

A decorative graphic on the left side of the page, consisting of several thick, rounded lines in blue, green, and dark green that intersect and extend across the page.

**Equality Scheme and Action Plan
2009-2011**

Foreword

I am proud to introduce our Equality Scheme and Action Plan which includes our statutory duty to promote race, disability and gender, as well as our commitment to include non-statutory equality groups which are religion and belief system, sexual orientation and age.

The NPSA is committed to being an inclusive organisation. We value the differences that exist among people and we have a strong culture of involvement in the development of our vision: to be inclusive to all people – regardless of their background. This vision applies to our staff and the organisations and individuals we provide a service to.

Our aim is to mainstream equality of opportunity for all equality groups. This scheme should be integrated into (not separated from) our daily activities. We want everyone to integrate the vision of this scheme into everything we do.

Within this scheme, we have set out how we will fulfil our specific duties to promote race, disability, gender, religion and belief system, sexual orientation and age equality for our staff and the organisations and individuals we provide a service to. This scheme will explain how we intend to build on what we currently do to consider and positively promote the needs of different equality groups. It will also explain how we will identify and remove any potential adverse impacts our activities may have on people from these equality groups. To achieve this, we have included a clear set of action plans.

We all have a responsibility to uphold the key messages of this scheme and work towards achieving our action plans within agreed timescales.

Chief Executive

Contents

- 1. Introduction 3
- 2. Statutory duty to promote race equality 5
- 3. Statutory duty to promote disability equality 7
- 4. Statutory duty to promote gender equality 9
- 5. Non-statutory duty to promote sexual orientation, religion/belief and age 10
- 6. Our role as a service provider and employer 15
 - 6.1 Corporate approach 15
 - 6.2 External scrutiny 16
 - 6.3 Our three divisions 17
- 7. Our current equality activities 18
 - 7.1 Leadership and corporate commitment 18
 - 7.2 Consultation, development and scrutiny 19
 - 7.3 Service delivery and customer care 20
- 7.4 Employment and training 28
- 8. Equality impact assessments 33
- Appendix A: recruitment monitoring statistics 34
- Appendix B: equality action plans 36

1. Introduction

Our overarching aim is to mainstream race, disability, gender, sexual orientation, religion and age equality into everything we do within the NPSA.

To realise this aim, we must ensure that:

- People from all equality groups have equal access to our services and our decision making processes.
- All equality groups are equally satisfied with the choices available and the quality of services they receive from us.
- Our workforce reflects the community we work in and we have a fair and proportionate representation of staff drawn from different equality groups at all levels of employment within the NPSA.
- We provide training to all NPSA staff to both embrace equality and diversity and to meet the changing needs of our workforce.
- Our senior management team and the Board demonstrate visible commitment to promoting equality and diversity within the NPSA.
- We are led by a Board who act as true leaders in promoting equality in employment and the services we provide, they promote equality and are updated on a quarterly basis regarding equality initiatives from across the Agency.
- All contractors or consultants working within the NPSA fully acknowledge the need to promote equality and can deliver their business/services in a way that promotes equality.
- Promoting equality is part of our standard business practice where community diversity is recognised, respected and catered for.
- We understand and maximise the benefits of working with diversity and being inclusive in respect of all stakeholders including staff, colleagues, clients or service providers.
- The requirements of equality and diversity are applied to the employment policies and the working culture of the NPSA.

Participants in the development of this scheme

We have worked with external specialists McKenzie HR Consultants who interviewed and worked closely with key policy and functions heads to develop a scheme which reflects the NPSA's strategy and working practices, and is aware of legal and best practice requirements within the areas of equality and diversity.

Previous equality initiatives

In 2006 we developed a race equality scheme which involved analysis of the NPSA in relation to race equality. Elements of this work have been included in the Equality Scheme and Action Plan 2009.

Information gathering

Information has been gathered from participants, statistical evidence and monitoring, and our 2009/10 business plan. This information has taken account of positive and adverse impacts within the areas of equality and diversity and from this, we have identified where we can improve our employment and service practices to be more inclusive.

Assessing impact

We have assessed negative and positive impact within our employment and service practices. However, to perform comprehensive equality impact assessments (EIAs), we have

introduced new and detailed documents and guidance notes which will be used during 2009/10 to perform EIAs on all our policies, services, activities, and projects (whether documented or not). Before introducing the EIA process, we will train heads of functions and policy holders to perform EIAs competently.

Publishing and using this document

We believe this document and specifically, the action plan, is a dynamic document and will be reviewed in 2010 to align with our business plan review. Our actions, which are indicated throughout the document and summarised at the end, will be subject to review as an ongoing exercise to map progress. EIAs will review progress in more detail.

This document, as well as our EIA documentation and diversity and equality strategy, will be published on our website and will be available in hard copy. Reference to this documentation will be communicated during induction training.

Note: All statistics which are referenced throughout this document are applicable as at July 2009.

Achievement of aims

To achieve our overall aims within this area, the NPSA is required to:

- Gather information to understand what currently exists.
- Develop our services to be more inclusive and accessible to people from all equality groups.
- Promote equality of opportunity for NPSA staff from all different equality backgrounds.
- Develop mechanisms and procedures for the reporting of discrimination, harassment and victimisation of the grounds of being in an equality group. These mechanisms and procedures will be available to all staff, contractors and members of the public who have dealings with us.
- To consider, very seriously, any incidents, (perceived or otherwise) of harassment towards a person from any equality group.
- Involve people from different equality backgrounds in our decisions/reviews and when assessing the impact of our services and functions. Note: particular emphasis has been made within the disability duty to involve people who have a disability and within the gender equality duty involvement must also include people who are undergoing or have undergone gender re-assignment.
- Develop measurable action plans that will detail how we propose to meet our statutory and non-statutory duties.
- Ensure we have equal pay arrangements for all equality groups, with specific reference to women and men (as specified by the gender equality duty) by undertaking equal pay audits.
- Develop and review our existing policies, projects and functions to both eliminate any equality bias and to promote equality via the completion of EIAs.
- Provide employment services which are equally accessible to all equality groups.
- Train all staff, senior managers, Board members and contractors to meet our requirements to promote equality with specific reference to the requirements of the statutory duties for race, disability and gender.
- Gather, analyse and monitor information about users of our services, employees, Board members, contractors and job applicants in relation to equality.
- Consult with staff, Board members, users of our services, and stakeholders in relation to how we promote equality.
- Develop practices to promote work life balance.

Diversity and Equality Strategy

Our Diversity and Equality Strategy outlines our vision and key objectives to achieve diversity, equality and inclusivity within the NPSA in terms of employment and the services we provide.

2. Statutory duty to promote race equality

Race equality means fair and equal treatment for all people regardless of race, colour or creed, and the recognition of cultural and ethnic diversity, which enables people from all ethnic groups to achieve their potential, and not be subject to racial prejudice and discrimination.

The Stephen Lawrence Inquiry Report identified institutional racism in one of Britain's main public services. From this report there was a change in legislation called the Amendment to the Race Relations Act (ARRA) 2001. It was identified that public services needed a framework to work within and hence the duty to promote race equality was formed.

The Race Relations Act 1976 defines direct and indirect discrimination and victimisation and racial discrimination in employment, training, education, housing, public appointments and the provision of goods, facilities and services.

The Race Relations (Amendment) Act 2000 came into force on 2 April 2001 and covers all the functions of public authorities. The Amendment 2000, places a duty on listed public bodies to promote race equality which is central to the way they run their organisations.

Within the definitions of public bodies bound by the duty, the NPSA is a public body and this background to race is part of our Equality Scheme and Action Plan.

The duty provides a framework for action to enable us to carry out our functions and services more effectively to support different racial groups by tackling discrimination and promoting equality.

In addition to existing services and functions, the duty equally applies to ones which are waiting to be developed.

We have agreed that to be a fully inclusive organisation, we will have an EIA process which includes all equality categories. The statutory duties of race, gender and disability will be included as well as the non-statutory aspects of sexual orientation, religion/belief system and age. Our EIA approach will be detailed and evidence-based.

Promoting race equality

The general duty

The general duty has three parts:

1. Eliminating unlawful racial discrimination.
2. Promoting equality of opportunity.
3. Promoting good relationships between people of different racial groups.

The three parts support each other, and promoting equality of opportunity may also eliminate or prevent unlawful racial discrimination. However, it is important to note that the three parts are different and that achieving one may not necessarily lead to achieving another. For

example, the NPSA could introduce a new equal opportunities policy which is not clearly explained and therefore, causes resentment if some staff do not understand it and feel they are receiving less favourable treatment.

How to meet the general duty

There are four key steps:

1. Identify which functions and policies are relevant to the
2. Place the functions and policies in order of priority, based on how relevant they are to race equality.
3. Assess whether the way these relevant functions and policies are being carried out meet the three parts of the duty.
4. Consider whether any changes need to be made to meet the duty and make the changes.

The specific duty

The specific duty will help organisations meet the general duty. The specific duties are a means to an end. Meeting the general duty is the main objective. This means that when an organisation tackles a specific duty, it must consider whether it is meeting the three parts of the general duty. To do this the following are some questions to keep asking:

What action should we take to eliminate unlawful discrimination and promote equality of opportunity? What action should we take to promote good race relations?

Race equality scheme

By publishing a race equality scheme an organisation becomes accountable for its proposals to meet the duty. It's also an opportunity to explain the values, principles and standards that guide its approach to race equality. It doesn't mean the arrangements to meet the duty will be new – an organisation may already have systems in place which meet their statutory requirements.

The scheme should show how the organisation plans to meet its statutory duties under section 71(1) of The Race Relations Act and in particular articles 2(2) and 2(3) of the Race Relations Act 1976 (Statutory Duties) Order 2001.

A race equality scheme should state:

- The functions, policies, and proposed policies which have been assessed as relevant to the achievement of the duty.
- The organisation's arrangements for assessing and consulting on the likely impact of its proposed policies on the promotion of race equality.
- The arrangements for monitoring its policies for any adverse impact on the promotion of race equality.
- The results of all assessments and consultations.
- How members of the public and staff can access the information and services the organisation provides.
- How staff will be trained in the duties of the Race Relations Act.

Note: Our monitoring and consultation section outlines this in more detail. We believe EIAs will allow for in-depth assessment of individual needs for particular racial groups.

Useful assessment data:

- Information which is already available.
- Research findings.
- Population data including census findings.
- Comparisons with similar policies in other authorities.
- Survey results.
- Ethnic data collected at different stages of a process.
- One-off data gathering exercises.
- Specially commissioned research.

3. Statutory duty to promote disability equality

On 4 December 2006, the disability equality duty, which has statutory status, came into effect. This duty requires all public sector organisations to positively promote disability equality. This duty amends the Disability Equality Act 1995. Within the NPSA, our overarching aim is to mainstream disability equality into everything that everyone does. To achieve this we need to consider:

- Gathering information to understand what currently exists.
- Making our services more inclusive and accessible to people with a disability.
- Promoting equality of opportunity for disabled people in employment.
- Involving disabled people in decisions and reviews assessing the impact of our services and functions.
- Consulting with people with disabilities in relation to their specific needs.
- Developing robust and measurable action plans which detail how we will meet our statutory duty to positively promote disability equality.

The duty provides a framework for action to enable us to carry out our functions and services more effectively to support disabled people by tackling discrimination and promoting equality.

The duty applies to our existing services and functions and any additional services/functions we may develop.

We have agreed that to be a fully inclusive organisation, we will develop an EIA process which includes all equality categories. This will include the statutory duties, race, gender and disability as well as the non-statutory duties, sexual orientation, religion/belief system and age. Our approach to EIA will be detailed and evidence-based and reliant on positive outcomes for all equality groups. We believe that tackling the social model of disability is the right approach and the NPSA champions this.

The meaning of disability

A person has a disability if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

Normal day to day activities include:

- Mobility.
- Manual dexterity.
- Physical co-ordination.
- Continence.

- Ability to lift, carry or move otherwise everyday objects.
- Speech, hearing or eyesight.
- Memory or ability to concentrate, learn or understand.
- Perception of risk of physical danger.

Normal day to day activities do not include activities which are normal only for a particular person, such as playing a musical instrument or performing a specialist task at work.

Physical impairment

A physical impairment can include:

- Sensory impairment such as hearing.
- Visual impairment such as registered blind or partially sighted.
- Mobility impairments.

Mental Impairment

Within the Disability Discrimination Act (DDA) mental impairment is not defined, however, this could include mental illness such as depression, schizophrenia and post traumatic stress disorder.

Learning impairment

Learning impairments are included as a mental impairment and could include conditions such as dyspraxia, down syndrome and dyslexia.

Progressive conditions

Progressive conditions (impairments that are likely to develop adversely over time) are recognised as a disability. Examples include: HIV/AIDS, cancer and multiple sclerosis.

Severe disfigurement

Severe disfigurements (for example facial birth marks) may also be considered as a disability.

What is a substantial adverse effect?

A substantial adverse effect is something which is more than a minor or trivial effect. The effect of the disability must go beyond the normal differences in ability that exist between people.

What is a long term effect?

- An impairment which is likely to last for twelve month or more.
- An impairment which is likely to last for the duration of the affected person's life (progressive conditions).

The social model of disability

A social model approach states that people with impairments are disabled by physical and social barriers. The problem of disability results from social structures and attitudes, rather than from a person's impairment or medical condition.

This approach has influenced a rights-based view of equality for disabled people and represents the key to understanding and addressing disability equality, the aim of which is to understand and dismantle the barriers which exclude and limit the life chances of disabled people.

4. Statutory duty to promote gender equality

The term gender equality is not simply treating men and women in the same way and it is broader than the obvious biological differences that exist between men and women. Women, men and transsexual people can experience disadvantages related to their gender at some time in their lives – either directly or indirectly. Sometimes, gender discrimination can be embedded within some of the commonly perceived roles, relationships and stereotypes that are often applied to people of different genders.

The Sex Discrimination Act 1975 makes it unlawful to discriminate against people on the grounds of:

- Gender
- Marital status
- Undergoing or proposing to undergo gender reassignment
- Pregnancy or pregnancy related matters

The Act recognises and defines direct and indirect sex discrimination, victimisation and sexual harassment within employment, training, education, housing, public appointments and the provision of goods, facilities and services.

The Sex Discrimination Act

(Public Authorities) Statutory Duty Order 2006 came into force on 6 April 2007. The order places a general duty on listed public authorities to “have due regard to the need to eliminate unlawful discrimination or harassment and to promote equality of opportunity between men and women”.

This means we are required to take steps to promote (rather than react to) issues of gender equality.

To meet our general duty we are required to prepare, publish and implement a Gender Equality Scheme (known as our specific duty). The NPSA have elected to publish a combined equality scheme, which includes gender.

The general duty to promote gender equality

The general duty has two parts:

1. Eliminating unlawful gender discrimination and harassment.
2. Promoting equality of opportunity between men and women.

Meeting our general duty

There are four key steps:

1. Identifying which functions and policies are relevant to the duty.
2. Organising the functions and policies in order of priority, based on how relevant they are to gender equality.
3. Assessing whether the way in which we, carry out these functions and policies meet the two parts of our duty to promote gender equality.
4. Consider whether any changes need to be made to meet our duties and implement the changes required.

Developing a gender equality scheme

A Gender Equality Scheme (the NPSA have elected to publish a combined equality scheme, including gender) should state:

- The actions we have taken or intend to take to gather information on the effect/impact of our activities on men and women.
- The extent to which our policies and practices promote equality between men and women.
- The extent to which our services and functions take account of the needs of men and women.
- An analysis of internal and external information relating to the gender profile of our staff, users of our services, and applicants including a comparative analysis of our statistics versus the local communities we serve.
- Details of how we have consulted with staff, users of our services and other stakeholders to assess our approach, in relation to promoting gender equality.
- The results of all assessments and consultations.

Useful assessment data which should be used within our Gender Equality Scheme:

- Existing information on the profile of employees and service users.
- Research findings.
- Population data, including census findings.
- Comparisons with similar policies in other Arms Length Managed Organisations or other similar bodies.
- Results/findings of any surveys or questionnaires we have sent to staff or service users.
- Data collected at different stages of our processes.
- One-off data gathering exercises.
- Specially commissioned research.

5. Non-statutory duty to promote sexual orientation, religion/belief and age

Sexual orientation

The Employment Equality Sexual Orientation Regulations 2003 (amended in 2007 to include provision of goods and services) protect staff from discrimination because of their actual or perceived sexual orientation.

Definition of sexual orientation

- People orientated towards someone of the same sex (this covers gay men and lesbian women).
- People oriented towards someone of the opposite sex (this covers heterosexual men and women).
- People orientated towards someone of the same and opposite sex (this covers bisexual men and women).

The legislation recognises discrimination on the grounds of perceived as well as actual sexual orientation and the sexual orientation of someone with whom the person associates.

Principles of sexual orientation legislation

Legislation recognises both direct and indirect discrimination on the grounds of sexual orientation. For example, a person who is a civil partner in a registered civil partnership of a same-sex couple should not be treated less favourably than a married person in similar circumstances. If a civil partner is treated less favourably, they may be able to bring a claim for sexual orientation discrimination under the sexual orientation regulations or a claim for sex discrimination. The Regulations outlaw direct discrimination, indirect discrimination, harassment and victimisation on the grounds of sexual orientation.

Direct discrimination

May occur when someone is treated less favourably than another because they are lesbian, gay, bisexual, heterosexual or in a civil partnership.

Indirect discrimination

Occurs when an employer or organisation applies a provision, criterion or practice which disadvantages people of a particular sexual orientation and which cannot be justified.

Harassment

On the grounds of sexual orientation it is defined as unwanted conduct that violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment having regard to all the circumstances and the perception of the victim.

Victimisation

Treating people less favourably because of something they have done under or in connection with the regulations, e.g. where a person has made a formal complaint of discrimination or given evidence in a tribunal case.

In addition to the types of discrimination listed above it is also unlawful to discriminate or harass someone after the working relationship has ended. All of the above forms of discrimination include discriminating against someone because of their perceived sexual orientation (even where this is an incorrect perception) or where a person associates with others of particular sexual orientations.

In very limited circumstances it will be lawful for an employer to treat people differently if a genuine determining reason exists that determines that the job holder must be of a particular sexual orientation. It is very unlikely that any posts within NPSA would fall into this category.

Religion and belief system

From 2003, employment legislation outlaws discrimination, harassment and victimisation on the grounds of religion or belief, (unless such discrimination is capable of justification), in employment, education and services.

Definition of religion or belief

Religion or belief is not explicitly defined in the legislation. It will, however, be generally clear what is or is not a religion or a belief. It will be for the tribunals and higher courts to decide where the issue is disputed. A number of factors will be considered when deciding what is a religion or similar belief:

- Whether the religion in question has a system of collective worship.
- Whether it has a clear belief system affecting the way of life or view of the world. This extends beyond easily recognisable religions and faiths to include beliefs such as paganism and humanism, and also covers those without religious or similar beliefs, such as atheism.

Political beliefs and fanatical followings are explicitly excluded. The legislation does cover discrimination on the grounds of perceived as well as actual religion or belief and the religion or belief of someone with whom the person associates.

Principles

The legislation outlaws direct discrimination, indirect discrimination, harassment and victimisation on the grounds of religion or belief.

Direct discrimination

May occur when someone is treated less favourably than another because of their religion or belief.

Indirect discrimination

Occurs when an employer or organisation applies a provision, criterion or practice which disadvantages people of a particular faith or belief set and which cannot be justified. For example, an employer might expect staff to attend an event at a particular time which might be a particular time for prayer or a religious festival.

Harassment

On the grounds of religion and belief it is defined as unwanted conduct that violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment having regard to all the circumstances and the perception of the victim.

Victimisation

Treating people less favourably because of something they have done in connection with the regulations, e.g. made a formal complaint of discrimination or given evidence in a tribunal case.

In addition to the types of discrimination listed above it is also unlawful to discriminate or harass someone after the working relationship has ended. All of the above forms of discrimination include discriminating against someone because of their perceived religion or

belief (even if this turns out not to be the case) or because he/she is friendly with others of particular religions or beliefs.

Age equality

The Employment Equality (Age) Regulations 2006 came into force in October 2006. These regulations mean age discrimination in employment is unlawful in the same way as discrimination on gender, race, disability, sexual orientation or religion and belief. The legislation protects people of all ages.

Age discrimination can take many forms. In legal terms, it broadly follows the same pattern as existing forms of discrimination law in the UK, namely direct and indirect discrimination and victimisation and harassment. The regulations have also had a wide impact on other areas of employment law including unfair dismissal and redundancy provisions.

The regulations cover employment and vocational training. This includes access to help and guidance, recruitment, promotion, development, termination, perks and pay. The regulations also cover people of all ages.

The regulations do not just apply to all employers, but also to providers of vocational training, trade unions, professional associations, employer organisations and trustees, and managers of occupational pension schemes.

Goods, facilities and services are not included in the regulations, although it is anticipated this will be introduced in 2011.

The pre-October 2006 upper age limits for unfair dismissal and redundancy no longer apply.

A national default retirement age of 65 applies making compulsory retirement below age 65 unlawful (unless objectively justified).

All staff have the right to request to work beyond the default retirement age of 65 (or any other justified retirement age set by the organisation). All employers must give advance notice of an approaching planned retirement date and must follow the duty to consider procedure to address those requests.

Occupational pensions are covered by the regulations, as are employer contributions to personal pensions. However, the regulations generally allow pension schemes to work as they did before, including the NHS pension scheme which the NPSA are part of. The regulations do not affect state pensions.

Direct and indirect age discrimination can be justified if the treatment or provision, criterion or practice in question is a proportionate means of achieving a legitimate aim, though most employers will find this difficult to justify.

Length of service requirements for employment benefits practices of five years or less enjoy a special exemption and are deemed not to be unlawful age discrimination.

Length of service requirements for employment benefits of periods longer than five years may also be justifiable if the employer can show that they have awarded the benefit to reward loyalty, to encourage motivation, or to recognise the experience of staff.

In 2011, the default retirement age will be reviewed by the government to consider whether it is still necessary to maintain a default retirement age at 65 or any at all.

Amendments incorporated into the Employment Rights Act 1996 so that dismissal at a justified retirement age (usually 65) in specified circumstances will be a potentially fair reason for dismissal.

Some key points

- More people are living longer, active and healthier lives.
- Evidence shows that differences in absenteeism between age groups are slight.
- Older workers stay in their jobs longer than younger people.
- Age discrimination leads to under-achievement, reduced self-confidence and motivation, lower self-esteem and loss of personal income and status.
- Findings from many studies show that younger and older workers are on average equally effective in their work.
- Research shows that, given the right training, older people are just as capable of learning new skills as younger people.
- As life expectancy increases and the birth rate remains low, the proportion of the population aged over 65 will increase dramatically, despite immigration.
- The same is happening all over Europe and in many other countries. Older people will become an ever more significant proportion of the population and society will increasingly depend upon the contribution they can make.
- Research information shows that there is a keen appetite amongst older staff for flexible working and flexible pensions and statistics indicate that activity levels for older female staff are expected to continue to rise.

Recruitment and selection

Age criteria will never be taken into account in employment decisions but will be gathered for monitoring purposes. Failure to have good management data could count against the Agency should there be an employment tribunal action.

Interviewers and those concerned with selection must not be subjective on the basis of physical characteristics and unfounded assumptions, and must ensure their decisions are based on objective criteria, relevant to the job and merit. The age regulations make it unlawful to base decisions on appearance or perceived age, whether that is older or younger.

An individual's age should not be used to make judgments (medical or otherwise) about their abilities or fitness. Where such a judgment is required, an occupational health or medical practitioner should be consulted. Age should not be used as a factor in physical test requirements.

Pay and terms of employment should not be based on age, but should reflect the value of individual contributions and standards of job performance.

All staff should be eligible for training and development programmes as there is the potential to waste talent if particular age groups are automatically excluded.

There is considerable evidence that flexible working patterns support retention and encourage return to work. Within the Agency, we encourage flexible working and promote work-life balance, which is available to all age groups.

When releasing staff, the organisation's future needs for knowledge, skills and competencies should be taken into account. We do not apply last in first out criteria as a method of

selecting for redundancy. This is likely to be unlawful as it may be indirectly discriminatory, with younger workers being made redundant ahead of older workers.

Requests to work beyond retirement age must be properly considered; seventy per cent of 50-year olds stay on in work until state pension age. Many older workers welcome an opportunity for phased retirement, flexible working etc.

6. Our role as a service provider

6.1 Corporate approach

As a result of the review of the Department of Health's ALBs undertaken in 2004, the NPSA was reformed with responsibility for three separate divisions, each with distinct functions:

1. National Reporting and Learning Service (NRLS).
2. National Clinical Assessment Service (NCAS).
3. National Research Ethics Service (NRES).

To develop an overall organisation which brings these three divisions together and is fit for purpose we have a corporate role which is supported by the Senior Management Group (the directors of each division).

The Corporate Services section of the NPSA includes Communications, Information Services, Human Resources, Finance, Facilities and Procurement, Business Planning and Corporate Governance, and Government Affairs.

We have reference groups within the Agency which exist to ensure we promote equality and diversity.

NPSA:

- Equality and Diversity Assurance Group (EDAG) chaired by a non-executive director with representation from across the Agency.
- Staff Council. The Agency is reviewing its staff engagement model taking into consideration the feedback obtained from the 2009 staff survey. The Staff Council will be seeking feedback from staff to understand how best the Agency can engage, involve and communicate effectively with them. Following this feedback, the model for representation of staff will be developed, with consideration to trade union recognition. Equality group considerations will be made in the constitution of the final staff representative group membership.

NCAS:

- Equality and Diversity Forum made up of external experts from across the medical, dental, equality, educational and legal fields. This forum provides support and expert guidance on diversity issues affecting all areas of NCAS' work from advice, assessment, education, and evaluation and functions as a Board level advisory group.
- Clinical Assessment Advisory Group is a specialist group made up of assessment and development experts many of whom are external to NCAS. The group meets quarterly and provides NCAS with reassurance that all possible avenues of bias and unfair discrimination in assessment processes are investigated and eliminated in the event of a doctor or dentist from a minority group claiming discrimination.

Our corporate vision

To lead and contribute to improved, safe patient care by informing, supporting and influencing healthcare organisations and individuals working in the health sector. To make equality and diversity part of our working culture by promoting the following values:

Our overarching objectives

- Building public confidence in the safety of care, the safety of health practitioners and systems to ensure ethical research.
- Delivering services to all our customers and being responsive to the health economies we serve.
- Building a sustainable Agency that is responsive and delivers against a changing environment by maximising new opportunities.

Our behaviours and values

- Delivering services that are fit for purpose and help our customers in their work.
- Creating an environment that attracts, motivates and recognises high performance and achievement.
- Respecting every individual and being committed to equal opportunities and diversity.
- Promoting the health and wellbeing of our staff.
- Providing a safe workplace and protecting the environment.
- Upholding the highest levels of probity, honesty and transparency.

6.2 External scrutiny

Previously, the Agency has been subject to two specific levels of external scrutiny:

- Patients and the Public (23/11/05).
- NHS Appointment Commission's Disability Advisory Group (31/5/06).

At this time, the NHS Appointment Commission's Disability Advisory Group felt that the Agency's business plan and strategies should have established mechanisms to ensure that they are disability and equality assured and compliant.

Key areas which were indicated were:

- Doctors and dentists may be inappropriately referred to NCAS because of unfair discrimination assumptions connected to their impairment, ethnicity, age and other equality assumptions.
- Assumptions around research applicants attending REC meetings who could be disadvantaged because of disability or any of the quality categories.
- Different equality groups having a lack of awareness of NPSA products and services.
- Products and services which inadvertently disadvantage equality groups.
- The requirement for reasonable adjustments applied to the diverse needs of services and our target audience.
- Third parties and procurement.
- The need for the Agency's divisions to collect and monitor people and information and the need to continuously improve data collection to include hard to reach groups. This will contribute significantly to the Agency's understanding of patient safety by identifying profiles of those being harmed.
- Impact assessments to identify adverse impact and positive action.

External scrutiny indicators have been reviewed and further actions have been identified.

Corporate Services

Planning of our corporate support functions involves analysing the combined needs of the Agency, statutory requirements, performance against benchmarks and the strategic change required to continuously improve and maintain an organisation that is fit for purpose.

As a result of the diversity of our work it is important that we tailor our corporate support to reflect the different customer requirements from each division and to optimise our ability to deliver on our mission and vision while meeting our finance and headcount targets, it is essential that corporate support services are delivered efficiently.

We have three key strategic objectives within Corporate Services:

1. Develop an efficient, effective and flexible organisation that promotes a synergistic culture.
2. Provide corporate and infrastructure support that proactively delivers to the needs of customers and stakeholders.
3. Build and maintain an effective governance structure that safeguards information, assesses risks and makes best use of public funds.

6.3 Our three divisions

NCAS

NCAS promotes effective local resolution of concerns about the performance of health practitioners, by providing support to healthcare organisations and individual doctors, dentists and pharmacists when they are faced with concerns over the performance of an individual practitioner. This service is provided to the NHS in England by statute and in Wales, Northern Ireland and Scotland through service level agreements. NCAS also provides a service to Jersey, Guernsey and the Isle of Man.

We have three key strategic objectives within NCAS:

1. Focus on core work by ensuring casework is responsive, timely, proportionate, cost effective, and underpinned by robust and defensible methods.
2. Promote effective systems of professional governance through an external education programme and publication of analysis of casework experience.
3. Develop services by identifying and responding to the needs of existing and emergent stakeholders.

NRES

NRES comprises of the NHS Research Ethics Committees (RECs) in England and a head office function which is part of the NPSA. There are 102 RECs with 1350 members, with ongoing plans to reduce the number of committees.

NRES has a dual mission to protect the rights, safety, dignity and wellbeing of research participants and to facilitate ethical research which is of potential benefit to participants, science and society.

The head office supports this through the provision of services and management support to research ethics committees and quality assurance of the systems and service used and provided by these committees. Services provided include the provision and support of

training for REC members and support for Strategic Health Authorities (SHAs) when undertaking their governance responsibilities for RECs.

We have four key strategic objectives within NRES:

1. Provide an efficient and robust service for ethical review.
2. Increase understanding of what is expected from research applicants when submitting a research ethics application.
3. Build confidence in the REC system.
4. Harmonise and simplify the exchange of information between NRES, the NHS and others while protecting the Independence of ethical review.

NRLS

NRLS improves patient care through the analysis of patient safety incidents, rapid response to incidents and the development of actions, in partnership, that can be implemented locally to build a stronger culture of patient safety.

We have four key strategic objectives within NRLS:

1. Lead and motivate staff to improve the safety of patient care through evidence, networks and tools, building engagement and local capacity in patient safety.
2. Provide timely knowledge and feedback through the NRLS so that providers and commissioners can take action to set priorities and reduce risks to patient safety.
3. Embed patient safety priorities through influencing standards, commissioning and providing implementation ready products and services.
4. Work with the Confidential Enquiries (contracted to the NPSA) to ensure exchange of information between each enquiry and the NRLS to improve patient safety.

7. Current equality activities

This section outlines our current activities to promote race, disability, gender, sexual orientation, religion/belief system and age. We will highlight where we believe we could improve and the actions we will take to achieve this.

For clarity and focus we will demonstrate this individually by each of the three divisions within NPSA and the corporate role, and will categorise this under the following headings:

- Leadership and corporate commitment.
- Consultation in employment and service provision.
- Service delivery and customer care.
- Employment and training.

Note: throughout this document and where applicable we have outlined the involvement of equality groups (particularly disabled).

Where we have identified improvement measures within each of these categories, we have included these in the overarching actions at the end of this document.

7.1 Leadership and corporate commitment

We have developed an equality and diversity strategy which makes a positive commitment to fair and equitable treatment to all in the provision of our services and the employment of our

staff and contractors. This strategy applies to NPSA and our three operating divisions as well as our Corporate Services role.

Our Chief Executive and EDAG are responsible for overseeing the progress of our equality and diversity strategy.

Action plans at the end of this document have overarching actions, specific to equality.

We have reviewed and launched a new harassment and bullying policy and this has been developed with input from all staff. A supporting toolkit of guidance will be produced to support all staff and managers in tackling harassment and bullying. The code of conduct for acceptable behaviour of all staff is currently being reviewed, with reference to the NHS Constitution.

We have developed EIAs and are committed to training key policy holders. We will be drawing up a timetable for completion of EIAs which prioritises policies with the greatest impact or risk. We will be assessing all our policies, projects, procedures and activities, which already exist or are new. All EIAs will relate to staff and in the provision of our services.

Within HR, we have undertaken an audit of staff details to ensure our personnel systems are up to date. This will enable us to draw comparisons with national and local equality targets, taking account of potential 'hard to reach groups. This information will be communicated to EDAG.

7.2 Consultation, development and scrutiny

EDAG is made up of members from each division nominated by senior staff. We are aware that we need to consider the equality representation of this group and are developing ways to encourage greater representation.

We meet every eight weeks and have established terms of reference which includes:

- To advise the Senior Management Group as to whether the Agency currently complies with legislation and best practice and to provide advice in relation to any remedial action.
- To ensure the Agency has an Equality and Diversity Strategy in place and to ensure the Agency assess policies for equality impact, mitigate any adverse impact and monitor the progress of planned actions.

We are updating the roles and responsibilities of EDAG and will provide this group with specialist diversity and equality training.

We will be benchmarking our equality performance within our corporate and divisional activities with other ALBs to identify potential areas of development.

Corporate Services

We carry out staff satisfaction surveys annually to determine how satisfied our staff are in relation to a number of employment issues. For future surveys, diversity and equal opportunities will be included to enable further analysis of trends. Where potential discrimination is highlighted, appropriate investigation and actions will be taken.

We have a Staff Council which is consulted on all employment issues. Membership of this council is made via nomination and election. A staff engagement project group, led by the existing Staff Council members, has been set up and will undertake focus groups with staff to

determine how we better engage, involve and communicate with staff. This will shape the staff engagement and consultative model for the Agency.

NCAS

We consult with referring bodies to discuss how we can collect more robust equality data. Current sexual orientation and religion/belief system data is not usually collected. To ensure equality and fairness, practitioners who are referred for behavioural assessment work will meet with qualified assessors who are experts in their field. We consult with these assessors to ensure feedback is handled in a sensitive and open manner.

NRES

The overall authority for membership appointment and indemnity of REC members rests with Strategic Health Authorities (SHAs). We support SHAs by providing best practice advice and operational support for recruitment, the provision of and support for training and undertaking the annual monitoring of REC membership to assess the representation from equality groups.

We consult with RECs in terms of the support we provide (training, standard operating procedures, resourcing and management) to ensure we provide what they will find helpful and useful. We have evaluation forms to ensure training is relevant and beneficial. Managers continually monitor their region to ensure resources are adequate to run the service, which includes REC offices and facilities for REC meetings.

NRLS

One of our strategic actions as identified in our 2009/10 business plan is to improve the accuracy and completeness of incident reports received by the NRLS. The quality of data in the RLS is dependent on the quality of data collected in local systems.

There is a wider issue outside of the Agency's control, whereby an accident may be observed by a nurse (or other person/s). In this situation it would be highly irregular to make a judgement via observation as to the individual's ethnicity, age, religion, sexual orientation or disability. We are working to improve the quality of incident data. and have increased the advice, support, guidance and feedback on data quality and tools. We will be monitoring to map progress and determine any new initiatives to increase data input.

7.3 Service delivery and customer care

We strive to provide an equal service to all our service users. However, we are aware that to provide equality and to bring things to a level playing field, some equality groups may, in particular situations, require a different approach to the service. We will be reviewing this in some detail when we carry out EIA.

Documents and website facilities

Our documents and website facilities are made available in languages appropriate to our service users and are available in different font sizes. Our website has been set up to be compatible with disability requirements. Tests to validate this will be carried out in 2009.

Procurement policy

The procurement policy was reviewed and updated in August 2009. Part of its development included an EIA.

Our commitment to equality and diversity is:

- Our equality and diversity expectations will apply to all procurement contracts.
- All tenders have generic equality and diversity criteria set against them for proposed suppliers to complete as part of their submissions.
- All of our contract templates have a generic statement placed within them to remind and reaffirm a mutual understanding of the equality and diversity commitment.
- When entering into a contractual agreement we will ask the supplier for a copy of their equality and diversity policy or other evidence of their commitment to equality and diversity.
- An EIA will be carried out as part of future reviews and amendments to the procurement policy and procurement process guide.

Building and asset management

The Agency manages its offices at Maple Street and occupies a landlord managed building in Vauxhall London, Cardiff, Edinburgh and Lisbon. The Agency is responsible for selecting suppliers of services to Maple Street and the process and criteria followed is set out below.

We do not select the service providers on the other sites as this is the responsibility of the landlord. The Agency is currently reviewing its office needs, in conjunction with Department of Health. Any future move will be fully assessed in terms of any new buildings compliance with relevant legislation and an impact assessment will be carried out. The design and layout of any new offices will be also be assessed as will the process of the move itself.

Offices

The NPSA has five offices and each of these buildings has undergone a full DDA audit. These audits are reviewed by the Agency's Senior Management Group who prioritise the recommendations and request an annual progress report. The last audit for Maple Street was April 2007. The audit recommendations take account of visitors, staff and anyone else who has access to our office buildings.

Reasonable adjustments

Our health and safety policy, which is reviewed by the Health and Safety Committee, considers and carries out reasonable adjustments for staff and visitors who may be disabled. The Health and Safety Committee have quarterly review meetings.

We have a health and safety incident book and a record of risk assessments which are carried out internally to take positive action to pre-empt any potential or actual hazard. Reasonable adjustments are also made at the interviewing stage for prospective staff and for those employed.

We do not have a buildings management or assessment management policy. However, as we will be carrying out EIA in 2009, and reviewing this area of work, this may be a future consideration and will relate to DDA compliance.

Facilities management

At our head office in Maple Street we have catering facilities for meetings. We use three preferred catering suppliers. We have procured catering staff and employ one person. We respond to specific dietary needs at all our offices for race/religion and belief/disability, which are generated by the meeting organiser. A vegetarian option is always included.

All contractors (security, cleaning, catering and maintenance) have been reviewed via the tendering process and one-to-one interviews to ensure they comply with our health and safety and equality and diversity requirements. To evidence detailed equality information we will be updating interview questions. This is an action for 2010.

At our other offices we do not select service providers as we occupy only part of the building and the facilities are attended to by the landlords in accordance with the Agency's requirements.

In 2009/10, we will be carrying out a full EIA on the following policies:

- Building and asset management.
- Cleaning management.
- Facilities management.
- Contract catering.
- Security.

NRLS

We have taken great strides to increase the number of organisations reporting via the Reporting and Learning System (RLS). Monthly and quarterly reports are via Strategic Health Authorities (SHA) on actual and potential safety incidents.

This information is collected as follows:

- Patient age (the latest dataset includes patient date of birth which is converted to age at incident, for analysis, to meet confidentiality and information governance requirements).
- Patient gender.
- Patient ethnic group.

The RLS pre-dates legislation and guidance relating to collection of data on sexual orientation, religion and belief system and disability. Ethnicity, gender and age data is not a mandatory requirement on the RLS However; we have collected equality data for incidents occurring in the period 1 April 2007-31 March 2008. For the majority of incidents we have data on age and gender however for ethnicity we are missing 80 per cent of incidents and recognise when consulting with stakeholders we need to review why and what can be done.

Incidents 1 April 2009-31 March 2008

Table 1: patient age range

Patient age range	Frequency	Percentage
Not stated	315,841	36
Under 28 days	12,981	1
1 month–year	6,949	1
2–5 years	7,432	1
5–11 years	6,244	1
12–17 years	11,165	1
18–25 years	33,010	4
26–35 years	53,036	6
36–45 years	48,925	6
46–55 years	41,482	5
56–65 years	53,599	6
66–75 years	76,310	9
76–85 years	128,076	14
Over 85 years	89,716	10
Total	884,766	100

Table 2: patient gender

Patient gender	Frequency	Percentage
Female	317,339	36
Male	267,289	30
Not stated	299,730	34
Indeterminate	408	0
Total	884,766	100

Table 3: patient ethnicity

Patient ethnicity	Frequency	Percentage
Not stated	714,300	80
White	149,926	17
Black/Black	7,294	1
British	6,627	1
Asian/Asian	3,607	0
British	3,012	0
Other		0
Mixed		0
Total	884,766	100

Analysis of equality data in NRLS

We routinely consider the available information on age and gender of our patients to understand and prioritise patient's safety issues. For example, the first report on RLS data included an analysis of patients by age affected by safety incidents in hospital, compared with all patients; and the report on in-patient falls examined variation in falls by age and gender of patients.

Development of the RLS to collect further equality data

During 2007/08 the NRES has undertaken a wide ranging view of the RLS to identify how the system can be developed and improved to be more effective in identifying the most serious risks to patient safety and ensuring action is taken to address these across the NHS. This review included examining the current model for data collection and how this could be improved.

The option of undertaking a substantial review of the RLS dataset was considered. However, a cost benefit analysis determined that this approach would not represent value for money in terms of the levels of data quality improvement that could be expected from such a significant piece of work. Instead, the strategy for the RLS over the next three years includes a value for money data quality improvement plan which will include incremental development work on completeness of data within existing fields such as ethnicity, age and gender, together with plans to work with NHS Connecting for Health on developing a long-term path to collecting patient safety data through NHS systems.

NRES

The key strategy of NRES is to promote ethical research in the UK and the key functions and the relationship with equality are as follows:

Training

NRES has developed a national training strategy to continue to support REC members and REC staff. An extensive training programme includes all aspects of ethical review, research methods, annual conferences, and induction training.

Training availability:

All training information is available on the NRES website.

All training is openly available, appropriate and accessible to all REC members and REC staff across the country. NRES has ensured that practical support for those with a disability has been included in the latest version of training request forms and views about the quality of any support given are sought in the latest version of training evaluation form.

Within the chairing skills course and induction training for REC members is a session on equality and diversity awareness

Equality and diversity training is included within training programmes for REC members and REC staff who have not had this training or do not have access to this via their employers

Membership

NRES has always recognised that we have a role to support SHAs to ensure membership of RECs reflects the community they serve. We acknowledge the need to increase the membership mix and to provide further support for the performance management and development of the REC chairs and members. Regional managers provide operational support and advice to SHAs when recruiting members to the REC. Together with REC chairs and REC co-ordinators they work to maintain the appropriate membership of RECs. NRES supports SHAs in achieving equality objectives and monitoring as follows:

Monitoring REC membership:

This is done on a yearly basis by ethnicity, gender, disability and age. Ethnicity from the 2007 survey shows some positive results which is broadly in line with the 2001 census figures. However, further positive action could be undertaken to promote equality within ethnicity which is included in our actions. Monitoring for disability, age and gender is not currently compared against UK figures but this will be included in our future monitoring. We will also include religion/belief system and where possible sexual orientation (without breaching privacy) in our monitoring programme.

We advertise for potential members through newspapers and local organisations, institutions, hospitals, community centres, libraries, dental surgeries and universities, to ensure we reach our target audience. We do not monitor leavers as usually members tend to leave at the end of their tenure or through change in their personal lives. However, as we have never monitored leavers there may be occasions where this is not the case and as an action point we will be monitoring leavers by equality category.

Advertising and recruitment

Procedures used on behalf of SHAs are reviewed to ensure they are equality friendly and we encourage the inclusion of commitment to equality statement when advertisements are placed to recruit members.

Terms of appointment

Terms of appointment for new REC members, deputy members, chairs and vice chairs include the following equality and diversity statement:

‘As a member of an NHS REC you have responsibility to ensure you do not knowingly discriminate against those who are associated with the REC, this includes, co-ordinators, chairs, members and research applicants, regardless of gender, race, disability, sexual orientation, religion/belief system and age’.

Recruitment

All members are volunteers. The recruitment process is conducted in an open way compatible with the Nolan Standards (GAfREC 5.3). Each committee has a maximum of 18 members serving a maximum of 10 years. Potential members complete an application form which includes an equal opportunities monitoring form. We are currently reviewing the application form and the equal opportunities monitoring form to ensure it is appropriate.

To support SHAs to meet the equality requirements, role descriptions for REC chairs include the responsibility of awareness of equality and diversity. REC co-ordinators and assistants are employed by local NHS host organisations, on behalf of NRES, who are responsible for recruitment and equalities policies. To ensure we have met our responsibility for equality we train all regional managers in equality and diversity. In the future NRES also plans to monitor the views of REC members including members who are leaving our service. This will be done by offering members the opportunity to give views on a voluntary basis by completing an electronic form accessed through the NRES website.

Guidance, guidelines and applications

NRES is responsible for interpreting international and national policies, legislation and regulations to provide advice and guidance to RECs. This information is provided in written documents or via our website. We have developed the National Research Ethics Application form for submitting research ethics applications to RECs for ethical review. This form is now

part of the Integrated Research Application System (IRAS). Guidance documents and the research ethics application form were reviewed by the Equality Lead in 2007 for compliance with equality and to include specific sections relevant to diversity and equality:

Standard Operating Procedures

Sets out the chair's responsibility for the conduct of business at the REC meeting, and attendance at meetings of chief investigators and observers. NRES is currently developing guidelines for chairs when interpreting this role and this includes the need to be aware of the needs of equality groups.

Guidance for inviting researchers to meetings

Sets out requirements for the treatment of applicants who attend REC meetings so that they are all treated fairly and in accordance with requirements of any equality category. The latest version of the standard letter inviting applicants to attend the REC meeting asks those with a disability if they have any need for practical support when attending the REC meeting and invites them to contact the coordinator of the REC to make any arrangements. NRES has also contacted all coordinators in England to make them aware of their legal duty to provide support for those with a disability to enable them to attend the REC meeting.

IRAS application form

The application form and guidance for completing the form sets out requirements for recruitment, advertising, inclusion and exclusion criteria, provision for non-English speaking subjects.

Complaints policy

This is for applicants to NHS RECs. In principle, the complaints policy belongs to the appointing authority for the RECs and should be followed. However, where agreed between the SHA and NRES, the NRES complaints policy may be used.

Accreditation documents

These have been reviewed to ensure aspects of equality and diversity were covered in the self-assessment toolkit, including:

- Compliance for REC chairs and vice chairs to have attended equality and diversity training).
- Check to ensure appropriate practical support for disabled applicants attending the REC meeting is known, understood and provided.

REC members expenses policy

This has been reviewed to ensure aspects of equality and diversity were addressed and the policy was fair to all REC members.

Feedback from users

In the revised version of the user satisfaction form the following has been added with a request to score the response:

'If you have a disability and requested any practical arrangements to be made to help you attend the meeting, what was the quality of these arrangements?'

NCAS

NCAS is committed to exploring and promoting equality and diversity amongst NCAS staff, and doctors, dentists and pharmacists to whom we provide advice, support and assessments. NCAS is keen to positively promote equality and remove any adverse impacts for equality categories (race, gender, disability, sexual orientation, religion/belief system and age).

To support this agenda, NCAS' focus for equality will be core services of advice, support, assessments and action planning as well as all areas of NCAS activity. We have also taken steps to raise our own awareness within the equality and diversity arena, this has included employing external experts to audit our services with respect to disability and age discrimination, as well as provide training in these areas.

For further advice we liaise with the Equality and Diversity Reference Group who are made up of senior external experts from across the medical, dental, equality, educational and legal fields. The group provides support and expert guidance to promote equality.

When a referring body contacts NCAS with a concern, we collect equality monitoring information about the clinician's age, gender, ethnicity, disability. While religion/belief and sexual orientation is not collected systematically this is under review. We also collect details of grade and place of qualification which allows us to evaluate further and determine whether there is any correlation with equality categories. The profile of referred cases is compared with the profile of the medical and dental (pharmaceutical from April 2009) workforce. From this we review the relevance of issues relating to equality.

For the first 50 assessment cases (2005-2007) we have analysed the differences between equality categories to the types of concerns raised at referral and the types of concerns found at assessment. We also analysed the findings of assessments for prevalence of factors underlying performance problems such as health and team dysfunction. This has also been extended to support cases. We use this information to determine fairness across equality categories and make changes where necessary. We include the following analysis data:

- Analysis of four years referral data to identify key areas for further analysis/research.
- Analysis of the first 50 NCAS assessment cases to identify the nature of performance concerns, the factors contributing to those concerns and the significance of the findings regarding patient safety.
- Analysis of NCAS advice and support cases to identify the nature of the performance concerns, the problems referrers seek help with, and the contribution NCAS made to these cases.
- Questionnaire surveys of NHS Trusts who have used advice and support services.
- Progress made post assessment in the first 50 NCAS assessment cases.

We seek feedback from clinicians once they have been assessed to obtain their views on the assessment approach and fairness. We use this feedback to determine whether there is any perceived disadvantage for any of the equality categories and where further development is required in the assessment processes and methods.

Our equality breakdown over the last three year's referrals can be identified in the following charts. Note: while we don't have ethnicity data for every referral, we do have a sufficient sample of representative information as follows:

Percentage of referrals			
	2005/6	2006/7	2007/8
Asian/British Asian	33	37	32
Black/Black British	7	5	8
Chinese/ other ethnic group	10	10	7
Mixed	0	1	2
White	49	47	51
Total	100	100	100
Percentage of data complete	85	83	78
Base	714	684	774

Gender data is more complete:

Percentage of referrals			
	2005/6	2006/7	2007/8
Female	21	20	21
Male	78	79	79
Total	100	100	100
Percentage complete	98	96	96
Base	714	684	774

We have an overall doctor and dentist workforce breakdown of ethnicity for the health and community (HC) sector. We have gender breakdowns for HC and general practitioners (GPs). We have compared HC referrals within the workforce reviewing grade as well as ethnicity as the ethnic profile of practitioners varies with age. Workforce data can be found [online](#).

7.4 Employment and training

We recruit our staff predominately via the NHS Jobs website which is an online recruitment process for all NHS related organisations. For people who do not wish to access our vacancies via the web, NHS Jobs allows for an offline application form to be printed off by an applicant or by the NPSA HR team, who will send out an application form for completion.

Details of the completed offline applications are entered onto the NHS Jobs website to allow for short listing of these candidates as part of the overall short listing process. NHS Jobs allows for monitoring of recruitment outcomes by equality categories.

Our resourcing policy and procedure is currently under review and will consider commitments to equality and will have a statement to this effect. Work to embed this policy will take place following approval.

Disability and two ticks symbol

In 2003 NPSA made a commitment to the two ticks symbol and best practice. This is an accreditation provided by Jobcentre Plus to employers in the UK who have agreed to take action to meet the five commitments regarding the employment, retention, training and career development of disabled employees.

The five commitments are:

1. To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities.
2. To ensure there is a mechanism in place to discuss, at any time, but at least once a year, with staff with a disability what can be done to make sure they can develop and use their abilities.
3. To make every effort when a staff member becomes disabled to make sure they stay in employment.
4. To ensure all staff develop the appropriate level of disability awareness to make these commitments work.
5. To annually review the five commitments and what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans.

If an applicant sees the disability symbol on a job advert it means the employer will guarantee to interview them if they meet the minimum requirement for the job.

Human Resources will carry out investigations where cases of discrimination have been suspected.

All HR policies are currently under review and we aim for all employment procedures to be consistent with current employment legislation and codes of practice. This legislation is documented in our policy. When we carry out EIAs of policies and procedures we will ensure we comply with the statutory and non-statutory equality duties.

We have job descriptions for all our posts and a standard format job description has been introduced for all new posts and those under review. This allows for greater consistency in equality. We will use advice and guidance from applicable organisations and the Equality and Human Rights Commission to ensure we have followed appropriate equality guidelines.

Interviews are carried out by an interview panel which comprises of managers, a chair and a member of the HR team. Where the chair has not received equal opportunities training, there will always be a trained member of the HR team to ensure a fair process is followed. A fair recruitment and selection course for those involved in recruiting staff is being developed. This will allow for consistency in understanding of equal opportunity issues and the relationship with recruitment across the NPSA.

NHS jobs provide the facility for end to end recruitment with an appointed candidate being transferred to the Electronic Staff Record (ESR) payroll system including equal opportunities monitoring information. The majority of short listing is completed online via NHS jobs with the remainder paper based. The short listing manager does not have access to the details of the candidate's name, address or equal opportunities monitoring information – which is a separate section and is held securely and in confidence by the HR team.

Short listing is based on employment and qualifications and a supporting statement from the candidate. We have made a commitment to equality monitoring for potential and existing staff. A quarterly monitoring report will be provided to SMG and EDAG.

This will include the breakdown by equality groups for:

- Applications received.
- Numbers shortlisted.
- Successful candidates.

The equality monitoring information for recruitment activity from the past six months can be found in Appendix A.

We have set up a monitoring database to record employment relations issues and outcomes including equality monitoring. We are also exploring the use of the employment relations module on ESR which will enable effective regular reporting according to equality categories to identify any trends. Monitoring of the following outcomes by equality category will take place on a quarterly basis:

- Grievances raised and outcomes.
- Disciplinary outcomes.
- Harassment and bullying allegations raised and outcomes.
- Sickness management cases.
- Capability management cases.
- Staff leaving the organisation and reasons.

We also consider training and promotion monitoring to be important and will be working towards this.

Where there are gaps in existing monitoring data we will ask existing staff to complete monitoring data. This will be managed sensitively through our line managers to explain why this information is required.

In some circumstances we use temporary agency staff and may use recruitment agencies. We use PASA approved recruitment agencies to source temporary staff. PASA is an executive agency of the Department of Health who work to ensure the NHS makes the most effective use of its resources by getting the best value for money.

Managers are responsible for recruiting temporary staff. We have identified the need to seek assurances as part of procurement in equality and diversity practices and we will be working towards this in 2009-10.

The PASA framework places an emphasis on equality and diversity. Organisations approved by the framework are required to demonstrate their compliance/commitment to equality. All external advertisements are co-ordinated by Tribal Advertising.

Positive action

We will be reviewing ways of taking action to encourage under represented equality groups in our recruitment process.

Relevant policies

Staff are made aware of the following policies and procedures on our NPSA intranet page:

- Equality and diversity scheme.
- Home working policy.
- Work life balance.
- Annual leave.
- Freedom of speech.
- Harassment and bullying policy.
- Grievance policy.
- Health and safety policy.

Quiet room

We have a quiet room for staff of different religions where they can pray. This is available in our London offices and in Wales. In Scotland and Ireland we have shared offices with other organisations and are not able to offer this facility. Where a quiet room is not available, the Agency will sensitively consider requests from members of staff who require time to travel to local external facilities where they can pray.

Employee profile

Our equality profile for all levels of staff including the senior team and Board is being reviewed in comparison with the local and catchment recruitment market to determine whether we are equality representative. We will take positive action to address imbalances. Our Board and Chief Executive will lead the promotion of equality across all areas of the NPSA.

Training

- All employees including our Chief Executive and senior managers will attend diversity and equality training.
- Our managers who are involved in the recruitment process will attend specialist fair recruitment and selection training course.
- Agency staff will be involved in diversity and equality training.
- A selection of key policy holders will attend equality impact assessment training.
- All other training – HR has rolled out a programme of internal management.

Training courses in line with organisational training needs. This training will be available to all managers as appropriate to their job role. Records of attendance will be held by HR and this will enable reporting according to equality categories to highlight any potential take up of training. Health and safety training is mandatory for all staff and managers. With all training, where possible reasonable adjustments will be made to meet specific needs, for example access to training venue, large print in training materials, dates training is held so as not to conflict with religious holidays/festivals and special dietary requirements.

Job evaluation

We have a job evaluation scheme which is aligned to the NHS Job Evaluation handbook process (2004). This handbook followed the publication of Agenda for Change: Modernising the NHS pay system. One of the key reasons for NHS pay modernisation was to ensure equal pay for work of equal value. Every effort has been made to ensure the NHS Job Evaluation was fair and non-discriminatory. An equality checklist has been drawn up which features:

- Sufficiently large numbers of factors to ensure all significant job features can be fairly measured.
- Inclusion of specific factors to ensure that features of predominately female jobs are fairly measured.
- Avoidance of references in the factor level definitions to features which might operate in an indirectly discriminatory manner – i.e. direct references to qualifications (age, disability and racially discriminatory).
- Scoring and weighting designed in accordance with a set of gender neutral principles, rather than with the aim of achieving a particular outcome.
- A detailed matching procedure to ensure all jobs have been compared to the national benchmark profiles on an analytical basis.

- Each job evaluator is required to attend the National Agenda for Change job evaluation training which has a emphasis on equality issues for job evaluation.
- Job evaluation panels are made up of three trained job evaluators, who must have undertaken training as outlined above. Job evaluation is via the job description and panel members do not have access to post holder details.

Job evaluators are nominated by each division. In the first instance staff were asked to express an interest to participate as this is an additional role which is not rewarded financially. The makeup of this panel is:

Job evaluation panel		
Ethnicity	Numbers	Percentages
White British	10	62
White-other	3	19
Asian British	2	13
Black British	1	6
Gender		
Female	14	87
Male	2	13
Disability		
Unknown	10	62
No disability	6	38
Religion/belief		
Christianity	1	6
Atheism	2	13
Judaism	1	6
Unknown	12	75
Sexual Orientation		
Heterosexual	10	62
Unknown	6	38
Age		
20-29	5	31
30-39	4	25
40-49	5	31
50-59	2	13

All job evaluation outcomes are consistency checked against national profiles and other posts within the NPSA to ensure panel decisions are consistent and fair. All job evaluation outcomes are communicated to the post holder and they are given the right to appeal within three months. The post holder is given the opportunity to highlight the basis of their appeal, and the job description will be re-evaluated by an alternative panel.

Jobs which have been evaluated

82 per cent (November 2008) of NPSA staff are in posts which have been evaluated according to the Agenda for Change. The remaining staff are on Very Senior Managers (VSM) and Medical and Dental pay terms and conditions.

Redundancy

We have an organisational change policy which outlines our commitment to a legal and fair redundancy process. Last in first out criteria are not part of our redundancy selection process as this can lead to inequality for age, gender and race.

Flexible working benefits

We offer a range of flexible working benefits to our staff which takes account of differing needs.

Diversity and Equality Scheme and Strategy

Both our Equality and Diversity Scheme and Strategy were composed with and aligned to our present policies and procedures, which are reviewed annually along with these before mentioned documents.

Gender re-assignment

Our HR policies and procedures apply to all staff and these are currently under review. As part of this review we will be considering the requirements of the gender equality duty with specific reference to gender re-assignment to ensure that we are fully compliant. This will be considered in 2009/10.

8. Equality impact assessments

We have developed an EIA process to ensure we takes steps to positively promote equality and to remove actual/potential adverse impact. Where our assessments identify an adverse impact or the opportunity to positively promote benefits for people from different equality categories, we will take the necessary action.

The EIA process includes the following:

- Guidance notes with examples to assist those carrying out an EIA.
- Screening document.
- Full assessment documentation.
- Assessment of positive action taken.
- Assessment of adverse impact for any of the equality groups.
- Action planning.

EIA will be performed on all policies, projects, services and functions, these include existing, new and those being revised. There may be some activities we are responsible for which do not have a specified policy or procedure which has been documented. This will also be subject to an EIA. Managers and staff responsible for performing EIAs will receive training to support them through the process. Managers will prioritise EIAs for their areas of responsibility.

Appendix A: recruitment monitoring statistics

Report type	Report category	Jan-Jul 2009					
		Applied		Shortlisted		Appointed	
		#	%	#	%	#	%
Report totals	Applications reported on	1635		172		53	
Gender	Male	779	48	64	37	15	28
	Female	852	52	107	62	38	72
	Undisclosed	4	0	1	1	0	0
Disability	Yes	40	2	4	2	1	2
	No	1577	96	165	96	47	89
	Undisclosed	18	1	3	2	6	11
Ethnicity	White - British	544	33	88	51	27	51
	White - Irish	29	2	4	2	1	2
	White - any other white background	140	9	10	6	9	17
	Asian or Asian British - Indian	197	12	19	11	2	4
	Asian or Asian British - Pakistani	70	4	4	2	0	0
	Asian or Asian British - Bangladeshi	52	3	2	1	0	0
	Asian or Asian British - any other Asian background	57	3	5	3	0	0
	Mixed - White and Black Caribbean	18	1	1	1	1	2
	Mixed - White and Black African	14	1	0	0	0	0
	Mixed - White and Asian	10	1	3	2	0	0
	Mixed - any other mixed background	13	1	1	1	0	0
	Black or Black British- Caribbean	86	5	6	3	0	0
	Black or Black British - African	266	16	14	8	4	8
	Black or Black British - any other black background	13	1	2	1	0	0
	Other ethnic group - Chinese	48	3	4	2	1	2
	Other ethnic group - any other ethnic group	27	2	3	2	1	2
	Undisclosed	51	3	6	3	7	13

Age band	under 20	14	1	0	0	0	0
	20-24	239	15	15	9	6	11
	25-29	375	23	35	20	14	26
	30-34	315	19	34	20	5	9
	35-39	232	14	30	17	10	19
	40-44	161	10	14	8	11	21
	45-49	139	9	16	9	3	6
	50-54	93	6	17	10	3	6
	55-59	47	3	8	5	1	2
	60-64	11	1	0	0	0	0
	65-69	3	0	1	1	0	0
70+	0	0	0	0	0	0	
Religion or belief system	Atheism	168	10	22	13	10	19
	Buddhism	30	2	2	1	1	2
	Christianity	782	48	85	49	23	43
	Hinduism	124	8	12	7	1	2
	Islam	172	11	9	5	0	0
	Jainism	7	0	2	1	0	0
	Judaism	14	1	1	1	0	0
	Sikhism	25	2	3	2	0	0
	Other	106	6	10	6	5	9
	Undisclosed	207	13	26	15	5	9
Sexual orientation	Lesbian	7	0	1	1	1	2
	Gay	22	1	4	2	2	4
	Bisexual	20	1	2	1	0	0
	Heterosexual	1384	85	148	86	43	81
	Undisclosed	202	12	17	10	5	9

Appendix B: action plan

Action 1: Employment monitoring				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
<p>To have a recruitment process where no barriers to particular equality groups exist and are free from discrimination.</p> <p>NPSA considers ways to positively promote equality within.</p>	<p>Monitoring outcomes by specific job grade level within NPSA (as well as Board members): job applicants, short listed, unsuccessful, and offered according to equality categories.</p> <p>Monitoring of NPSA staff profile against local employment catchment area and national demographics.</p> <p>Evidence of action taken where issues of discrimination or disadvantage highlighted.</p>	<p>Monitoring to include equality categories:</p> <ol style="list-style-type: none"> 1. Monitoring at recruitment and in employment to be by job grade. 2. Take action where any issues of discrimination or barriers to equal access identified. 	<p>Nov 209 onwards</p>	<p>Kate Row (Head of HR)</p>
Action 2: Employment monitoring				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
<p>NPSA uses temporary recruitment agencies that operate their recruitment practices in line with best practice equality and diversity standards.</p> <p>NPSA considers ways to positively promote equality.</p>	<p>Alignment of recruitment agencies to the PASA/OGC to the Department of Health Single Equality Scheme.</p> <p>Agencies used for recruitment will be subject to an ongoing review of how they sift applicants and their monitoring processes.</p>	<p>HR to work with Procurement in developing category plan for temporary agency staff and to incorporate into individual contracts with temporary staffing agencies required assurances on their recruitment practices so as to ensure are in line with best practice.</p>	<p>Jan 2010 onwards</p>	<p>Kate Row (Head of HR) Dave Bell (Finance Director)</p>

Action 3: Employment, training and development				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
<p>All staff and managers trained to understand and practise equality and diversity.</p> <p>Equality and diversity embedded into day to day work activities.</p>	<p>Evidence of all staff having received equality and diversity training.</p> <p>Evidence of additional training provided to recruiting managers and policy holders.</p> <p>Agenda and minutes of EDAG demonstrating issues discussed and action taken.</p>	<ol style="list-style-type: none"> 1. Diversity and equality training for all staff including Board and Chief Executive 2. Managers responsible for recruiting staff to receive training in fair recruitment and selection. 3. Key policy holders to attend EIA training. 4. Development and implementation of equality and diversity e-learning programme on NPSA website. 5. Review the role of EDAG in embedding equality and diversity within NPSA business as usual and providing assurance to SMG and the Board. 	<p>June 2009 onwards</p>	<p>Kate Row (Head of HR)</p>

Action 4: EIAs				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
NPSA will assess all its policies, projects, functions and activities to identify any discrimination or disadvantage (or risks) and ways to positively promote equality to race, gender, disability, sexual orientation, religion/belief system and age.	<ol style="list-style-type: none"> 1. Timetable of EIA programme. 2. EIAs for all NPSA policies, 3. procedures and functions including action plans where applicable. 4. Completed initial 5. screening documents indicating assessments have 6. revealed no equality risks 7. (within the equality categories 8. and other equality groups) 9. to the project, service or 10. function assessed. 	<p>Report progress to SMG on a quarterly basis.</p> <p>Perform initial screenings on all new and reviewed NPSA policies, projects and functions. Where the initial screening process indicates likely equality implications, conduct a full EIA.</p> <p>Identify reporting process for EIAs to embed quality and effectiveness.</p> <p>Identify managers responsible for completing assessments.</p> <p>Managers to attend EIA training.</p> <p>Agreed timescales for completion of screenings and assessments by SMG.</p>	December 2009 – March 2011	Jit Patel (Associate Director of Corporate Services)

Action 5: Involvement of employees from different equality groups				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
Increased involvement of staff from different equality categories leading to NPSA having a greater awareness of different equality groups and their needs.	Staff from different equality backgrounds involvement in: <ul style="list-style-type: none"> • EDAG • Staff Council • Job evaluation panel 	Looking at ways to work together in identifying needs of different equality groups. Monitor, evaluate communicate with Board, CE and SMG. EIAs conducted to ensure transparent membership and participation in groups.	Dec 2009 onwards	Jit Patel (Associate Director of Corporate Services)

Action 6: Access to information				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
Electronic and non-electronic information to be accessible to all equality groups and action taken to remove barriers to access.	EIA documentation to indicate assessment of barriers to access and provide details of action taken.	<p>Involve minority communities to understand what their access to information needs are.</p> <p>Benchmark other organisations (i.e ALBs)</p> <p>Conduct EIA on information provided electronically and non-electronically. Produce action plan where barriers identified to particular equality groups.</p> <p>Review of products and services on an annual basis.</p> <p>Review external and internal communications and tools to remove any barriers.</p>	December 2009 – February 2010	Sarndrah Horsfall (Chief Executive)

Action 7: Consultation - Agency				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
Any change to service provision makes consideration to equality and diversity factors both internally for employees and those NPSA provide a service to.	<p>EIA documentation for service changes and staff consultations.</p> <p>Evidence of consultation with those that are being provided a service to and with staff in regard to all policies and practices which directly or indirectly affect them.</p> <p>Annual business report to include equality actions and progress.</p>	<p>EIA to be conducted on changes to service provision, internally and externally.</p> <p>Annual business report to SMG and Board to reference services provided or planned to meet needs of particular equality groups.</p> <p>Equality and diversity issues to be included in future staff surveys.</p>	December 2009 onwards	Samndrah Horsfall (Chief Executive)

Action 8: Benchmarking equality performance and targets				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
Benchmarking against Arms length and other healthcare or similar organisations to provide best practice results	<p>Breakdown of local/extended labour targets by equality category.</p> <p>Benchmarking comparisons against equality targets – as well as specific best value comparisons for minority communities.</p> <p>Results of benchmarking exercise and actions taken to be improved and aligned.</p>	<ul style="list-style-type: none"> • Carry out benchmarking exercise against comparatives. • Review reasons for targets not being met • Discuss with EDAG • Consultation with the EDAG and SMG. • Review implementation and target performance on an annual basis. 	June 2010 onwards	Samndrah Horsfall (Chief Executive)

Action 9: Procurement				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
A procurement policy and process which embeds equality and diversity principles and actions.	To demonstrate we have a procurement policy which transparent and open to equality groups creating a fair and equal tender process. This process will remove any potential adverse impacts as well as positively promoting equality.	<p>Monitor procurement process via equality categories.</p> <p>Consistency in procurement processes and equality.</p> <p>Suppliers/Contractors to provide evidence; a policy or statement, of equality and diversity awareness.</p>	Oct 2009 onwards	Dave Bell (Finance Director)

Action 10: EDAG				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
EDAG are representative of the Agency in terms of equality and job grade makeup to ensure clear and transparent assurance.	<ol style="list-style-type: none"> 1. Representative of grades and makeup of the Agency. 2. Updated roles and responsibilities. 3. Terms of reference to include EIA and positive action. 	<p>Review EDAG terms of reference and agree with SMG and Board the role of the group.</p> <p>Review membership of the group.</p> <p>Develop action plan to ensure group set up in line with revised terms of reference.</p>	December 2009 onwards	Sandra Horsfall (Chief Executive)

Action 11: Consultation/monitoring – NRLS				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
Completeness of incident reports received by NRLS.	Incident reports to have (as far as is possible within NRLS remit) equality data which reflects race, gender, disability, sexual orientation, religion/belief system and age).	Monitoring and mapping progress to determine new initiatives to increase equality data input.	January – December 2009	Kevin Cleary (NRLS Medical Director)

Action 12: Consultation/monitoring/membership – NRES				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
Monitor the membership of RECs to determine the representation from equality groups and to provide support for training and development of REC staff, chairs and members including diversity awareness training.	Monitoring statistics across each of the six equality categories (race, gender, disability, sexual orientation, religion and belief system and age).	<p>To work with SHAs to review recruitment process for REC members to ensure it reflects the needs of diversity groups.</p> <p>To monitor equality and diversity training for REC chairs and vice chairs and check this training has been undertaken through the accreditation process.</p> <p>To take forward agreement for interpreting the role of a REC chair including the need to address and be aware of equality issues.</p>	July 2009 onwards	Janet Wisely (NRES Director)

<p>To address the issues raised by the NHS Appointment Commission's Disability Advisory Group (31/5/06) around research applicants attending REC meetings who could be disadvantaged because of disability or any of the equality categories.</p>	<p>To check through accreditation and user feedback how well this issue is being addressed.</p>	<p>To survey REC staff and members to check if diversity training has been undertaken through employers and encourage completion of this training.</p> <p>To advise those with a disability who may wish to attend the REC meeting via the invitation letter that practical support will be provided to enable them to attend the meeting if they contact the REC office and advise of their needs.</p> <p>Advise REC co-ordinators of their duty to provide support and help to those in equality groups who may wish to attend the REC meeting and check through accreditation this is understood.</p> <p>Include a question in the users feedback form on the NRES website to access whether the needs of those protected under the DDA were met.</p>		
---	---	--	--	--

Action 13: Facilities management				
Outcomes	Evidence required	Actions	Timeframe	Responsible lead
To have a consistent and robust approach in accessing and recording equality information across all offices.	Assurance for the provision of services: security, cleaning, catering and maintenance contractors.	Review on annual basis of contracts of service providers cross-referenced with facilities performance monitoring.	October 2009	Dave Bell (Finance Director)