management framework. Our Health Working group is actively working to embed disability monitoring into services and into our new IT systems. Our HR and employment activities are monitored by age, gender, disability and race.

The information we gather through ethnic and other diversity monitoring, including consultations with and feedback from our diverse patients, users and staff enable us to improve our functions, policies and practices and meet the general duties under the Race, Disability and Gender Legislation.

Community and Patient involvement

The Director of Nursing provides leadership on our Patient and Public Involvement (PPI) Work. Our Diversity team work closely with the PPI and Patient Advisory and Liaison Services (PALS) to consult and involve different groups in our policies and in decisions we make.

Through the Trust's Equality and Outreach Facilitator, we involve, engage and consult with diverse patients, service users, specific groups within the community, local people, staff groups, minority ethnic forum in the planning, delivery and evaluation of services.

Access to service, information and communication

Under Disability legislation we have a legal duty to ensure that wherever possible disabled people can use or receive the same services to the same standards as those who are not disabled; and that disabled people do not experience unlawful discrimination. Through the Access Committee we continue to work with disabled patients in developing a wide range of ways to ensure that disabled people have equal access, not just to our services and premises, but to information and to our communication materials and processes. A major part of this, will involve carrying out an equality impact assessment of our information, communication, interpreting and translation activities, to ensure that we improve the quality and choice of access to public information and services for everyone.

Publishing results of assessments, involvement and monitoring

The Diversity and Human Rights Committee monitors ongoing compliance with the general duties. The Committee publishes an Annual Diversity report, available on the Trust Website. We inform the public and employees of progress made, results of assessments, consultations and key outcomes through our patient and public involvement networks in the Trust, through local community, carer and voluntary sector groups.

Monitoring Progress

The Single Equalities Strategy will be monitored on a six monthly basis by the Diversity and Human Rights Committee. We will review progress against the disability, gender and race equality actions, and actions relating to age, sexuality and religion. On an annual basis, the Committee will formally review the strategy and related actions, with involvement from disabled people and other patient and staff groups. We will ask for their feedback on our services and employment activities, set against the agreed actions and against objectives set out under Standards for Better Health. Outcomes from the above assessments, from performance reporting and user involvement activities will inform our actions for the following year.

COMMENTS AND COMPLAINTS

Members of the public who feel that they have experienced discrimination in anyway whilst involved with the Trust, can make a complaint via the Trust's Complaints team on 0208 725 1543. A copy of the Trust's Complaint policy can be accessed via the Trust website.

PERFORMANCE MANAGING EQUALITIES

Guiding Principles

We are guided by the following principles

- Human Rights
- Anti discrimination
- Focusing on Individual needs
- Integration

- Involvement in decision making

We will review and assess the impact of our work against the following indicators

- Challenging discrimination
- Promoting equality of access and quality of services
- Support the provision of services appropriate to individual needs, preferences and choices
- Respect and promote human rights
- Further the NHS's reputation as a model employer
- Enable NHS organisations to contribute to economic success and community cohesion

We are currently developing key performance indicators for equality and diversity.

EMPLOYMENT EQUALITY DUTIES

The Trust employs around 5,500 staff on two main hospital sites; St George's Hospital in Tooting and the Bolingbroke Hospital beside Wandsworth Common, with further staffing opportunities at the Wolfson Regional Neurorehabilitation unit in Wimbledon.

Our staff work in a wide range of occupations and professions - all working together to provide superior healthcare for our patients. Their contribution is valued and respected by patients, users, our local community and by the Trust.

The Trust is committed to equality of opportunity for all, and will continue to ensure that its recruitment, training, employee relations, promotions, flexible working practices and other key employment policies recognise diversity, in particular age, gender, disability, race, sexual orientation, religious belief. Policies are currently being reviewed and impact assessments are central to the review process, ensuring that we meet out objective to be a fair and exemplary employer.

The Trust has policies and procedures for dealing with harassment and bullying and for tackling discrimination and inappropriate behaviours. The policies all recognise the different equality strands. Monitoring is in place to ensure that our policies continue to value diversity and promote equality..

We have nominated senior leads in HR for gender, race and disability. Their work is supported by the Workforce group, a sub group of the Diversity and Human Rights Committee. The group lead on implementing actions identified under Race, Disability and Gender.

Monitoring by diversity

St George's monitors its workforce and employment activities by ethnicity, gender, disability, sexual orientation, age and religious belief. We then produces and publishes an annual report . As statutorily required under equalities legislation we report annually on our activities by the above diversity strands. The reporting will focus on appointments and applications, staff by grade and job type, lengths of service, staff appraisal, training and development, grievances, complaints and disciplinary action, reasons for leaving, pay bands and flexible working practices.

As we develop our data and information recording processes, we aim to include secondments, performance development and review, staff promotions in future annual reports.

We will continue to use information we gather from our monitoring to improve how we recruit, train, develop and manage our staff. The information we gather will also inform training activities for our staff and for our managers.

Workforce Statistics by Diversity

We have produced our Annual Diversity report for 2006, available on http://www.stgeorges.nhs.uk/equalitydiversity.asp and it gives a detailed profile of our workforce and employment activities by gender, disability, age, race and where possible sexuality and religion.

Appendix A

Profile of our local communities

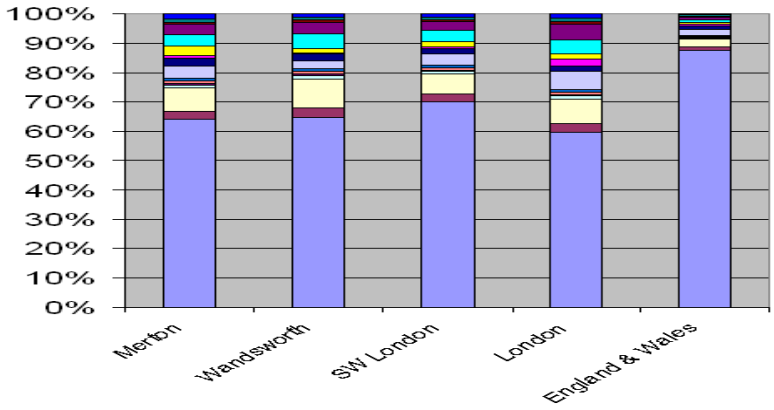
Ethnicity

St George's forms part of a vibrant and multi-cultural community in South West London.

Compared with the national average, the proportion of people from minority ethnic groups in this area is 30% higher in than the rest of England and Wales, which is just 13%.

Overall, across South West London 80% of people class themselves as White, 8% Asian, over 7% Black, 3% of mixed origin and 2% of other ethnic origins, such as Chinese. his is reflected in the chart below:

Ethnic origin in Wandsworth, Merton, South West London, England and Wales (2001)



Age and Gender

In South West London there is a higher proportion of men and women aged 20 - 44 years than in England and Wales. (See charts below). However, the opposite is true for children and older people with South West London having a lower proportion than the national average.

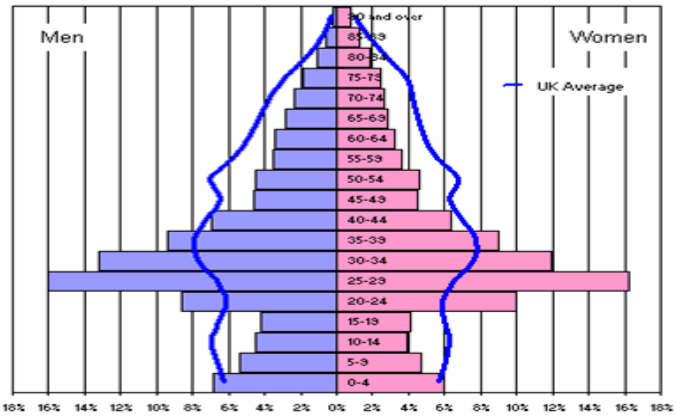
This pattern is even more pronounced in Wandsworth where 16% of its population are children aged between 0 - 15 and only 10% are older people aged above 65 years. Overall, the proportion of people aged 65 and over in South West London has decreased from 15% in 1991 to 13% in 2001.

This reflects the general trend in London, where the proportion of older people in this age group has decreased from 14% to 12%. Throughout the rest of England and Wales, this proportion has remained stable at 16%. However, the proportion of those aged 85 years and over in South West London has increased slightly over recent years, from 1.6% to 1.7%.

This increase reflects the increase in life expectancy over the last 15 years and the improvements made to healthcare in the area.

London Borough of Wandsworth (Age and Gender)

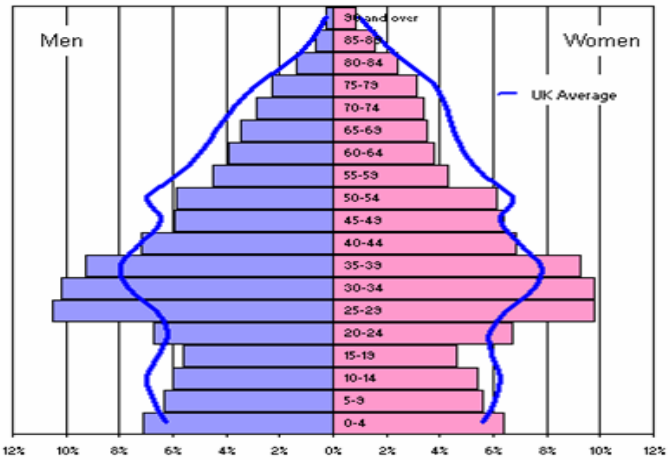
Percentage of the population in Wandsworth by age and sex, compared with the national average in England and Wales (represented by the blue line).



SOURCE: Office of National Statistics: revised mid-2001 population estimates, September 2003.

London Borough of Merton (Age and Gender)

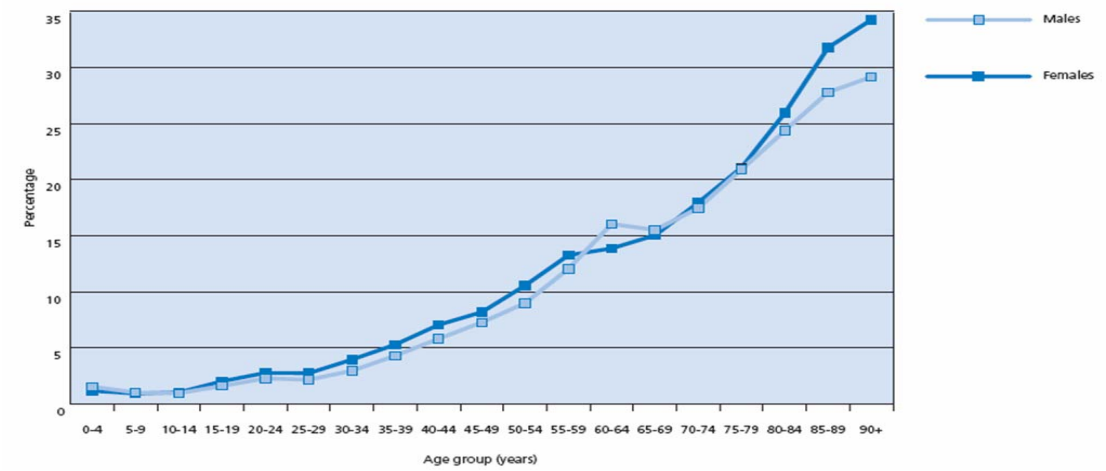
Percentage of the population in Merton by age and sex, compared with the national average in England and Wales (represented by the blue line).



Health

South West London and the borough of Merton tend in general to have better health than the national average, but this is not the case for Wandsworth. Wandsworth has the poorest health in people aged over 45 years old where 89 people out of every 1,000 in the area described themselves as being poor in health.

Health can be described in terms of absence of illness, the ability to cope with everyday activities, or as fitness and well-being. The Health and 2001 Census found people in South West London assessed their own health to be on average better than those in all other areas on London. (See below).



SOURCE: Health and the 2001 Census: South West London

73% of people in South West London considered their health to be very good, 20% fairly good and 7% not good. A further 14% of respondents stated that they had a limiting long-term illness.

Characteristics such as age, sex, social class, education and culture can influence the way individuals assess their health. The proportion of people rating their health as 'not good' increases greatly with age. This is possibly because older people are more likely to define health as the ability to cope with every-day life, while young people are more likely to define health as a measure of fitness, energy or strength.

A higher proportion of women rate their health as not good than men at all ages, except when at the retirement age of 60-64 years old. Nationally and in South West London, people living in more deprived areas are more likely to rate their health as not good.

However, it is not clear from current research how much of this is attributable to lifestyle choice, educational opportunities or environmental factors influencing the health of people living in these areas.

Health and ethnic group

Many studies of health in black and ethnic minority communities have shown higher reported incidences of illness than the white British community. This is probably due in part to different cultural beliefs and perceptions of illness. However, illnesses such as diabetes and heart disease are known to be more prevalent in people from the Indian sub-continent.

In South West London, the Pakistani and Bangladeshi groups had the poorest self-reported general health, with women in these groups being twice as likely as the average to rate their health as not good. The next poorest reported health was in the Indian, black, Caribbean and mixed-white and black Caribbean groups. People in the Chinese and black African groups rated their health the best with the lowest reported rated reported by black African men.

Health Inequalities

The question of self-reported general health in the census only provides a subjective measure of health. However, this question correlates closely with mortality rates in the local area. The average expectation of life at birth in males in Wandsworth (2001-2003) are listed below, but this can vary depending on the level of deprivation in the area:

Location	Expectation of life at birth
England	76.2 years
Wandsworth	75.6 years
Affluent Wandsworth ward	78.1 years
Deprived Wandsworth ward	70.3 years

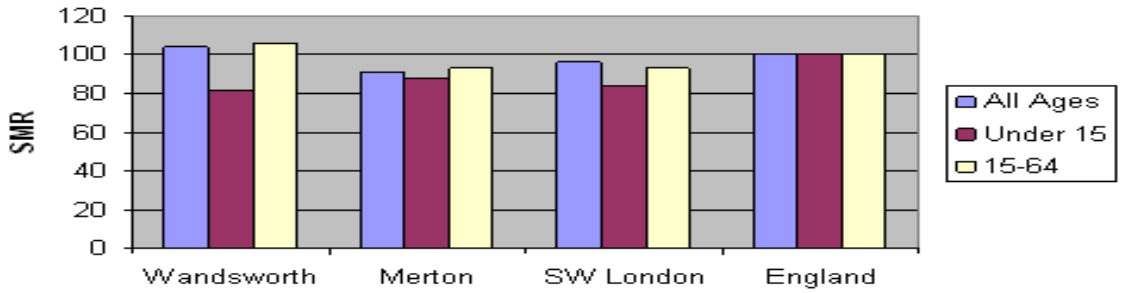
This level of variance between affluent and deprived areas is perhaps best exemplified with the standard mortality ratio for ischemic heart disease (1998-2002). The standard mortality ratio (SMR) is the ratio of the observed number of deaths to the expected number then multiplied by 100. These figures are based on age-specific mortality rates for England and Wales.

In Wandsworth, the SMR for ischemic heart disease is 93.0. When compared to affluent ward of Wandsworth this figure drops to 68.8. But in the deprived ward of Wandsworth the SMR increases to 168.4, meaning that on average people from the deprived areas of the community have a much higher risk of mortality with this disease than people from the most affluent areas. SMRs in the local areas for some of the most common conditions are:

Condition	Merton	Wandsworth	South West London	England
Circulatory Disease	88	96	93	100
All cancers	91	99	94	100
Bronchitis and Emphysema	91	114	85	100
Diabetes	71	128	93	100

The standardised mortality ratios for all causes - by age and by area - when compared with the national average are as follows:

Standardised mortality ratios for all causes (2001-200

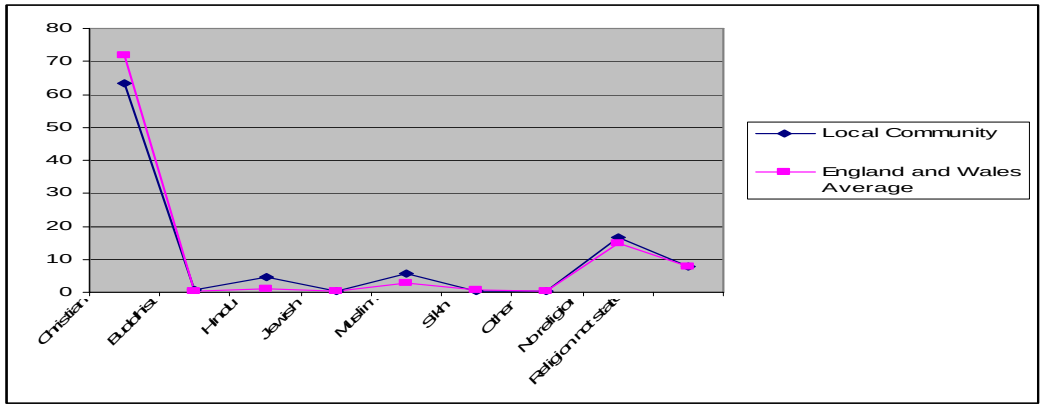


Disability

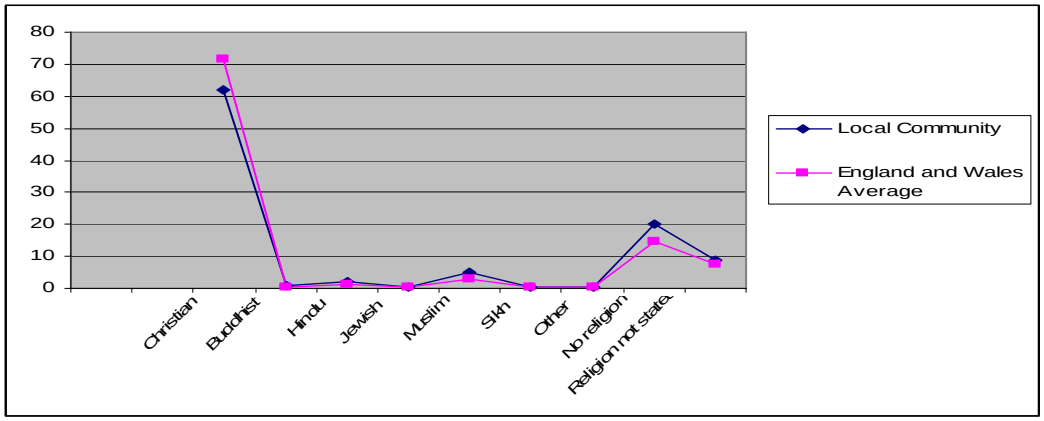
3.7% of the population in Wandsworth are permanently sick or disabled compared to 5.5% for England and Wales. 679 people are registered deaf, 997 are registered severely visually impaired (blind) and 736 people are registered visually impaired (partially sighted) according to local authority records. The data is correct as at August 2004.

Religion

Merton



Wandsworth



APPENDIX B

Equalities Legislation

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 the Convention rights, if that is possible.

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.

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 with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.

Employment Equality (Religion or Belief) Regulations 2003
These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of religion or belief. The regulations apply to discrimination on grounds of religion, religious belief or similar philosophical belief.

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).

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 grounds.

The Disability Discrimination Act 1995
This Act prohibits discrimination against disabled people in the areas of employment, the provision of goods, facilities, services and premises, and education; and provides for regulations to improve access to public transport to be made.

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 organizations including the production of Race Equality Schemes.

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.

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.

Disability Discrimination Act 2005
This Act makes substantial amendments to the Disability Discrimination Act 1995 (see above). 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 will come into force in December 2006.

The Equality Act 2006
Amended the Sex Discrimination Act 1975 to place a statutory duty on all public authorities, when carrying out their functions, to have due regard to the need to:

- Eliminate unlawful discrimination and harassment
- Promote equality of opportunity between women and men.

It also:

- Creates the Commission for Equality and Human Rights (CEHR) which will 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;
- Makes unlawful discrimination on the grounds of religion or belief (which includes non-belief) in the provision of goods, facilities and services, education, the use and disposal of premises, and the exercise of public functions;

- Enables provision to be made for discrimination on the grounds of sexual orientation in
- the provision of goods, facilities and services, education, the use and disposal of

The Employment Equality (Age) Regulations 2006
These took effect in October 2006 and cover employment and vocational training. It is unlawful to discriminate against anyone on the basis of age, and to include certain specifications relating to age in job adverts.

- Direct and indirect discrimination by employers on the grounds of age is prohibited in the areas of recruitment, promotion and training
- The only compulsory retirement age will be 65
- Employees over 65 have the right to claim unfair dismissal and redundancy
- Employers are obliged to notify employees at least six months in advance of their
- retirement date
- Employers must consider a request by an employee to continue working after age 65.

Definitions (Race Relations Act 1976)
Direct Discrimination consists of treating a person on racial grounds, less favorably than others are, or would be, treated in the same or similar circumstances.
Indirect Discrimination (colour or nationality) occurs when:
A. a person applies a requirement or condition
B. which is such that the proportion of persons of the same racial group who can comply is considerably smaller than persons who are not of that racial group, and
C. it cannot be shown that the condition is justified irrespective of the racial origins of the person concerned, and
D. it is to the person's detriment that s/he cannot comply.

Race Relations Act (Amendment) Regulations 2003
Indirect Discrimination (race, ethnic or national origin) occurs when a person, A, applies to another person, B:
A. a provision, criterion or practice which A applies to everyone; and
B. the provision, criterion or practice puts (or would put) people from B's race or ethnic or national origin at a particular disadvantage; and
C. the provision, criterion or practice puts B at a disadvantage; and
D. person A cannot show that the provision, criterion or practice is a proportionate means of achieving a legitimate aim.

APPENDIX C

Legislative duties for race, disability and gender

General Duties

Race	Disability	Gender
•Eliminate Unlawful Racial discrimination •Promote equality of opportunity •Promote good relations between persons of different racial groups	•Eliminate unlawful discrimination •Promote equality of opportunity for disabled persons and other persons •Eliminate harassment of disabled persons due to their disability •Promote positive attitudes towards disabled people •**Take account of disabled person's disabilities, even where that means treating disabled persons more favourably than other persons** •Encourage participation by disabled people in public life	•Eliminate unlawful discrimination and harassment •Promote equality of opportunity between men and women

Specific Duties

Race	Disability	Gender
•Race Equality Scheme (RES) and action plan by April 2002 •**Race Equality Impact Assessments** •Clear and evidenced based race equality goals •Consultation with stakeholders •Employment monitoring •Staff training •Publication of information •Review and revise RES every three years	•Disability Equality Scheme (DES) and Action plan by December 2006 •**Disability Equality Impact Assessments** •Monitoring •Clear and evidence based disability equality goals •Involvement of disabled people in development of DES •Report against DES annually •Review and revise DES every three years	•Gender Equality Scheme and action plan by April 2007 •**Gender Equality Impact Assessment** •Clear and evidence based gender equality goals •Consultation with stakeholders •Equal Pay policy statement •Report against GES annually •Monitoring •Review and Revise GES every three years

APPENDIX D

Appendix III

If Policies are identified as
High equality proofing, actions to address and minimise impact
Medium equality proof and any actions
Low equality proof and any actions

All new policies need to be equality proofed before implementation. However if the policy is due to be reviewed equality proofing and appropriate actions must be taken to ensure it meets General Duties under RRA and other equality legislation. These policies will be reviewed over a 3 year cycle of this scheme.

Policies with a High Relevance to Race and Equalities

Policy	Policy
Access Policy	Patient Information Policy
Adult Self-Administration of Medication	Patients Dying in Hospital - Guidance for Staff
Agreed Statement of Intent on the Management of Prisoners in Hospital	Patients' Own Drugs & Administration Policy
Annual Leave	Performance Review Policy
Appeals Procedure against formal disciplinary action	Policy on the Employment of Disabled People
Arrangements	Policy on the involvement of Volunteers within St. George's Healthcare
Balancing Work and Personal Life (Special Leave)	Policy on Writing Policies
Blood Transfusion Policies & Procedures	Policy Statement on Implementing Change
Capability Procedure	Pressure Ulcer Prevention and Wound Management
Checking Background for Work with Children	Public Interest Disclosure (Whistleblowing)
Clinical Governance Strategy	Racialism at Work
Competent Persons Safety Committees	Recommended HIV Tests in Adults
Complaints Policy and Procedure	Recruitment and Selection
Confidentiality & Information Disclosure Policy	Recruitment, Retention, Promotion and Staff Development
Corporate Staff Induction Policy	Rehabilitation of Offenders Act 1974
Dealing with illegal substances for Patients and Visitors – Policy and Procedure	Retirement Policy
Dignity at Work - A policy against harassment and bullying	Risk Management Policy
Disciplinary Procedure	Risk Management Strategy
Disciplinary Rules	Safe Discharge of Patients from Hospital
Do not attempt resuscitation orders	Safeguarding Children: Policies, Procedures and Guidelines
Dress Code Policy for All Employees	Safer Management of Heavier Patients
Drug Administration Policy for Nursing Staff	Secondment Policy

Equal Opportunities	Security Policy
Equality and Diversity in Employment Policy	Serious Untoward Incidents
Grading Review Procedure	Sickness Policy
Grievance Procedure	Smoke-Free Policy
Guidance on the Risk Scoring Matrix, Risk Register and Risk Assessment Tool	Statement
Guidelines on Young Persons at Work	Statement on Trust Employees Working in Other Organisations (and Staff Employed by Other Organisations Working at St George's)
HIV.AIDS Guidance to Healthcare Workers	Stress Management Policy
Home Working Policy	Visiting in St George's Healthcare Trust
Infant Abduction Policy	Work Experience Policy and Procedure
Jehovah's Witnesses requiring Operations and Anaesthesia	Purchasing and Leasing Medical Devices
Junior Doctors Compensatory Rest Policy	
Management of Violence and Aggression	
Mentoring Policy	
Obtaining valid consent for treatment	
Organ and Tissue Donation	

Policies with Medium Relevance

Policy	Policy
Adverse incident and near-miss reporting policy and procedures	Guidelines for the Development & Control of Pathology Services Provided Outside the Pathology Laboratories (Near Patient Testing)
Alcohol Policy	Guidelines on Lifting Equipment
Car Parking and Transport Policy and Procedure	Information Quality Assurance Policy
Dealing with Patients and Visitors who consume alcohol on site – Policy and Procedure	Link to Confidentiality Code of Conduct when published
Fire Safety Policy	Management of a Patient requiring suction
First Aid Arrangements	Management of Total Parenteral Nutrition (TPN)
Guidance on Industrial Injury Benefits including Temporary and Permanent	Organ Donation - Retrieval of non-heart beating kidneys in the Accident & Emergency Department
Guidelines for Investigating Accidents	Procedure to Verify the Registration of Clinical Staff
Handling of Clinical Negligence, Personal Injury and Property Claims	Staff. Student Occupational Health service
Health Records Policy	Study Leave
Infection Control Surveillance Policy	Supplementary Prescribing by Nurses and Pharmacists
Isolation Manual	Unlawful or Unauthorised Possession of Property
Missing Patients Policy	Guidelines for Provision and Use of Personal Protective Equipment
Pregnant Workers and Nursing Mothers Policy	Alcohol/Substance Misuse Policy

Public Car Park Concessions Policy	Continuous Infusion of Local Anaesthetics in Adults
Records Management Policy	Crown Cars, Car Leasing: Assisted Purchase; User Status, etc.
Removal and Relocation Expenses Policy	Development and Implementation of Patient Group Directions
Accident Reporting and Procedure	

Policies with low relevance

Policy	**Policy**
Controlled Entry of New Medicines and the Extension of Indications for Medicines previously approved for use in the Trust	Patient Controlled Analgesia (PCA) in Adults and Children
Corporate Style Guidelines	Policy on Identity Badges
Procedure for the Safe Custody of Patients' Property, Clothing, Cash and Valuables	Policy on the Safe Use of Glutaraldehyde
Abbreviations List	Pregnancy and Work Guidance
Adult Defibrillation Policy for Nurses and Allied Health Professionals	Procedure for the Verification of Registration with the Nursing & Midwifery Council
Bloodbourne Pathogen Policy	Retention of Health Records Policy
Cardiopulmonary Resuscitation Policy	Safe Moving and Handling Policy
Control of Hospital Outbreaks	Safe Prescribing, Handling and Administration of Cytotoxic Drugs
Control of Methicillin Resistant Staphylococcus Aureus - MRSA Policy	Safe Use and Disposal of Sharps
Data Protection Policy	Safety Audit and Checklist
Decontamination of Healthcare Devices Prior to Inspection, Service or Repair	Smoke-Free Policy
Disinfection Policy	Smoke-Free Policy
Entinox for Adults, Children and Obstetrics	Storage and prescribing of Strong Potassium Chloride Injection
Epidural Analgesia in Children under 40Kg and Adults (not Obstetrics)	Telecommunications Policy
Freedom of Information Policy	Use of a single container for more than one injection dose
Glove Policy	Use of Mobile Communications
Guidelines for the Care of Patients with Tracheostomy Tubes	Use of Restricted Anti-Infectives
Guidelines for the Control of Substances Hazardous to Health (COSHH)	Use of Subcutaneous Syringe Drivers in Palliative Care
Guidelines on Display Screen Equipment	Viral Haemorrhagic Fever Policy
Guidelines on Work Equipment	Waste Management Policy for the Disposal of Waste including Clinical Waste
Health & Safety at Work Act 1974	Clin-Med Devices
Infestation Policy	Emergency Clin-Medicine
Information Governance Policy	Org-Gov Risk
Information Security Policy	Pregnancy and Work Guidance
Insertion and placement of naso-gastric tubes	Procedure for the Verification of Registration with the Nursing & Midwifery Council

Introducing new drugs into the Formulary	Retention of Health Records Policy
Ionising and Non-Ionising Radiation	Safe Moving and Handling Policy
Link to Org.1.4.2 Data Protection Policy	Safe Prescribing, Handling and Administration of Cytotoxic Drugs
Management and Use of Medical Devices	Safe Use and Disposal of Sharps
Management and Use of Medical Devices Policy	Safety Audit and Checklist
Managing Incidents: Guidance on Setting up telephone helplines/hotlines	Smoke-Free Policy
Mandatory Training Policy	Storage and prescribing of Strong Potassium Chloride Injection
Maternity Rights, Benefits and Procedures	Telecommunications Policy
Media Policy	Use of a single container for more than one injection dose
Mercury Spillage Procedure	Use of Mobile Communications
Organ Donation - Protocol for Management of Mechanical Thumper System	Use of Restricted Anti-Infectives
Patient Controlled Analgesia (PCA) in Adults and Children	Use of Subcutaneous Syringe Drivers in Palliative Care
Policy on Identity Badges	Viral Haemorrhagic Fever Policy
Policy on the Safe Use of Glutaraldehyde	Waste Management Policy for the Disposal of Waste including Clinical Waste
Clin-Med Devices	
Emergency Clin-Medicine	
Org-Gov Risk	