

NHS Norfolk and NHS Great Yarmouth and Waveney Cluster



NHS Equality Delivery System Outcomes Framework 2011 – 2013

This Framework sets out our values and commitments covering all protected groups under the Equality Act 2010



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Foreword by Chairs and Chief Executive

NHS Norfolk and NHS Great Yarmouth and Waveney as a Cluster remain committed to developing an organisational culture that promotes equality and diversity and to ensuring that future NHS organisations are equipped to meet their duties relating to equality and human rights placed upon them by equality legislation. We therefore welcome the opportunity to publish our Equality Delivery System (EDS) Outcomes Framework (2011 – 2013) and within this we include our priorities and actions from our respective Single Equality Schemes.

It is our aim to ensure as a Cluster we meet the requirements and ethos of all our duties relating to equality and human rights placed upon us by the equality legislation. Specifically this relates to the Equality Act 2010.

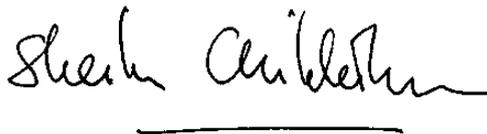
This Framework sets out our long term commitment to equality, diversity, human rights and community cohesion and it will be monitored against robust evidence of compliance and regularly refreshed to ensure its relevance.

Over the coming months the framework will be subject to consultation with our Equality and Diversity Steering Group, Staff Forums, partners and stakeholders, clients, third sector voluntary and community and user groups. The framework will be published on our websites and opportunities will be organised for patients and the public to comment on and input into the framework.

By working together we can develop a meaningful framework that enables us to serve our diverse communities; to commission and develop relevant services that reflect the needs of our local populations and ensure that all our staff feel supported and valued.

We look forward to the work ahead and meeting the challenges we have set ourselves in this framework.

Chair



Sheila Childerhouse
NHS Norfolk

Chief Executive



Andrew Morgan
NHS Norfolk

Chair



David Edwards
NHS Great Yarmouth and Waveney

Executive Summary

The EDS is referenced within NHS Operating Framework for 2011/12 with the emphasis that NHS Boards will need to comply with the Equality Act 2010. The EDS was developed by the NHS Equality and Diversity Council and will help us to maintain progress and demonstrate compliance with the Act.

The EDS Outcomes Framework sets out who we are and why equality, diversity, human rights and community cohesion are important to us. More specifically it sets out what we will do in the years from 2011 – 2013 to fulfil our legal, moral and social obligations and to put equality, diversity and human rights at the heart of everything that we do.

As public authorities we have legal requirements under the Equality Act 2010 legislation to promote equality in the areas of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This framework sets out how we meet these duties.

- Equality and human rights legislation places specific obligation upon public bodies and this includes the NHS.
- Equality and human rights are as relevant to service issues as they are to employment, and as such is the responsibility of all parts of the organisation and of all Board members, partners and contractors.
- We will aspire to go beyond legal compliance to become an exemplar organisation in relation to our business and equality and human rights. Equality and Human Rights will become an integral part of our organisational culture.
- Undertaking Equality Impact Analysis (EQIAs) is one method of ensuring that we meet specific legal obligations to analysis impact on protected groups. Conducting EQIAs and using the evidence to create a meaningful dialogue with communities (especially with those groups who are seldom heard) is central to effective commissioning and service provision. The Trusts may enhance this through commissioning surveys, consultation and research appropriate to compliance of our public duties

Our main priorities for action in this framework set out to ensure that:

- Equality, human rights and community cohesion are embedded in the way we work and in the services we commission.
- Our Equality Impact Analysis processes are meaningful, understood and adopted throughout the organisation.
- Actions are taken towards our workforces reflecting the diverse communities we serve and that there are no barriers to employment.
- That people who need access to the information we publish can do so.
- That contractors providing goods, facilities and services to and from us meet our procurement criteria for all equality areas.
- That our buildings and working practices are accessible to all.
- We develop communication, consultation and involvement plans which evidence that our actions will make a difference.
- A priority will be given to openness and transparency in all processes with particular attention to best practice in dealing with complaints and concerns raised by service users and employees.

Introduction

We have made a strategic commitment to developing an EDS Outcomes Framework which incorporates our duties under the Equality Act 2010 and our Single Equality Schemes.

The Framework sets out our commitment to equality, human rights and community cohesion. It covers all aspects of our work – the services we commission; our staff; the people who use and potential users of our services and their families and carers; our partner agencies and the wider community.

The diversity of Norfolk and Waveney's population continues to grow and whilst this enriches the communities we serve, it can also present challenges in providing services that are fair, equitable and meet the needs of the individual and the wider community.

We are committed to ensuring that all staff have the skills, knowledge and support to commission services that are fair and equitable, whilst respecting individual needs regardless of their protected characteristic or group and to build cohesive communities.

We recognise and value the differences between people and this document sets out how we aim to ensure that (as far as possible) any gaps and inequalities are identified and addressed and improvements and outcomes are evidence based.

A Human Rights approach is an important factor in the production of this Framework. As outlined in 'Human Rights in Healthcare: a framework for local action' (Department of Health 2007), a recognition that Human Rights apply to Equality is vital to achieving our aims and objectives which are outlined in this document. Human Rights underpin all our aims, objectives and actions which address inequality and promote diversity.

This framework is a living document and will be amended and updated as appropriate, for example, following community consultations/engagement, feedback from partners and stakeholders.

Making it happen

The Chief Executive of the Cluster has overall accountability to the Board for the development, maintenance and review of the EDS Framework to legislative requirements and to provide organisational leadership in the ongoing development of equality and diversity. The Director of Corporate Services has lead responsibility for equality and diversity and the Equality and Diversity Manager has responsibility for the Frameworks implementation and its performance management. The Equality and Diversity Steering Group will oversee the development and implementation of the EDS Outcomes Framework and monitor progress, whilst recognising that all managers within NHS Norfolk and NHS Great Yarmouth and Waveney are responsible for promoting, supporting and mainstreaming equality and diversity throughout the organisations.

Patient and Public Involvement: ensuring everyone has their say

The issue of inclusivity has been considered locally and guides for involving people, particularly those whom the NHS traditionally perceives as 'hard to reach', have been produced. Local people helped us to write 'Hard to Reach' guides (available from the Communication and Engagement Directorate) to enable NHS Norfolk and NHS Great Yarmouth and Waveney to work with the local community to ensure that:

- People can attend engagement activities and have their say, and
- People can have their say even if they are unable to attend meetings.

We will pay particular attention towards identifying and engaging groups and individuals who in the past have been under-represented when giving their views. Consideration will be given to all protected groups under equality legislation.

We will do this by:

- Working with organisations that advocate on behalf of those under-represented and seek their guidance about best practice.
- Implementing Norfolk Guidelines 'Accessibility Matters' 1 and 2 on the publication of printed materials.
- Ensuring that independent research companies we use make sure participants are a representative sample of the population or representative of the users and/or potential users of the service/care pathway.
- Completing an equality impact analysis for each public involvement activity undertaken to monitor (and where appropriate take steps to improve) the experience of under-represented/ seldom heard individuals and groups to ensure they are not disadvantaged in any way.
- When conducting an 'informal' consultation we will carry out the procedure over a minimum eight week period following the Norfolk Compact guidelines

Legislative requirements and understanding equality and diversity

The Equality Act 2010 protects people from unfavourable treatment because of the following characteristics, some of which apply to everyone while others apply to groups of people:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race, including national identity and ethnicity.
- Religion or belief
- Sex (that is, male or female)
- Sexual orientation

The terms 'protected groups' and protected people are used to refer to people protected by the Equality Act.

For our organisations equality means ensuring that people have equal chances in the opportunities we provide, either in employment or commissioning of services. It does not mean treating everyone the same but recognises, values and responds to differences.

NHS Norfolk and NHS Great Yarmouth and Waveney have a public duty and we will aim to meet our legal duties by:

- Promoting equality of opportunity
- Fostering good relations between those who share a protected characteristic and those who do not
- Promoting positive attitudes
- Eliminating bullying and harassment, and
- Eliminating unlawful discrimination

This will be evidenced through the Equality Impact Analysis process and in all our involvement and consultation processes.

Diversity means recognising the differences of any one individual, drawing on their experiences and strengths whilst valuing and respecting that difference.

Discrimination

Whilst we recognise that many forms of discrimination can and do happen, we are committed to dealing with any incidents of discrimination in a sensitive, robust way. The organisations are committed to promoting equality of opportunity, respecting the diversity of our staff and the community we serve.

As employers we have a legal duty to ensure that all people have equality of opportunity to be considered for employment, training and promotion. As part of our strategic role we must also demonstrate how we will support those who provide services in promoting equality and addressing the inequality, disadvantage and discrimination that people may face during their lives.

We have established mechanisms to ensure that we recognise any such discrimination, and these include:

- Equality and diversity policies
- Openness (Whistle blowing) policies.
- Human resources policies, such as grievance and bullying and harassment.
- Staff leaver's survey.
- Staff survey.
- Incident reporting policy.
- BME staff network.
- LGBT staff network.
- Disability and long term conditions staff network.
- 'Embrace' staff network.
- Advocacy support from the Norwich and Norfolk Racial Equality Council.
- Multi Agency Protocol for reporting hate crime/incidents.

This list is not exhaustive.

An Equality Delivery System for the NHS

The NHS Equality Delivery System (EDS) has been developed by the NHS Equality and Diversity Council to help us to improve our performance for all equality groups. The EDS will lead to greater consistency across the NHS; it also allows NHS organisations to identify their own priorities. Most importantly the EDS has been designed to help organisations to meet their duties under the Equality Act 2010.

The EDS will help NHS Norfolk and NHS Great Yarmouth and Waveney to:

- Deliver on the Government's commitment to fairness and personalisation, including the equality pledges of the NHS Constitution.
- Deliver improved and more consistent performance on equality.
- Help us to respond to the Equality Act duty.
- Support us to develop commissioning plans that meet the needs of our communities.
- Improve our efficiency and bring economies of scale by providing us with a national equalities framework for local adaptation.
- Retain a focus on fairness, personalisation and equality during transition.

The EDS can be applied to groups of people not afforded protection by the Equality Act, but who face stigma in life in general and when trying to access our services. Such groups include homeless people, sex workers, people who use drugs and other groups who experience socio-economic disadvantage.

How the EDS works - Analysis of performance

At the heart of the EDS is a set of nationally agreed Objectives and Outcomes. The Objectives are common for both NHS commissioners and NHS providers. These are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Against each Objective are a set of outcomes. There are 12 outcomes in total across the four Objectives. (The EDS Objectives and Outcomes are set out below)

NHS Norfolk and NHS Great Yarmouth and Waveney, with local interests*, will analyse its performance against the outcomes for each group afforded protected status directly or by association, by the Equality Act. The analysis will be evidence-based and transparent.

*Local interests for the purposes of performance analysis comprise, but are not restricted to:

- Patients and those local groups that represent them.
- Communities and the public in general
- NHS staff
- Voluntary and community organisations.
- Voluntary and community organisations
- Local authorities
- Partnerships e.g. Community Cohesion Network
- Equality/community networks

Our organisations will work in partnership with local interests to analyse and grade our performance and as a result will award a grade for each outcome as set out nationally.

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

- Excelling - Purple
- Achieving - Green
- Developing - Amber
- Underdeveloped - Red

Our grades must reflect the extent to which, for protected groups:

- Good outcomes are delivered
- We meet the challenge under Quality, Innovation, Productivity and Prevention (QIPP)
- We meet our Equality Act duty, including the fostering of good relations
- We deliver our commitment under the NHS Constitution, and
- We make effective use of evidence. For example, the Joint Strategic Needs Assessment (JSNA).

EDS Objectives and Outcomes

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

Objective	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes

NHS Norfolk Vision - "Bold and Ambitious"

The "Bold and Ambitious" strategic plan sets out 10 aspirations that will underpin the commissioning and focus of healthcare moving forward and during transition:

- Reducing health inequalities.
- Enabling people to live longer, healthier lives.
- Working with partners on wider issues that contribute to excellent health.
- Building services around the individual's needs.
- Providing good quality, safe, effective and efficient services.
- Providing the right care, right time, right professional.
- Ensuring people are treated with dignity and respect throughout their lives.
- Making efficient, cost effective and flexible use of resources based upon patient need and evidence.
- Ensuring transparency of decision-making on how we use our resources.
- Holding providers of healthcare to account for effective use of resources.

NHS Norfolk has made significant progress in meeting our equality duties, some of the actions and processes we have established which have helped us to do this are:

- Establishment and support for our staff networks, including BME, LGB and Disability and Long Term Conditions.
- Through the INTRAN (Interpreting and Translation for Norfolk) Partnership we are able to ensure that people who cannot speak English or who are Deaf or hard of hearing are able to access health care.
- Developed a comprehensive and searchable database of information in community languages and alternative formats, this can be found at www.heron.nhs.uk.
- Continued membership of the Race for Health Programme has helped to inform our strategies for reducing health inequalities in our BME communities.
- Membership of Stonewall's Diversity Champions Programme and Healthy Lives Programme has driven our commitment to support our LGB staff and communities.
- NHS Norfolk has benefited from our partnership work with the Norwich and Norfolk Racial Equality Council has given us invaluable support for our equality plans and initiatives, including ERINN (Eradicating Racism in Norfolk NHS). The NNREC will continue to support NHS Norfolk on the equality agenda.
- NHS Norfolk achieved NHS Employers Equality and Diversity Partner status for 2010/11 and we are now Associate Partners.
- NHS Norfolk has commissioned a Community Development Worker project from Norwich Mind in order to ensure race equality in mental health services.
- NHS Norfolk has led the ERINN 10 year review, and is working on the development of actions from this and included the findings of the BME Health Needs survey which we carried out in 2010.
- Partnership working with Norfolk Strategic Group and Community Cohesion Network has helped us to ensure that we can reach out to our communities. We continue to sit on the county Hate Crime Group and are a signatory of the Multi-Agency Protocol (MAP) for reporting hate crime/ incidents.
- We have been able to contribute to county wide strategies for people with disabilities, LGBT people and others.

NHS Great Yarmouth and Waveney Vision - "Fastest Improving Health in England"

Our mission is:

To make sure that we address the significant public and health inequality challenges faced in Great Yarmouth and Waveney and recognise how this fits within the regeneration of the area.

Our vision is:

To provide the population of Great Yarmouth and Waveney with the fastest improving health in England and ensure access to the highest quality health services possible within our resources.

We will achieve our vision by focusing our efforts in four areas. We intend to:

- Achieve the fastest rate of health improvement by being in the top 10 percent in England for selected indicators;
- Achieve a 20% reduction in inequalities across our community for selected indicators;
- Improve the access, choice and personalisation of our healthcare services;
- Improve the overall quality, safety and experience of our healthcare services for patients, carers and staff.

NHS Great Yarmouth and Waveney has made significant progress in meeting our equality duties, some of the actions and processes we have established which have helped us to do this are:

- Through the INTRAN (Interpreting and Translation for Norfolk) Partnership we are able to ensure that people who cannot speak English or who are Deaf or hard of hearing are able to access health care.
- We contribute to the HERON database to ensure that information on our services and in alternative formats and languages is accessible www.heron.nhs.uk.
- We publish leaflets, posters and campaigns in key languages as well as offering interpretation and translation through our partnership with INTRAN.
- We address health inequalities by using social economic indicators to target services in our most deprived areas.
- Equality Impact Analysis forms part of our service planning and provision and our employment practices.
- We have worked closely with the University of East Anglia on a 'Hard to Reach' project that has helped us to develop a strategy to make sure that all our groups have a voice.
- We have achieved SHAW accreditation.
- We have established 'Embrace', our staff equality group.

How this impacts on the EDS Outcomes Framework

To achieve our visions and to achieve our EDS outcomes NHS Norfolk and NHS Great Yarmouth and Waveney need to:

- Discuss, listen to and respect people's views
- Treat the views of the public and their staff with respect and dignity
- Put the needs of the community first
- Be open, honest and accountable
- Value staff and the contribution they make
- Encourage excellence and innovation
- Achieve through partnership
- Celebrate success and learn from experience
- Be socially and environmentally responsible
- Celebrate diversity and value difference

To achieve this we will ensure that:

- Equality is evident in what we do and how we do it and matters to all our staff, contractors and partners.
- Our workforce is representative and reflective of Norfolk and Waveney's diverse local population.
- Commissioning is targeted where it is needed and how and for whom it is needed.
- All diverse groups know what we do and how we do it, and can become involved in our work.
- The services commissioned and provided by us and on our behalf are of the highest quality and meet the needs of all groups in the community.
- Ensure the evidence used to identify our EDS priorities is transparent and available to the public.

We aim to improve the health and wellbeing of all local people, and to actively work to reduce inequalities in health. We are responsible for the planning and commissioning of health services and must be responsive to the needs of local people to deliver this agenda. Our aims are to achieve health improvement across our local populations and to ensure that everyone receives health and social care services on the basis of need.

Discrimination of any kind has a detrimental impact on the health of those being discriminated against. As an organisation, the key purpose of which is to help people stay healthy, we have a moral obligation to ensure that in carrying out our responsibility and in doing it well, we do not inadvertently discriminate against any groups. Discrimination can be direct, for example, verbal racial abuse; or it can be indirect, for example, implementing policies and programmes that make it harder for certain groups to use our services. In any shape or form, discrimination is not acceptable.

There have been many national research programmes and projects that highlight the links between inequities in access to health care, health services, health related information and poor health. Inequalities between diverse groups and the rest of the population are clearly evident.

Tackling health inequalities is not merely about access to health services, although this is an important factor. As Cluster organisations, we can begin to improve people's health by making sure that our population can access information to help make the best health choices and also access health services without undue delay that are responsive and sensitive to their individual needs. By undertaking work with our partners and stakeholders we can work together to ensure that the Norfolk and Waveney areas are healthy places to live and work.

The way that health care is commissioned locally is changing and we need to make sure that we, along with our service providers, are prepared for that change. If we are to seriously address health inequalities in Norfolk and Waveney, we must be able to specify and procure services that deliver the best possible health and social care provision and outcomes within available resources.

Our Profile - NHS Norfolk

NHS Norfolk (formerly Norfolk Primary Care Trust) was set up on 1 October 2006 and covers most of the county, excluding the area around Great Yarmouth.

NHS Norfolk covers a predominantly rural area which, according to the 2001 census carried out by the Office of National Statistics, serves a population of 796,728. The DOH Health Profile 2007 has recorded an increase in the population to 824,000.

This is compared to 732,003 patients with addresses in the area registered with Norfolk PCT GPs (16th July 2007).



Inside the boundary are the towns of Acle, Aylsham, Attleborough, Cromer, Diss, Downham Market, East Dereham, Fakenham, Holt, Hunstanton, King's Lynn, Loddon, North Walsham, Sheringham, Swaffham, Thetford, Watton, Wells-Next-The-Sea, Wymondham and the city of Norwich.

Outside the area are the towns of Beccles, Bungay, Great Yarmouth, Lowestoft and Wisbech.

The health of people in Norfolk is mixed compared to the England average. Deprivation is lower than average, however 28,565 children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 6.2 years lower for men and 2.4 years lower for women in the most deprived areas of Norfolk than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011). Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and heart disease and stroke have fallen and are better than the England average.

An estimated 20.4% of adults smoke and 24.8% are obese. There were 17,872 hospital stays for alcohol related harm in 2009/10 and there are 1,516 deaths from smoking each year. Priorities in Norfolk include stopping smoking, particularly in pregnancy, monitoring and preventing early deaths from cancer (targeting risk factors) and reducing diabetes by promoting healthy lifestyles. For more information on Norfolk's diverse communities see the Health Profiles website www.healthprofiles.info and Norfolk Insight www.norfolkinsight.org.uk.

Our Profile - NHS Great Yarmouth and Waveney

Great Yarmouth and Waveney has a total GP registered population of 230,000:



- The population is expected to grow by 6.1% by 2013.
- Population growth will be the greatest in the over 65 year age group and there will be a greater increase in this age group compared to the East of England.

The PCT, and its predecessors, has been working with partners for several years on addressing health inequalities through addressing socio-economic indicators and providing targeted services to the most deprived populations. Great Yarmouth and Waveney has higher levels of mental health issues than the East of England or England and these are concentrated in the urban areas of Great Yarmouth and Lowestoft. 1 in 14 people are over 65 and 1 in six people over 80 has some form of dementia, this is higher than the East of England average.

The population of 230,000 has common and distinct characteristics of deprivation and health inequality and is more deprived than other areas of the East of England. In comparison to Norfolk and Suffolk, the PCT area has:

- Shorter life expectancy with marked health inequalities
- Higher deprivation and disability rates
- Higher proportions of people aged over 75 than Norfolk, Suffolk and England
- Higher rates of limiting, long-term illness
- High levels of unemployment, particularly long-term unemployment.

Our Workforce - NHS Norfolk

NHS Norfolk is committed to being a good employer. Therefore we will apply the same commitment to valuing diversity and achieving equality to our own staff:

- We will ensure that our employment policy and practices are delivered within a culture that recognises and values diversity.
- Race, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, sexual orientation, age, religion/belief will not be a barrier to employment, training, promotion or other opportunities or benefits of employment with NHS Norfolk.
- Our staff are not expected to tolerate any form of discrimination, whether direct or indirect, on the basis of race, disability, gender, sexual orientation, age or religion/belief. NHS Norfolk will tackle such behaviour directly and support staff who are affected. Where staff experience discrimination from colleagues, this will be investigated and disciplinary action taken if appropriate. Discriminatory behaviour by members of the public may result in exclusion from services.
- When we investigate incidents, grievances or disciplinary proceedings that relate to alleged discrimination, we will follow best practice and ensure that our staff are supported.
- We will monitor our workforce to consider equality issues and to become a better employer. This will include collecting and publishing data relevant to our equality duties.

We will ensure that we set realistic and achievable plans that meet these commitments and our legal duties relating to equality. Our performance against these plans will be published.

Our Workforce - NHS Great Yarmouth and Waveney

NHS Great Yarmouth and Waveney is an equal opportunities employer and provides employment opportunities and advancement for all suitably qualified people regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation.

We are committed to:

- Ensuring that equality forms part of our service planning and provision, and employment practices.
- Employing a diverse workforce that reflects the community we serve.

Our aim is to ensure that the make up of our workforce reflects the diversity of the Great Yarmouth and Waveney community. We recognise that as an NHS Trust, a community leader and a highly visible employer, we should be a positive example of good practice to other employers within the area. The Trust is therefore committed to taking positive steps to ensure that opportunities for employment are available to all without prejudice or discrimination.

It is in both our best interest and those who work for us, to ensure that the attributes, talents and skills available throughout the community are considered when employment opportunities arise. Assessment for recruitment, selection, appraisal, training and career progression purposes is based entirely on the individual's ability and suitability for the work.

The Trust is not only committed to a robust equal opportunities policy in recruitment and selection but also to equal opportunities through training and development, appraisal and promotion to retirement. Furthermore, our Dignity at Work policy aims to promote a working environment that is sympathetic to all employees and free from unacceptable behaviour such as discrimination, bullying, harassment and intimidation. This responsibility is shared by everyone in the organisation.

We have 'Family Friendly' working policies in place which provide all staff with the opportunity to request flexible working and we monitor the take up of this policy to ensure that staff are taking up this opportunity. We carry out staff surveys to keep up to date with staff opinions and this helps us work out what to do better. The surveys ask for opinions on a range of subjects, including:

- Internal communications
- Staff welfare
- Work-life balance
- Learning culture
- Team based working
- Recruitment and retention, and
- Pay and benefits

Equality Impact Analysis

The NHS Norfolk and Great Yarmouth and Waveney Cluster, like all other public bodies, has a legal duty to promote equality and eliminate discrimination, it is also required to foster positive relationships between different groups of people, eliminate harassment, and involve people in decisions regarding their health and social care and access to services.

Equity in the provision of services does not ensure equality of access or equality of outcome. For example, a person whose first language is not English may need interpreting services or information provided in a different language to have equal opportunity of accessing that service. Similarly, a person with a visual impairment may require information in a different format. Our buildings also need to be accessible to all. We need to consider how to target services at specific group where there is evidence of differences in take up, for example, men between the ages of 16 – 44 are 50% less likely to visit a GP than women and this often leads to late diagnosis. Men are also twice as likely as women to develop and die from the ten most common cancers affecting both sexes.

Equality Impact Analysis (EqIA) is a method by the which we seek to meet our legal requirement and to narrow health inequalities that exist between people from different ethnic backgrounds, people with disabilities, men and women (including transgendered people), people with different sexual orientations, people in different age groups, and people with different religions or beliefs. We must screen all new (and eventually, all existing) policies, strategies, services etc, for their impacts on people from each of these groups.

As commissioning organisations we must consider equality issues in any procurement process that we undertake, as the legal liability in relation to the equality duties usually remains with the public body that issues the contract.

Decisions about the potential impact on these various groups must be evidence based and proportionate. An EqIA should not be an add-on at the end of the process rather it should inform and strengthen that process. The EqIA process should start at the screening stage and if it shows that there is no significant differential impact on any of the above groups, then we only need to publish this decision as the first part of the EqIA. If, however, the potential for a significant impact is identified (negative or positive), then we need to carry out and publish a full EqIA.

We will strengthen our equality impact analysis process to ensure it is compliant and relevant to all protected groups under the Equality Act 2010 and also ensure that it is embedded in the organisations and used to inform and strengthen our policies, strategies and service developments.

Accountability for and governance of the EDS

The NHS Norfolk and Great Yarmouth and Waveney Cluster is updating its Equality and Diversity Strategy to show how equality will be measured and reported. NHS Norfolk includes equality on its Corporate Risk Register and the Strategy will show how risks are associated with business plans. All NHS Norfolk and Great Yarmouth and Waveney Cluster Board papers are equality impact analysed and these will be published on our websites

External assessment and the governance of our EDS Annual Improvement Plans is being developed and will be in place by April 2012.

NHS Norfolk and NHS Great Yarmouth and Waveney Cluster's Equality legacy and transition

In carrying out their functions, NHS Norfolk and NHS Great Yarmouth and Waveney and all future NHS commissioning bodies have a statutory responsibility to have due regard to the Equality Act 2010 and the Human Rights Act 1998.

Clinical Commissioning Groups will have a duty to:

- Act compatibly with the European Convention on Human Rights
- To fulfil equalities duties including:
 - Not discriminating, harassing or victimising, either in the commissioning of services or in treatment of employees on any grounds, particularly in relation to age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, sex, sexual orientation and religion or belief
 - Advancing equality of opportunity, eliminating discrimination and fostering good relations
 - Publishing information annually to demonstrate compliance with the general and specific Equality duties and publish equality objectives every four years
 - Publishing a range of equality data relating to workforce, services and demographics
 - Publishing information in a way that is accessible to the public
 - Implementing the NHS Equality Delivery System to ensure improved and consistent performance on equality across the NHS.

NHS Norfolk will be leading on the development and implementation of the EDS, with support from NHS Great Yarmouth and Waveney, for the Cluster.

NHS Great Yarmouth and Waveney is an accountable NHS body. However, as agreed by our Boards all actions will be included in our Joint Annual Improvement Plan.

We will be working with Clinical Commissioning Groups, external partners and stakeholders to ensure that all equality duties continue to be developed and implemented during transition.

Jennifer Downie
Equality and Diversity Manager
NHS Norfolk
August 2011

Consultation Plan for the EDS

Patient and Public Involvement & Communications (PPIC) plan for Equality Delivery System

Rationale for Patient and Public Involvement

The Strategic Health Authority (SHA) is currently in the process of drawing up an action plan for the implementation of the new Equality Delivery System (EDS) for consultation. The NHS Norfolk and NHS Great Yarmouth and Waveney Cluster is also in the process of implementing an EDS action plan in line with new legislation to be delivered at a local level within the Cluster area.

The draft EDS Outcome framework will be produced by the Equality and Diversity Manager. The department responsible for implementing and evaluating the EDS is the Equality & Diversity Steering Group. Members of the group include representatives from staff side, commissioning, corporate services, the NNREC and a member of the Local Involvement Network (LINKs).

The EDS will identify the process by which NHS Norfolk and NHS Great Yarmouth and Waveney will involve marginalised/seldom heard groups in the commissioning of service provision and how we will monitor providers of health services.

Background

This will be a communications and involvement exercise on the new delivery system following COMPACT guidelines (minimum period for a consultation). It also reflects section 242 of the consolidated NHS act 2006, which means consulting and involving:

- not just when a major change is proposed, but in ongoing service planning
- not just in the consideration of a proposal, but in the development of that proposal
- in decisions about general service delivery, not just major changes

The NHS Norfolk and NHS Great Yarmouth and Waveney Cluster has developed within its ethos, and as part of the Patient and Public Involvement Strategy, the commitment to ensure patient and public involvement informs decision making throughout the organisation using a number of innovative ways, such as targeted PPI research.

All our research uses a broadly representative sample of our local population taking into account ethnicity, gender, age, disability, faith LGBT and social demographics, and in many cases, targets specific groups and individuals who are 'seldom heard', such as migrant workers, travellers and other marginalised communities covered by the EDS.

How the NHS Norfolk and NHS Great Yarmouth and Waveney Cluster ensures marginalised communities have a voice

NHS Norfolk has ensured that all our PPI activity has enabled patients, carers, members of the public and stakeholders to have their say. We have commissioned independent, representative and targeted patient and public involvement research through our preferred research partner, Ipsos MORI, together with sending consultations and involvement opportunities to our database of organisations and communities (developed through partnership building and the HERON database). This ensures as many people as possible have the opportunity to influence decision making.

NHS Norfolk is also one of nine member organisations of the Citizens' Panel. The Citizens' Panel is made up of 7,064 members of the public who broadly represent the demographic of the population and we have recently recruited extra 250 members with a Black, Minority Ethnic (BME) background. The panel members receive three questionnaires in a 12 month period on a number of service areas.

We have also responded to anecdotal information that certain communities are having difficulty accessing the services we commission. For example, the access to dental services PPI research, carried out by our preferred research partner, included a focus group with one of our migrant communities. This focus group, conducted in their language was commissioned following local media reports that these communities were failing to access dental services in Norfolk to A) find out if this was true and B) if so why. The results of the research have been used to influence the primary care strategy which has been presented and adopted at a NHS Norfolk board meeting.

How the Cluster will involve the local population and stakeholders

At a strategic level

1. The communications department will work with the Equality and Diversity Manager and members of the E&D Steering Group to raise the profile of the SHA consultation on the new EDS through press releases and media interviews.
2. The SHA consultation will be publicised in both the GP and staff bulletins and will be placed on the consultation pages of both the staff intranets and public websites.
3. The PPI Department will identify stakeholders and third sector organisations to be sent a copy of the SHA consultation document and how to respond.

At a local level

1. The PPI department will work with the Equality and Diversity Manager in producing a consultation document on the how NHS Norfolk proposes to implement the local priorities of EDS
2. The PPIE department will coordinate the consultation on our EDS and annual improvement plan.
3. The communications and media department will work with the project leads to publicise the EDS consultation through press releases and ensure full coverage.

Objectives and PPI research questions

We want to find out from patients, public and stakeholders whether the draft EDS is robust and reflects both our statutory obligations and the aspirations and needs of local people.

We need to know the following:

- Does the EDS action plan cover all issues around the equalities agenda? If not why not?
- Does the annual improvement plan reflect the EDS? If not why not?
- Is there anything we have not covered in our local EDS and action plan?
- Do you have any other comments?

Audiences to be included in the PPI research

A letter, with a link to the consultation document, will be distributed to a number of stakeholders, patients and the public with the opportunity to request the document in other formats. The distribution list will include:

- Norwich and Norfolk Race Equality Council
- Norfolk Strategic Partnership
- The Community Cohesion Network
- NHS East of England
- NHS Norfolk's Clinical Cabinet
- Clinical Commissioning Groups
- Opening Doors Norfolk
- Norfolk Disability Association
- Norfolk Deaf Association
- NHS Norfolk Delivery Units
- NHS Great Yarmouth and Waveney 'Embrace' staff network.
- All staff including NHS Norfolk BME, LGBT and Disability and Long Term Conditions staff networks
- Norfolk Equality Leads Group
- Patients/public on held database of those who have expressed an interest to be involved
- LINKs/Health Watch
- GP Practices
- Local clinical networks/committees
- Local NHS Trusts
- Local Authorities
- Health and Wellbeing Boards
- County and District Councillors
- Parish Councils
- Voluntary Organisations using internally held data base and HERON
- Local Media
- Norfolk Patient Participation Groups (PPGs)
- Norfolk Coalition of Disabled People
- Faith Communities
- Waveney District Council

This is not an exhaustive list.

Reporting and timing

We will produce a document on behalf of the Cluster which outlines what we have done as a result of what was said. This will be sent to all participants of the consultation.

It is intended that we will begin the formal consultation on the EDS Outcomes Framework 2011 – 2013 by the end of August 2011.

Evidence used to identify priorities

Some of the evidence we have used and will use to develop our framework:

- Norfolk Insight, Joint Strategic Needs Assessment (JSNA)
<http://www.norfolkinsight.org.uk/jsna>
- Great Yarmouth and Waveney Joint Strategic Needs Assessment 2009/2010
<http://www.gywpct.nhs.uk/store/documents/nhs-great-yarmouth-joint-strategic-needs-assessment-2009-2010.pdf>
- Health and Social Care Needs Assessment for Adults in Norfolk, Great Yarmouth and Waveney with Learning Disabilities, Autism or Asperger syndrome (2011)
<http://www.norfolkinsight.org.uk/Custom/Resources/LDNeedsAssessment.pdf>
- ERINN (Eradicating Racism in Norfolk NHS) Report (2001) <http://www.norfolk.nhs.uk/race>
- The ERINN Report
Working Towards Eradicating Racism in the Norfolk May 2011 undertaken on behalf of Norfolk NHS by the University of East Anglia
[http://www.norfolk.nhs.uk/sites/default/files/The%20ERINN%20Report-%20ten%20years%20on%20\(17.05.2011\).pdf](http://www.norfolk.nhs.uk/sites/default/files/The%20ERINN%20Report-%20ten%20years%20on%20(17.05.2011).pdf)
- BME Health Needs Survey 2010 undertaken on behalf of NHS Norfolk by the University of East Anglia
<http://www.norfolk.nhs.uk/sites/default/files/BME%20Health%20Needs%20Survey%20for%20NHS%20Norfolk-1.pdf>
- Surveying Hard to Reach Groups 2009 undertaken on behalf of NHS Great Yarmouth and Waveney by the University of East Anglia
http://www.gywpct.nhs.uk/store/documents/surveying_hard_to_reach_groups_final_report_sept_09.pdf
- Stonewall - Prescription for Change: Lesbian and bisexual women's health check (2008)
http://www.stonewall.org.uk/documents/prescription_for_change.pdf
- NHS Norfolk's Strategic Plan 2009 – 2014
<http://www.norfolk.nhs.uk/bold-and-ambitious-nhs-norfolks-strategic-plan-2009-2014>
- Strategic Plan NHS Great Yarmouth and Waveney 2009 – 2014
<http://www.gywpct.nhs.uk/store/documents/strategic-plan-and-financial-strategy.pdf>

Glossary of terms

BME	Black and Minority Ethnic
CCG	Clinical Commissioning Groups
E & D	Equality and Diversity
EDS	Equality Delivery System
EQIA	Equality Impact Analysis
ERINN	Eradicating Racism in Norfolk NHS
GP	General Practitioner
INTRAN	Interpreting and Translation for Norfolk
JSNA	Joint Strategic Needs Assessment
LGB	Lesbian, Gay and Bisexual
LGBT	NHS Norfolk includes transgendered people at part of its staff network.
NHS	National Health Service
NHSN	NHS Norfolk
NHSGYW	NHS Great Yarmouth and Waveney
NNREC	Norwich and Norfolk Racial Equality Council
LINKs	Local Involvement Networks
PALS	Patient Advice and Liaison Service
PPG	Patient Participation Group
PPIE	Patient and Public Involvement and Engagement
QIPP	Quality, Innovation, Productivity and Prevention
SES	Single Equality Scheme
SHA	Strategic Health Authority
SHAW	Staying Healthy at Work

Notes

- The EDS Objectives and Outcomes Framework Annual Improvement Plan is based on outcomes from each objective and does not include all outcomes. For example, we have developed a small number of priorities for each outcome and the numbering reflects this.
- Please see <http://www.norfolk.nhs.uk/node/583> for NHS Norfolk's update of the Single Equality Scheme 2010.
- Whilst not specified on the Annual Improvement Plan, pregnancy and maternity and marriage and civil partnership are implicit in our equality plans.
- NHS Great Yarmouth and Waveney are an accountable NHS body. However, as agreed by our Boards all actions will be included in our Joint Annual Improvement Plan.
- EDS plans and priorities may be added or amended while we are in the EDS development stage.

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
1. Better Health outcomes for all											
The Cluster will achieve improvements in patient health & patient safety for all based on Comprehensive evidence of needs and results.	Amber	<p>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.</p>	<p>Cluster Use of the JSNA to identify health needs of local communities. For example: Learning Disabilities and Autistic Spectrum Needs Assessment in response to 'Death by Indifference', 'Six Lives', Autism Act 2009 and Implementation Guide 2010.</p> <p>NHSN Use of ERINN 2011 to develop recommendations based on the findings and ensure that these are taken forward by individual partners. This includes the findings of NHS Norfolk's BME Health Needs Survey 2010.</p>	<p>Cluster Equality Impact Analysis updated and implemented and published and reported to NHS Norfolk Board. All activities are aligned with NHS Norfolk's 5-year strategic plan and QIPP (Quality, Innovation, Productivity and Prevention) plans.</p> <p>NHSN ERINN group set up to develop an action plan to address findings.</p>	▼	▼	▼	▼	▼	▼	▼
	Green	<p>1.3 Changes across services are discussed with patients and the public to better reflect the needs of the local population.</p>	<p>Cluster Patients and the public are involved in changes to commissioning and delivery of services. Minutes of focus groups, etc.</p>	<p>Cluster All engagement activities are analysed and recommendations made in public documents.</p>	▼	▼	▼	▼	▼	▼	▼

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
	Amber	<p>1.2 The Cluster commissions appropriate services to meet the health needs of local communities, promotes health and well-being and reduces health inequalities in BME communities.</p>	<p>Cluster Quantitative health needs assessment for BME communities e.g. population estimates, hospital admissions, mortality data and prevalence of diseases using most up to date available data for the most common diseases. Baseline to be assessed after two years.</p>	<p>Cluster Health needs of BME communities in Norfolk are better identified in order to ensure equity of services, interventions and address any health inequalities. NHSN Business case and proposal developed.</p>	<	<	<		<		
	Amber	<p>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups</p>	<p>Cluster Appropriate language statistics are taken from monthly monitoring of INTRAN usage. All publications carry the INTRAN logo to ensure accessibility for people who cannot speak English, who have a sensory disability or for their carers.</p>	<p>Cluster Information on cervical screening requirements to be disseminated and reinforced to all surgeries and clinics. Cluster Screening letters translated into appropriate languages and formats and held on the HERON website (where screening information is available from other sources this is linked via the diversity section of this website)</p>	>	>	>		>		

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
2. Improved patient access and experience											
The NHS should improve accessibility and information, and deliver the right services that are targeted; useful, usable and used in order to improve patient experience.	Amber	2.1 Patients, carers and communities have knowledge of and can access services commissioned and will not be denied access on unreasonable grounds.	Cluster Effective use of interpretation and translation, through INTRAN partnership. Monitoring of INTRAN usage informs requirement for different formats and languages.	Cluster All information on commissioned services are accessible in alternative formats and languages, including for people who are Deaf or require Easy Read.	✓	✓			✓		
	Amber	2.1 Improved access to services for migrant workers.	Cluster Expressed views from focus groups, surveys and other feedback	NHSN Working on a pilot project with third sector organisations specialising in advice and support services for migrant workers to develop a DVD in giving advice on how to access NHS services. Cluster Support health trainer service and local organisation to deliver life style support to migrant workers including smoking cessation in their own language.	✓	✓	✓	✓	✓	✓	✓
	Amber	2.1 Clinical awareness of barriers experienced by Lesbian and bisexual women to NHS services.	Cluster Findings of Stonewall report 'Prescription for Change, Lesbian and bisexual women's health check 2008' and the Norfolk wide LGB survey 2010	Cluster Develop an action plan to address the key findings e.g. offer education and training for clinical teams to develop appropriate clinics/sessions for LGB patients. Cluster Action plans also to be developed following Stonewall's report related to gay men and older people.	✓	✓		✓			✓

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
	Amber	2.3 Patients and carers report positive experiences of the NHS where they are listened to and respected and their privacy and dignity is prioritised	Cluster Improved patient experience of commissioned services. Case studies and patient stories inform priorities and identify areas for improvement – through commissioned research and unannounced visits by LINk and Non Executive Directors of the Cluster	Cluster Research commissioned for case studies, results will be used to produce a learning tool for providers to ensure positive patient experience and safety. Analysis of existing cases to identify priorities e.g. care of the elderly.	>	>	>	>	>	>	>
	Green	2.4 Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently.	Cluster Patients and carers complaints are handled respectfully and efficiently. Complaints and PALS and claims monitoring informs commissioning decisions, patient care pathways and improves access to services.	Cluster Monitoring providers to ensure patients are treated with dignity and respect and highlighting trends. Expectation that providers will monitor complaints taking into account all protected characteristics to enable trends to be identified and addressed where necessary. Cluster All Cluster complaints and PALS enquiries are monitored against protected characteristics to ensure that there is no discrimination or barriers identified.	>	>	>	>	>	>	>

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
3. Empowered, engaged and well-supported staff											
The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities needs	Green	3.1 Quality of working lives of all staff does not vary because of a protected characteristic. Our staff are more able to understand and respond to the needs of Norfolk and Waveney's diverse patient population and communities.	Workforce monitoring is used to identify whether there are areas where improvements can be made. This includes the monitoring of grievances and disciplinarys, access to training, exit interviews, etc.	<p>Cluster Cluster staff networks are supported and involved in analysing the impact of relevant policies and procedures.</p> <p>Cluster Take forward Cluster staff network action plans for LGBT, BME and Disability and Long Term Conditions Networks, including NHSGW 'Embrace' staff group. These will be published on the staff intranet.</p> <p>Cluster All Cluster policies and procedures are equality impact analysed to ensure that no staff suffer any detriment on the grounds of a protected characteristic.</p>	✓	✓	✓	✓	✓	✓	✓
	Amber	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair for all.	<p>NHSN Research data e.g. ERINN report is used to inform policy.</p> <p>Cluster NHS staff survey results taken forward where appropriate.</p> <p>NHSN Stonewall Workplace Index used to inform actions.</p>	<p>Cluster Managers ensure that all staff receive mandatory training in equality and diversity. This includes having confidence in their work so that services are commissioned appropriately for all protected characteristics.</p> <p>Cluster All staff know how to report any incidents related to discrimination through internal policies and procedures and are supported to do so.</p>	✓	✓	✓	✓	✓	✓	✓

Narrative	RAGP	Outcome	Measures	Progress	Age	Disability	Sex	Gender Reassignment	Race	Religion	Sexual Orientation
	Green	3.6 Workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect staff and the wider population.	Cluster Occupational health feedback, improved staff survey results and workplace health initiatives	Cluster The Staying Healthy at Work (SHAW) Strategy is implemented to ensure that the workforce is supported. Health Checks are implemented for Cluster staff. NHSGYW has implemented the SHAW strategy and achieved accreditation.	>	>	>	>	>	>	>
4. Inclusive leadership at all levels											
NHS organisations should ensure that equality is everyone's business, & everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.	Amber	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced and good relations fostered, within their organisations and beyond.	Cluster Through the Cluster's equality reporting/ governance structures the Board, Executive and senior leaders receive information on progress and business assurance to reflect compliance and beyond.	Cluster The Board receives a progress report on implementation of the EDS and other related equality information at every meeting. It has an equality and diversity steering group that is chaired by a director and all papers that go to the Board are impact assessed. The Board receives assurances on E & D via workforce papers and board assurance framework.	>	>	>	>	>	>	>
	Amber	4.3 The organisation uses the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes.		Cluster This outcome will be implemented by dissemination to Boards on publication.	>	>	>	>	>	>	>

These questions are about you. We are asking these because they help us make sure that our consultation is reaching everyone it needs to. We treat this information as confidential and do not keep it or use it for any other purpose. We would be grateful if you could complete these questions as fully as possible.

1. What is your postcode? (we need the first part only)

2. Are you? (please tick one box only):

Female Male Transgendered

3. What was your age on your last birthday? (please write in the box):

4. Are you responding as? (please tick as appropriate):

Someone who receives NHS Continuing Healthcare
 Carer for someone who uses these services (family member or friend)
 Member of the public
 Social worker/paid carer
 GP/other primary care/secondary care worker
 NHS Staff member
 A member of an organisation or group (please give the name)
 Other (please state) _____

5. Which of the following options best describes how you think of yourself? (please tick one box only):

Heterosexual (straight)
 Gay or Lesbian
 Bisexual
 Other
 Prefer not to say





6. Which of the following best describes you? (please tick one box only):

<p>White</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Eastern European</p> <p><input type="checkbox"/> Any other white background</p>	<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p>
<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>	<p><input type="checkbox"/> Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black</p>
<p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> other ethnic group</p> <p><input type="checkbox"/> Unable to understand</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><input type="checkbox"/> Other, please state _____</p>

Questionnaire

Please take this opportunity to let us have your views on the Equality Delivery System (EDS).
Please answer the questions as fully as possible.

1. Is our EDS understandable and comprehensive?

please tick ✓

Yes No

If no please explain:

2. Are the priorities we have identified appropriate?

please tick ✓

Yes No

If no please explain:

3. Are the priorities we have identified measurable and achievable?

please tick ✓

Yes No

If no please explain:

4. Is there anything you would like to see added to the priority areas?

5. Do you think the approach we are planning to take will ensure that equality and diversity will become embedded in the culture of our organisation?

please tick ✓

Yes No If no please explain:

6. Do you think this approach will ensure a robust legacy for future clinical commissioning groups in Norfolk?

please tick ✓

Yes No If no please explain:

7. Are there any further comments you would like to make?

Once completed, please return this questionnaire to us using the Freepost address below. No stamp is required.

Freepost RRTX-RHYX-RYZG
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