

Equality, Diversity and Human Rights Annual Report 2009/10



In partnership with

NORTHUMBERLAND

Northumberland County Council



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1. Introduction

This is a report about what Northumberland Care Trust has done in 2009/10 to deliver equality and manage diversity in health and social care. It shows the work we have done to:

- Achieve equality, making sure that everyone who needs it, whoever they are, receives high quality health and social care
- Recognise and celebrate diversity – the fact that every person is an individual
- Protect human rights – making sure that every person is treated with dignity and respect

We have written the report to show what we have done over the last year, why we did it, and what was the outcome from it. We also show what we have learnt from this.

Northumberland Care Trust covers England's most northerly county with a population of around 317,000 people living in rural and urban areas. It provides both health and social care services, and employs around 1,800 staff.

This report does not just say what we have done within our own organisation (Northumberland Care Trust), it also shows what we have done: as a region of NHS organisations (NHS North East) through the Equality, Diversity and Human Rights Network; with Northumberland County Council; as part of NHS North of Tyne, and with other stakeholders, with us as a commissioner and a partner (e.g. Northumberland Tyne and Wear NHS Trust).

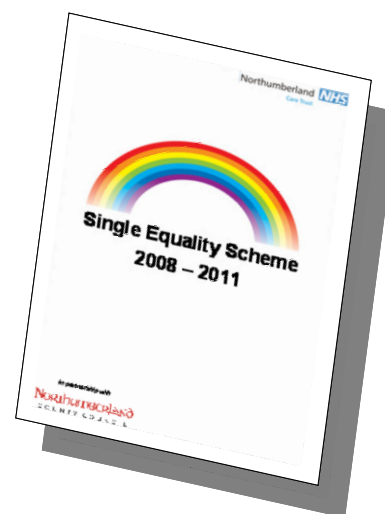


2. Our Single Equality Scheme

In our Single Equality Scheme, first produced in 2008, we set out our three year strategy for mainstreaming equality, diversity and human rights in all we do. A copy of this scheme can be downloaded at www.northumberlandcaretrust.nhs.uk/about-us/equality-and-diversity.

We worked together with other Trusts across the region as part of the North East Strategic Health Authority Equality, Diversity and Human Rights Network to develop our Scheme and to agree core objectives and actions. Our core objectives continue to focus around the following key areas:

- Leadership, Corporate Commitment and Governance
- Equality Impact Assessments
- Partnership Working, Consultation and Involvement
- Accessibility and Communications
- Workforce and Training
- Commissioning and Procurement
- Monitoring Data, Reporting and Publishing
- Complaints



Our Single Equality Scheme replaced our Race, Disability and Gender Equality Schemes, however, the actions from these were carried forward into our new Scheme, as were the key messages and priorities identified by our clients, patients, carers and staff which helped inform these Schemes.

We regularly monitor our Scheme. This is done by our Equality, Diversity and Human Rights Committee. We also report on progress to the Northumberland County Council's Equalities Group.

3. What have we done to promote equality, diversity and human rights?

The table below describes some of the things we have done over the last year to promote equality, diversity and human rights.

	What we have done	Why did we do it	What was the result	What have we learnt
1.	We have worked on implementing the actions in our Single Equality Scheme and have reviewed them to make sure we continually improve and drive the equality agenda forward.	In order to meet our public duties under equality legislation and to remove any barriers and discrimination in using our services and in our employment practices.	Our Board approved Single Equality Scheme gives us a clear plan to work to and progress is being made.	We need to continue to closely monitor actions and report on outcomes.
2.	Made our Equality, Diversity and Human Rights Group a sub committee of the Board.	We wanted to ensure the equality and diversity agenda maintained a high profile within the organisation and had a clear focus with the right people on the group to do the work.	We have a clear role and reporting route and better representation on the group from the different service areas.	The Committee needs to have a work plan with named leads for each action.

	What we have done	Why did we do it	What was the result	What have we learnt
3.	We applied to become Equality and Diversity Partners with NHS Employers.	Working with NHS Employers means that we have access to specialist support and information to help us more effectively progress our work around Equality and Diversity.	Partner status “ <i>assumes that the organisation can be held up as exemplars in the field of equality and diversity</i> ” (NHS Employers), and we were one of 20 organisations to receive this status out of 70 that expressed an interest.	Being a partner will help us further embed equality and diversity into our organisation.
4.	In 2009, we took part in the Stonewall Workplace Equality Index for the first time.	We wanted to know how well we were doing as an employer in supporting our Lesbian, Gay and Bisexual colleagues in the workplace.	We received 102 points out of 200 points. This compared favourably with our NHS counterparts. Stonewall confirmed that this was a good start.	Taking part in the Stonewall Workplace Equality Index was a useful exercise and helped identify the areas where we are doing well and also the areas for further improvement.

	What we have done	Why did we do it	What was the result	What have we learnt
5.	We have become a Stonewall Diversity Champion.	Feedback from our staff survey and from our Workplace Equality Index submission showed that we need to focus on improving the experience of our Lesbian, Gay and Bisexual colleagues in the workplace.	We have received detailed advice and support from Stonewall to help us identify what we need to do over the coming year.	Access to specialist advice and support is valuable in helping us improve the workplace experience of people who work for us.
6.	We have continued to be an active participant of the Strategic Health Authority 'Equality, Diversity and Human Rights EDHR) Network' which comprises of NHS equality leads from across the north east.	We believe that by working together on equality issues we can be more successful and make better use of resources.	The 'EDHR Network' continues to be a driving force for equality and diversity in the north east.	The EDHR Network is already a national example of best practice, but we need to maintain the momentum and build on what has already been achieved.

	What we have done	Why did we do it	What was the result	What have we learnt
7.	<p>We repeated a survey of our staff asking for their views on Equality, Diversity and Human Rights within the Care Trust.</p>	<p>We wanted to know what our staff felt about the culture of our organisation and where they feel we are at in relation to achieving equality and managing diversity.</p>	<p>78% of staff agreed that the organisation has a culture which values equality, diversity and human rights and 75% agreed that the organisation welcomes and accommodates the individual needs of staff.</p> <p>In addition, the 2009 annual general staff survey showed that 92% of our staff said that the organisation acts fairly with regard to career progression regardless of ethnicity, age, disability, gender, religion/belief or sexual orientation.</p>	<p>The findings have shown that although the results of surveys are positive overall, some groups of staff feel less positive than others about E&D in the organisation. Knowing this helps us target our work more effectively.</p>

	What we have done	Why did we do it	What was the result	What have we learnt
8.	Distributed multi-faith calendars around the organisation.	We wanted to raise the profile of diversity and make staff more aware of the different religions.	Diversity information is now on display.	We need to make sure that equality and diversity issues are kept high on the agenda.
9.	The Community Development Workers for Ethnic Minority Wellbeing have worked well over the last year to strengthen engagement with Black and Minority Ethnic (BME) Groups.	We recognise that people from BME groups can experience particular disadvantage when using health and social care services.	Over the last year the CDWs have: supported individual BME service users to access information and support; delivered mental health training and workshops to ESOL groups, migrant worker groups; and regional projects; and carried out research to identify the needs of frontline staff working with BME people.	The CDWs are a valuable source of support and information for individuals and staff.

	What we have done	Why did we do it	What was the result	What have we learnt
10.	We have continued to provide equality training for our staff.	We believe all staff should receive up to date equality training.	All new staff receive a robust introduction to equality, diversity and human rights, and existing staff have completed our e-learning training, middle managers training and in-house services training.	We need to monitor the training that is available to staff to make sure that it is pitched at the right level and delivered in the right way.
11.	We have provided Equality Impact Assessment training for independent providers.	We feel it is important that the services we contract with have the skills to do equality impact assessments.	Providers have the skills they need to promote equality and diversity in their services and identify any barriers or negative impacts on different groups.	We need to make information on equality and diversity easily available to independent provider organisations.

	What we have done	Why did we do it	What was the result	What have we learnt
12.	As part of the North East SHA EDHR Network, we have continued to produce fact files for staff. We led on the file about Older People, but there are now fact files around Race, Disability, Sexual Orientation and Transgender.	We felt that staff should have access to more information and support to help them when dealing with different groups of people.	Existing and new fact files are available on our website .	It is helpful to work together and provide consistent messages when producing information to support staff.
13.	We have continued to develop and enhance our equality and diversity webpage .	We wanted the public and our staff to be able to access information about equality and diversity more easily.	The website provides a wide range of information on what the organisation is doing around equality and diversity and has signposts to other useful sources of information.	The website provides an easy way for sharing information but we also need to be mindful that not all people access information in this way.

	What we have done	Why did we do it	What was the result	What have we learnt
14.	We have continued to facilitate service user groups and forums across Northumberland.	We want to have a range of methods in place for involving people effectively in developing and monitoring our services.	There are many groups operating on a regular basis involving around 100 local people.	There is a lot of interest from people to take part in the user forums and they provide an effective two way form of communication.
15.	We have published a Public Involvement Strategy	We wanted to have a clear plan for how we would involve the public in developing and shaping our services	The Public Involvement Strategy was launched along with an easier read version and we are working to the action plan	It is important to be clear about what we want to achieve in relation to public involvement and to ensure that we empower all groups of people to get involved
16.	We have completed further service user-led inspections of our in-house learning disability services.	We believe that people with a learning disability are best placed to judge the quality of learning disability services.	Re-inspections have now been conducted and these have resulted in services making tangible changes.	We need to decide how to develop this model of involvement further.

	What we have done	Why did we do it	What was the result	What have we learnt
17.	We asked people who use our services whether they felt they were treated fairly regardless of their age, gender, disability, ethnicity, religion/belief or sexual orientation.	We want to know if people experience any problems using our services as a result of their disability, age, gender, ethnicity, religion / belief, or sexual orientation.	Overall, 98% of people said that they did feel they had been treated fairly. Similarly, in relation to Human Rights, 99% said that they had been treated with dignity and respect.	The findings have indicated that in general, people using our services feel they are treated fairly and with dignity.
18.	We have continued to complete Equality Impact Assessments (EIAs) on our services and policies.	We want to make sure that our services and policies are fair and that no groups of people are disadvantaged when using them.	Summaries of our EIAs have been published on our website. Actions resulting from EIAs audited to make sure they are completed.	We need to continue to monitor that actions resulting from EIAs are implemented.
19.	We have reviewed and updated our Equality Impact Assessment (EIA) Form.	We wanted to strengthen the quality of EIAs and to make the form easier to use for staff.	The new EIA form has been launched and the quality of EIAs has started to improve as a result.	It is important to have the right tools available to staff.

	What we have done	Why did we do it	What was the result	What have we learnt
20.	We have completed an audit on the quality of our Equality Impact Assessments (EIA).	We wanted to check that Equality Impact Assessments were being done thoroughly.	We found that some Equality Impact Assessments were not as thorough as we would like them to be.	We need to strengthen our quality assurance process around EIAs.
21.	We have introduced a new guide for staff around accessing interpreting, translation, BSL interpreting, audio, Braille and easy read versions of information.	We wanted to make it easier for front line staff to access information and support in different formats and languages for their clients and patients.	The new guide means that staff have quick and easy access to the information they need.	We need to make sure that all staff know about this guide.

	What we have done	Why did we do it	What was the result	What have we learnt
22.	We have maintained the two ticks Disability Award	The two ticks disability symbol is a recognition given by Jobcentre Plus to employers who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees.	The two ticks disability symbol reinforces our commitment to diversity, allows us to raise disability awareness both internally and externally, and means we can continue to test our processes and procedures against national standards.	We need to maintain the momentum in relation to this work.
23.	A successful regional Equality and Diversity Conference was held in October 2009 followed by an equally successful local event focused on ethnic minority wellbeing, organised by the Community Development Workers.	We wanted to raise the profile of equality and diversity work, share good practice and identify next steps.	The two events were very well received by those attending.	Further events are to be planned for 2010/11 to help maintain the profile of the E&D agenda and to move it forwards.

	What we have done	Why did we do it	What was the result	What have we learnt
24.	We have responded to the expressed views of our service users to improve the accessibility of information and have established a new service user-led kite mark initiative for public information.	The service user designed kite mark is awarded once the information has been reviewed by a mixed panel of service users and been deemed to meet agreed accessibility criteria.	The first leaflet to pass through this process was the Complaints, Comments and Compliments leaflet.	People who use services are best placed to judge the accessibility of the information we provide.
25.	We have appointed a Health Trainer, as part of a bid to the Migrants Impact Fund, to work with migrant workers.	We wanted to improve health and wellbeing amongst migrant workers.	The Health Trainer has completed a number of sessions and one-to-ones with migrant workers and their families.	Working together with other agencies will help us better meet the needs of migrant workers in Northumberland.
26.	We held elections to appoint a new Co Chair to the Learning Disability Partnership Board.	We wanted to make sure that people with a learning disability had a say in who represents them at the Partnership Board.	Over 400 people with a learning disability voted in the elections, and 6 candidates with a learning disability stood for the position of Co Chair.	Promoting and holding elections in an inclusive way generates a lot of enthusiasm and interest.

	What we have done	Why did we do it	What was the result	What have we learnt
27.	Completed a self assessment against the North East Strategic Health Authority (SHA) Performance Framework.	It is important for the Strategic Health Authority to check how well Trusts in its area are performing and it is useful to benchmark where we are at against other Trusts in the region.	We have achieved most of the actions in the performance framework but there are still some areas where more work is needed. See Appendix 1 for our completed framework.	We still have work to do in order to achieve all of the actions set out in the SHA's performance framework.
28.	We have funded a new advocacy post to work with Gypsy and Travellers in Northumberland.	We want to improve access to services and awareness of rights amongst Gypsy and Travellers.	The new post is currently being recruited to.	It is important to work with the Gypsy and Traveller community to identify what support they want and need.
29.	We have commissioned a member of the Gypsy and Traveller community to do some research for us on the needs of this group of people.	We want to improve our understanding of the needs of Gypsy and Travellers.	The research is currently underway.	Employing someone from within the Gypsy and Traveller community is a more effective way of engaging this group of people in research.

	What we have done	Why did we do it	What was the result	What have we learnt
30.	We have introduced a new leaflet for people who do not speak English to inform them of their rights to an interpreter and access to information in other languages and formats.	We wanted to make sure that people who do not speak English are informed of their rights.	The information sheet was translated in a range of different languages that are most commonly spoken in Northumberland and is available within all teams.	We need to be proactive about informing people of their rights.
31.	We were selected by the Equality and Human Rights Commission to provide a range of information about the work we are doing around equality and diversity.	This formed part of the Equality and Human Right's Commission review of performance across the UK.	We were able to provide all of the information requested and await the outcome of this.	We were able to demonstrate how we meet our public sector duties around equality and diversity.
32.	We have reviewed our services for people with a sensory impairment and held a series of consultation events with people who have a sensory impairment.	We wanted to make sure we were meeting the needs of people with a sensory impairment in a way that people wanted.	People have told us what things work well and what needs to change.	We need to incorporate what people have told us into a plan for improving services.

	What we have done	Why did we do it	What was the result	What have we learnt
33.	We have reviewed the health needs of young people (teenagers) throughout Northumberland and developed specific teenage/young people clinics in different localities to meet their health needs.	We reviewed the health needs to respond to the national agenda – ‘You’re Welcome’ – as well as our local knowledge that this group of young people are often reluctant to access health care yet have clear health needs.	We established a clinic for young people in the Central and West localities of Northumberland.	A re-audit is planned to review the views of this clinical service now that changes have been put in place.
34.	Provided Speech and Language Therapy input to the Disabled Children's Access to Childcare (DCATCH) project within the ‘Aiming High for Disabled Children’ work. DCATCH in Northumberland is one of only 9 national pilots, the only one in the North East.	To enable settings to support children aged 0-19yrs with disabilities so that parents can seek employment/training. To increase the skills and expertise of staff in child care settings in managing communication and feeding disability.	A range of tailor made training and development materials have been developed. Accredited courses have been delivered. In excess of 340 staff have been trained.	Confidence is important. 55% of child care practitioners requested training to enable them to feel confident to support children with disabilities. Training in communication disability is well received.

What we have done	Why did we do it	What was the result	What have we learnt
<p>35. Developed the <i>'Northumberland Early Years Inclusion Toolkit'</i>. This is a multi-disciplinary pathway now in use in early years (EY) settings across the county, which identifies children at risk of developmental delay and supports parents and staff to deliver preventative, early intervention and targeted help.</p>	<p>To give staff in early years' settings the training and skills to:</p> <ul style="list-style-type: none"> • identify children with, or at risk of, communication disability • offer a range of appropriate early interventions • refer children for further assistance if necessary. <p>The Toolkit also identifies children at risk of developmental delay and supports parents and staff to deliver preventative, early intervention and targeted help.</p>	<p>The Toolkit was trialled during 2008-09 in 35 schools and EY settings. During the trial a consultation was conducted with multi-agency teams, also embracing feedback from parents.</p> <p>The revised Toolkit has now been adopted by the local authority as the county-wide policy for inclusion in the Early Years Foundation Stage and implemented in more than 300 schools and settings.</p>	<p>Evaluative work to date has demonstrated good outcomes and positive impact on practice and partnership working across the whole county.</p>

	What we have done	Why did we do it	What was the result	What have we learnt
36.	We have reviewed our Health Improvement Information for teenagers using local young people to assess the quality and acceptability of the information the service uses. These information resources have been advertised via a young people specific Health Improvement catalogue.	We wanted to make sure we were meeting the actual needs of teenagers and to ensure that the information we distributed to people working with young people was effective.	We have reduced the amount of information based on local young people's views of what was most effective, and have reduced expenditure on resources for young people.	That we can't assume that nationally-produced materials for teens are acceptable to young people locally.
37.	We have appointed a Health Improvement Specialist to work alongside other Health Improvement staff to develop specific programmes of activity targeting BME communities, offenders and men.	There is evidence to suggest that the communities this post will be focusing on experience significant health inequalities.	Early signs are that this post is already making a difference in terms of reach to key communities. E.g: There has been an increase in men accessing local Chlamydia screening services.	We sometimes need to work in different ways with different groups in order to achieve the same outcomes.

	What we have done	Why did we do it	What was the result	What have we learnt
38.	<p>We have produced a range of teen friendly health improvement materials working with young people based on a gaps analysis carried out with local young people as part of the Teenage Health Demonstration Site Programme. These resources are included in the Health Improvement Service young people's resources catalogue.</p>	<p>Young People were telling us that there were significant gaps in information that they would find useful to have or that they felt would inform professionals more effectively about the issues that really affected them.</p>	<p>A series of branded acceptable information booklets targeting key groups &/or issues including:</p> <ul style="list-style-type: none"> ▪ So Gay, So What ▪ Happy? (Mental Health) ▪ Stop! (Smoking) ▪ Balanced (Obesity) ▪ In Control (Managing Diabetes) 	<p>That local young people can articulate most effectively the messages that we want to communicate with other young people. In addition we have learned that these resources have application beyond Northumberland and have been funded to extend their reach North of Tyne.</p>
39.	<p>We have appointed a Health Improvement worker to support young people's participation in decision making around their health.</p>	<p>Having a Young People's Participation lead helps ensure effective and continued involvement of young people in the decision making process.</p>	<p>This post has enabled the continued involvement of young people in assessing and developing teen specific health information. The worker has also supported services to gain 'You're Welcome' accreditation.</p>	<p>Having someone who can support agencies to improve young people's involvement is invaluable.</p>

What we have done	Why did we do it	What was the result	What have we learnt
<p>40. We have established a steering group to produce and implement a Health Improvement action plan for local Gypsy, Roma, and Traveller (GRT) Communities. This is part of a wider strategy to address the needs of the GRT communities.</p>	<p>GRTs are one of the largest ethnic minority groups in Northumberland and experience significant health inequalities compared to the general population.</p>	<p>There has been an increase in access to local health improvement services. This includes increased access to lifestyle advice from Health Trainers for GRTs living on settled sites within the county.</p>	<p>Accessing this community requires long term strategies and is most successful where positive relationships have been built with key community members. Health Visiting and traveller education services have been critical in gaining trust and improving access.</p>

4. What do our customers feel about equality, diversity and human rights in the organisation?

In our 2009/10 joint health and social care survey, we asked our clients and patients if they felt that they had been treated fairly regardless of their ethnicity, disability, gender, age, religion/belief or sexual orientation, and if they felt they had been treated with dignity and respect. The results are listed in Figures 1 and 2 below:

Figure 1 “You were treated fairly, regardless of your age, race, gender, belief, sexual orientation or disability”

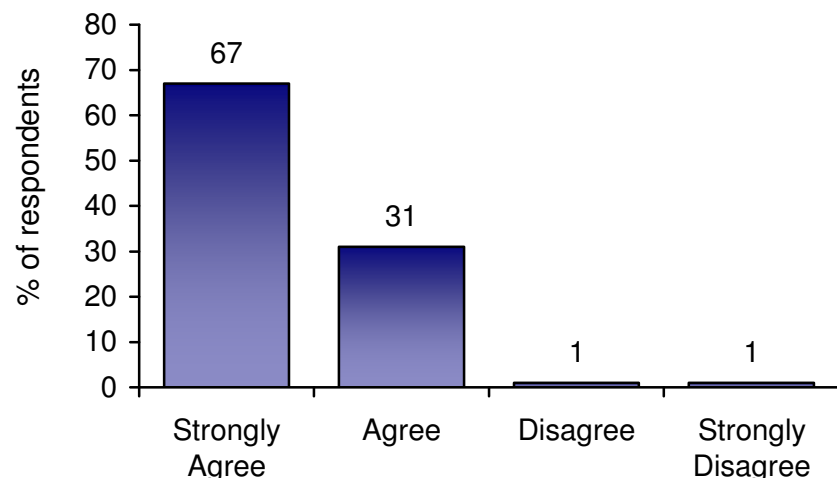
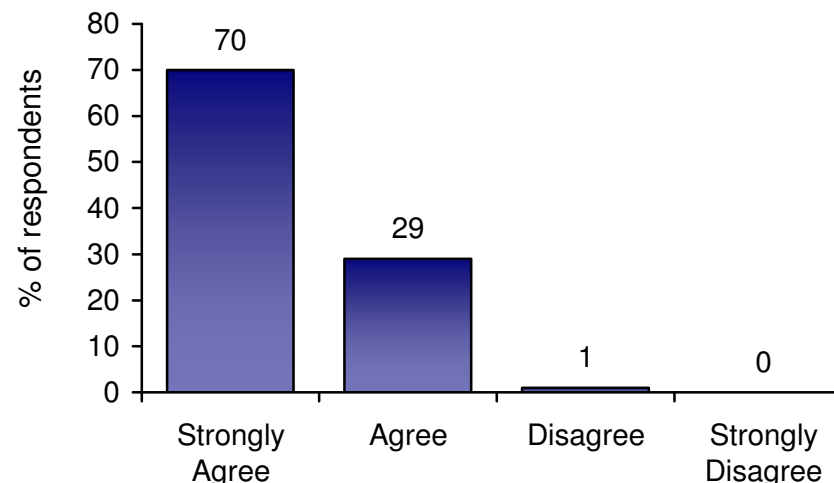


Figure 2 “Our Staff treated you with dignity and respect”

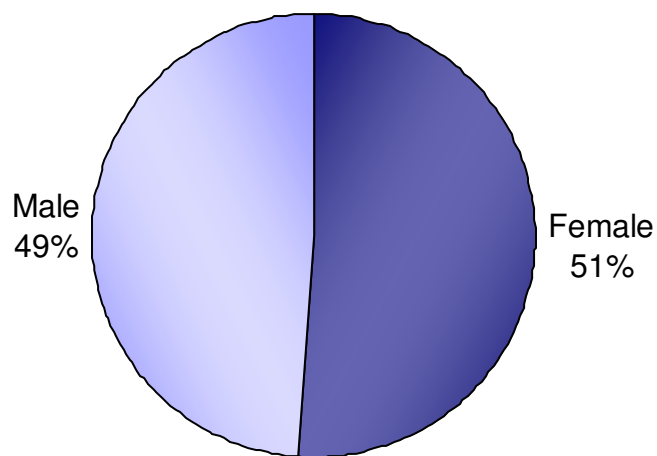


Feedback through our network of user forums across the county has also been important in helping us monitor the services we provide. We will continue to engage with our clients, patients, carers and community and voluntary groups in monitoring and developing our Scheme.

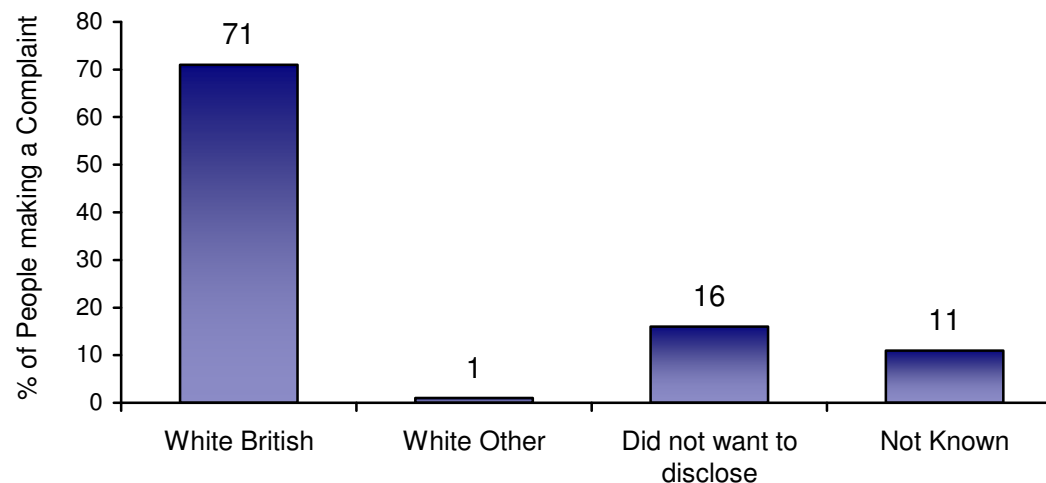
Complaints and compliments are also another valuable source of information about service quality. We currently monitor the age, gender and ethnicity of people who make a complaint. In 2009/10 we developed a new process to gather satisfaction with the way in which complaints have been handled and this includes an equality monitoring form that covers all six equality strands. The equality profile of people making complaints during 2009/10 is illustrated below:

Equality Profile of People who made a Complaint during 2009/10

Gender:



Ethnicity:

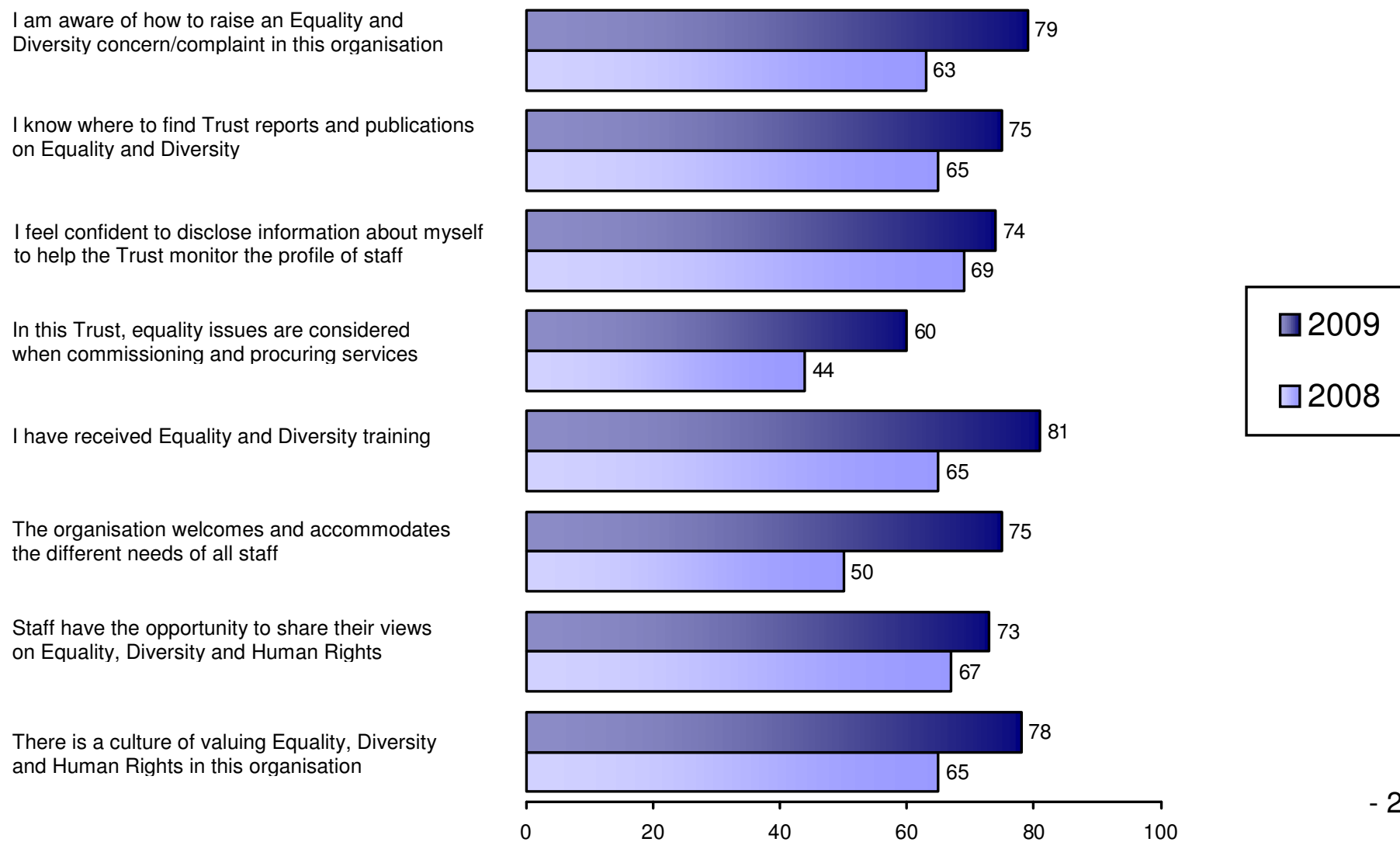


Age:

Age:	Age 18-25	Age 26-35	Age 36-45	Age 46-55	Age 56-65	Age 66-75	Age 76-85	Age 86+
% of people who made a complaint	5%	5%	16%	16%	9%	12%	21%	16%

5. What do staff feel about equality, diversity and human rights in the organisation?

In 2009 a repeat survey of Adult Care staff was undertaken and they were asked to complete a confidential survey about their experiences of equality, diversity and human rights. The results showed an improvement on the previous year. The findings of this survey are presented below.



6. Our Workforce

6.1 Our Workforce Profile

There are currently 1,806 people¹ employed directly by Northumberland Care Trust and a further 802 who are employed by the County Council but managed by the Care Trust². The profile of our workforce is set out below.

Age	Headcount	% of Total
16 - 20	5	0.19
21 - 25	70	2.68
26 - 30	111	4.26
31 - 35	175	6.71
36 - 40	293	11.23
41 - 45	428	16.41
46 - 50	472	18.10
51 - 55	519	19.90
56 - 60	347	13.31
61 - 65	162	6.21
66 - 70	24	0.92
71 and above	2	0.08

Disability	Headcount	% of Total
Not Disabled	830	32.03
Undisclosed	1729	66.73
Disabled	32	1.24

Gender	Headcount	% of Total
Male	325	12.46
Female	2283	87.54
Undisclosed	0	0.00

Sexual Orientation	Headcount	% of Total
Bisexual	6	0.23
Gay / Lesbian	8	0.31
Heterosexual	964	37.21
Undisclosed	1613	62.25

¹ Data supplied from North of Tyne HR between April and July 2010 therefore, there is a small variation on total number for some tables

² Figures supplied by Northumberland County Council

Ethnicity	Headcount	% of Total
White - British	1694	93.85
White - Irish	6	0.33
White - Any other White background	18	1.00
Mixed - White & Black African	1	0.06
Mixed - White & Black Caribbean	1	0.06
Mixed - White & Asian	0	0.00
Mixed - Any other mixed background	2	0.11
Asian or Asian British - Indian	5	0.28
Asian or Asian British - Pakistani	0	0.00
Asian or Asian British - Bangladeshi	0	0.00
Asian or Asian British - Any other background	3	0.17
Black or Black British - Caribbean	1	0.06
Black or Black British - African	3	0.17
Chinese	1	0.06
Any Other Ethnic Group	1	0.06
Undefined / Not Stated	69	3.82

Religion	Headcount	% of Total
Atheism	146	5.55
Buddhism	2	0.08
Christianity	887	33.74
Hinduism	0	0.00
Islam	1	0.04
Judaism	0	0.00
Other	76	2.89
Sikhism	1	0.04
Undefined / Undisclosed	1516	57.66

6.2 Who applied and was appointed to jobs at Northumberland Care Trust during the year?

During June to May 2010, 6450 people applied for jobs at Northumberland Care Trust and 268 people were successfully appointed. The tables on this page show the equality breakdown of the people who applied for these posts and also those appointed.

Age	% of All Applicants	% of those Appointed
Age Under 20	7.04	2.61
Age 20-24	19.41	8.96
Age 25-29	17.04	10.07
Age 30-34	11.98	8.21
Age 35-39	10.28	15.30
Age 40-44	12.71	19.40
Age 45-49	10.00	19.78
Age 50-54	7.12	10.07
Age 55-59	3.75	4.48
Age 60-64	0.64	0.75
Age 65-69	0.03	0.37
Age 70+	0.00	0.00

Disability	% of All Applicants	% of those Appointed
Disabled	3.71	1.12
Not Disabled	95.83	98.51
Undisclosed	0.47	0.37

Gender	% of All Applicants	% of those Appointed
Female	27.18	10.07
Male	72.76	89.93
Undefined	0.06	0.00

Sexual Orientation	% of All Applicants	% of those Appointed
Lesbian	0.56	0.75
Gay	0.62	0.37
Bisexual	0.74	0.00
Heterosexual	91.04	93.28
Undisclosed	7.04	5.60

Ethnicity	% of All Applicants	% of those Appointed
WHITE - British	82.62	96.27
WHITE - Irish	0.62	1.87
WHITE - Any other white background	2.16	1.49
ASIAN or ASIAN BRITISH - Indian	5.91	0.00
ASIAN or ASIAN BRITISH - Pakistani	1.27	0.00
ASIAN or ASIAN BRITISH - Bangladeshi	0.43	0.00
ASIAN or ASIAN BRITISH - Any other Asian background	1.22	0.00
MIXED - White & Black Caribbean	0.06	0.00
MIXED - White & Black African	0.11	0.00
MIXED - White & Asian	0.17	0.00
MIXED - any other mixed background	0.20	0.00
BLACK or BLACK BRITISH - Caribbean	0.25	0.00
BLACK or BLACK BRITISH - African	2.64	0.00
BLACK or BLACK BRITISH - Any other black background	0.11	0.00
OTHER ETHNIC GROUP - Chinese	0.40	0.00
OTHER ETHNIC GROUP - Any other ethnic group	1.09	0.00
Undisclosed	0.74	0.37

Religion	% of All Applicants	% of those Appointed
Atheism	11.07	8.21
Buddhism	0.64	0.37
Christianity	62.26	70.90
Hinduism	3.30	0.00
Islam	2.36	0.00
Jainism	0.08	0.00
Judaism	0.03	0.00
Sikhism	0.22	0.00
Other	11.07	10.82
Undisclosed	8.98	9.70

7. What will we be doing in 2010/11 to promote equality, diversity and human rights?

During 2009 Northumberland Care Trust will be working closely with the rest of NHS North East and with Northumberland County Council to promote quality, diversity and human rights in all we do.

The table below gives a selection of some of the actions from our Single Equality Scheme and local implementation plans that will be undertaken by Northumberland Care Trust and across NHS North East during the next year.

What are we going to do		Why?
1.	Produce a new and updated Single Equality Scheme and Action Plan for 2011-13 in light of the new Equality Act and publish it on the internet.	The Single Equality Scheme is a 'live' document and we need to make sure it is kept up to date.
2.	Actively engage with individuals and groups representing all equality strands in identifying priorities and actions to go into our revised Scheme.	To ensure that the Single Equality Scheme accurately reflects the needs and concerns of all groups of people who may use our services or who are seeking or are in employment with us.
3.	Establish a staff working group to improve the workplace experience for LGBT staff.	We want to tackle the issues raised from our staff survey and our Stonewall Workplace Equality Index submission.
4.	Focus on delivering best practice case studies around Equality and Diversity.	As part of our commitment with NHS Employers we want to generate best practice initiatives that can be shared across organisations.

What are we going to do		Why?
5.	Work closely with the County Council on making progress against the Equality Framework for local government.	To ensure Care Trust and Council services and employment practices reflect best practice in relation to equality and diversity.
6.	Strengthen the quality of Equality Impact Assessments.	To ensure that Equality Impact Assessments provide a robust and effective mechanism for tackling equality and diversity issues.
7.	Take part in the pilot roll out of the NHS Help Card which aims to improve access to services and support for people with disabilities, or who do not speak English.	We want to try out the new NHS Help Card and see if people think it makes it easier for them to access our services.

Acknowledgement

Northumberland Care Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of our Single Equality Scheme and this Annual Report. We look forward to continuing to work with them to help us move further towards full equality for all people in Northumberland.

Contact details

Northumberland Care Trust
Merley Croft
Loansdean
Morpeth
Northumberland
NE61 2DL

Tel: 01670 394 400

Minicom: 01670 516 934

Email: equalityanddiversity@northumberlandcaretrust.nhs.uk

<http://www.northumberlandcaretrust.nhs.uk/about-us/equality-and-diversity>.
staffnetwork@northeast.nhs.uk

If you require this information in another language or format please contact us on 01670 394 400

Arabic 01670 394 400 إذا نحتاج لهذه المعلومات بلغة أخرى أو تنسيق آخر، فالرجاء الاتصال بنا على

যদি আপনি এই তথ্য কে কোনো ভাষাতে বা ফর্ম্যাট চান তাহলে, অনুগ্রহ করে 01670 394 400 নম্বরে আমাদের সাথে যোগাযোগ করুন। **Bangali**

若您需要本資料的其他語言版本或格式，請與我們聯絡，電話 01670 394 400 | **Cantonese**

यदि आपको यह जानकारी किसी अन्य भाषा अथवा फॉर्मेट में चाहिए तो कृपया 01670 394 400 पर हमसे सम्पर्क करें। **Hindi**

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਸਿਰਫਾ ਸਰਬੋ ਸਾਡੇ ਨਾਲ 01670 394 400 'ਤੇ ਸੰਪਰਕ ਕਰੋ। **Punjabi**

اگر آپ کو معلومات کسی دیگر زبان یا شکل میں چاہیں تو براہ کرم ہم سے 01670 394 400 پر رابطہ کریں۔ **Urdu**

Appendix 1 Completed North East SHA Performance Framework

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation
1. Leadership, Corporate Commitment, and Governance	Working in partnership across NHS North East, the PCT Board will make sure that it regularly demonstrates a public commitment to promoting equity in everything it does.	a Identify a Non Executive Equality and Diversity Champion	Every 3 Years	Yes	Two New NEDS on Equality, Diversity and Human Rights Working Group	Y	Y	Y	Y	Y	Y
	The PCT has taken, and will continue to take, into account the duties placed on it	b Equality and Diversity structures and leadership roles are identified within the organisation	Apr 2010	Yes	Local Group in place which now reports to the Board. Also feeds into the Council's Equality Structures.	Y	Y	Y	Y	Y	Y
		c Following further engagement with communities, the SES will be amended and presented to SHA board for approval	Apr 2010	Yes	Going to the Board once the new core actions have been finalised.	Y	Y	Y	Y	Y	Y
		d Complete Learning Disabilities Performance and Self Assessment Framework	May-10	Yes	The 2009 Learning Disabilities Performance and Self Assessment Framework was completed and submitted in October.		Y				

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation
		e Complete annual learning disabilities health action review and develop an action plan	May-10	Yes	The North of Tyne Better Health Group acts as joint sub-group for Newcastle, North Tyneside and Northumberland LDPB's. The priorities, workstreams and action plans of this group reflect the actions needed to progress jointly and in local areas.		Y				
		f The Trust to participate in the Stonewall equality work place index	May-10	Yes	We participated for the first time in 2009 and have become Stonewall Diversity Champions for 2010/11.						Y
2. Equality Impact Assessments	Equality Impact Assessments are designed to allow organisations to identify the impact or effect (either negative or positive) of their policies, procedures and functions on various sections of the population paying particular regard to the needs of minor	a Develop an SHA-wide equality impact assessment outcome databank.	Annual Update (April 2010)	Yes	Completed as part of the SHA network. Will be contributing to it over the next year.	Y	Y	Y	Y	Y	Y
		b Continue to ensure policies, procedures and services are Equality Impact Assessed on a minimum 3 yearly basis	Annual Update (April 2010)	Yes	Process in place.	Y	Y	Y	Y	Y	Y

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation
3. Partnership Working, Consultation, and Involvement	It is essential that the PCT works with local people, staff and partner organisations to ensure they have a voice which will influence the planning and delivery of health and social care services.	a The PCT must demonstrate that it works in partnership with its patients/service users, carers, staff and the public using a variety of methods (including those from minority groups).	Annual Update (April 2010)	Yes	We have a wide range of mechanisms in place to engage with the people who use and our staff. We have a new Public Involvement Strategy which outlines the different mechanisms which include forums, surveys, representation on groups, service user led inspections etc. Our latest organisational survey included questions around equality and diversity. We also recently conducted a staff survey specifically on Equality and Diversity issues.	Y	Y	Y	Y	Y	Y
		b The PCT must demonstrate that it works in partnership with other statutory and community and independent sector organisations and groups using a variety of methods.	Annual Update (April 2010)	Yes	In addition to what is outlined above, we also work closely with CVS and independent sector organisations such as the LINK and Carers Northumberland. We have a new Independent Observers Scheme running to assess the quality of care in independent care homes for older people and similar schemes are being developed for other services.	Y	Y	Y	Y	Y	Y

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation
4. Accessibility and Communications	The PCT has a duty to ensure that all people can access the services we provide.	a Ensure that a clear interpreting policy in place.	April-10	Yes	This procedure is in place and new guidance for staff on its application has been produced.	Y					
		b Ensure DDA audits of the PCTs buildings are carried out.	Annual Update (April 2010)	Yes	Audits have been completed.		Y				
		c Ensure that the PCT makes their information appropriate and available in different formats on request to meet individual need.	Apr 2010	Yes	This is made clear on all information.	Y	Y				
		d Ensure that the PCT has information available about all the services they provide.	Apr 2010	Yes	Included on the website and in our annual report.	Y	Y	Y	Y	Y	Y
		e Ensure that the PCT has clear guidance in place to enable the communication and access needs of all people are met including those people who are deaf, blind, deaf blind or disabled.	Apr 2010	Yes	We have an accessibility guide for staff.	Y	Y				

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation		
5. Workforce and Training	The PCT is committed to providing a working environment free from discrimination, victimisation, and harassment, whether on an individual or institutional basis on the grounds of: race, disability, gender, age, religion/belief, or sexual orientation or any other group	a	Equality, diversity and human rights is incorporated into all Induction training	Apr 2010	Yes	Induction training on Equality, Diversity and Human Rights has been extended.	Y	Y	Y	Y	Y	Y	
		b	Equality and human rights training is made mandatory and all staff to have received equality and human rights training within the last three years.	Apr 2010	Yes	This is in place. Refresher training provided via e-learning.	Y	Y	Y	Y	Y	Y	Y
		c	Identify the specific E&D needs of different staff groups in the annual training plan	Annually	Partially	Training plan does refer to E&D training but could explain levels of need in more detail.	Y	Y	Y	Y	Y	Y	Y
		d	The Board are to receive training on equality and human rights and an annual update thereafter.	Annually	Yes	In place.	Y	Y	Y	Y	Y	Y	Y
		e	All HR policies to undergo an Equality Impact Assessment	Reviewed at a minimum of every three years.	Yes	Process in place.	Y	Y	Y	Y	Y	Y	Y

Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation
	f Continue to promote the Disability Award (2 tick symbol)	Annual update required (April 2010)	Yes	Continues to be promoted.		Y				
	g The PCT must publish on an annual basis, a breakdown of its workforce by gender, age, ethnicity and disability (good practice would include a breakdown by sexual orientation and religion/belief.)	Annually	Yes	On website and in E&D annual report.	Y	Y	Y	Y		
	h The PCT must have policies in place to support staff who feel bullied, harassed or stressed.	April-10	Yes	In place.	Y	Y	Y	Y	Y	Y
	i Workforce planning considers how the local population can be reflected	Annually	Partially	The Workforce plan does include some consideration of this but more detail is required. The updated plan will include this.	Y	Y	Y	Y	Y	Y
	j Use of the Disciplinary Policy; Bullying and Harassment Policy; and Grievance Policy should be broken down by race, disability, gender, age, religion / belief, and sexual orientation	Annually	Yes	This is available but is not published.	Y	Y	Y	Y	Y	Y

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation	
6. Commissioning and Procurement	The PCT is required by law to make sure that when we buy from another organisation to help us provide our services, that organisation will comply with equality legislation.	a	All contracts and service level agreements (SLAs) must contain clauses and performance measures around duties and responsibilities under equality and human rights legislation (refer to good practice published by NHS Purchasing and Supply Agency.)	Apr 2010	Yes	All contracts contain clauses around Equality, Diversity and Human Rights.	Y	Y	Y	Y	Y	Y
		b	Contract monitoring processes take into account equality and human rights issues to ensure compliance to E&D legislation.	Apr 2010	Yes	Equality, diversity and human rights issues are taken account of in contract monitoring.	Y	Y	Y		Y	Y

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation	
7. Monitoring Data, Reporting and Publishing	The requirement for Equality Monitoring has legislative and Health Care Commission Inspection drivers. The aim of these drivers is to develop appropriate and equitable service delivery for service users and career development opportunities for staff.	a	A demographic breakdown of patients/service users by race, disability, gender, and age is published on an annual basis	Annually	Partially	A demographic breakdown of Northumberland's population is included in the Single Equality Scheme which is published and revised regularly as a living document. Data collection in community health services has improved but there are still some gaps in profile information.	Y	Y	Y	Y		
		b	A demographic breakdown of the workforce by race, disability, gender, and age is published on an annual basis and this should include applicants for posts, successful applicants, applicants for training, training recipients, and staff leaving the organisation	Annually	Yes	This breakdown is now available.						
		c	Ensure the outcomes of all equality impact assessments are published on the SHA website.	Annual update required (April 2010)	Yes	All on the website.	Y	Y	Y	Y	Y	Y

	Expected Outcomes	Measures of Progress	Date for Delivery	Measure achieved in Year 2?	Please provide comments for all indicators that have not been achieved (10 000 characters)	Race	Disability	Gender	Age	Religion/Belief	Sexual Orientation
		d Publish on an annual basis a report which sets out the PCT's progress in implementing this scheme.	Annually	Yes	Published on the website.	Y	Y	Y	Y	Y	Y
		e Ensure that service usage is monitored to enable any areas of under representation to be identified	Annual update required (April 2010)	Yes	Health side of organisation now collect this data in paper records. This data is available electronically for social care.	Y	Y	Y	Y		
8. Complaints	Complaints are an important measure of people's satisfaction with our services and help [name of Trust] make sure there is continuing improvement in service provision. Our aim is to respond to any concerns or complaints as speedily, effectively, and fair	a Ensure that reports of all formal complaints are broken down by Race; Disability; Gender; and Age	Apr 2010	Yes	This information is now collected and is included in the complaints reporting process.	Y	Y	Y	Y		
		b Introduce the collection of religion/belief and sexual orientation in complaints monitoring	Apr 2010	Yes	Completed. Complaints are sent an evaluation form at the end of the complaints process which includes equality monitoring including religion/belief and sexual orientation.	Y	Y	Y	Y	Y	Y
		c Ensure that reports of all PALS complaints are broken down by Race; Disability; Gender; and Age	Apr 2010	Yes	PALS reports now include this.	Y	Y	Y	Y		

