



# Single Equality Scheme and Action Plan 2007 – 2010

Incorporating Race, Disability, Gender, Age, Religion or Belief  
and Sexual Orientation



Achieved 2005



Achieved 2005

This scheme replaces the Race Equality Scheme approved by the Trust in 2002

This document can be made available in a range of alternative formats

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## PART 1: THE SINGLE EQUALITY SCHEME

### **1. Forward - by the Chief Executive and Chairman**

The Liverpool Women's NHS Foundation Trust is totally committed to valuing and appreciating diversity, and recognises that we are all different, and we value the unique contribution that individual experience, knowledge and skills can make in delivering service goals.

The Trust has taken the decision to develop an overarching Single Equality and Diversity Scheme to set out our commitment to Equality and Diversity and our dedication to ensuring that our policies and practices meet the needs of all our patients and staff.

This Scheme will underpin the Trust's Corporate Objectives which will ensure that our services deliver the care and treatment that users of our service choose to receive.

**Louise Shepherd**  
**Chief Executive**



**Ken Morris**  
**Chairman**



## **2. Introduction**

This Equality Scheme for the Liverpool Women's NHS Foundation Trust takes account of current and probable future legislation to promote equality and diversity. The scheme will come into effect in April 2007 and will be in force until 2010. The first progress report against the scheme will be published in April 2008. It sets out our strategy for meeting the statutory general and specific duties for Race, Disability and Gender. Additionally, the scheme includes our approach to Religion or Belief, Sexual Orientation and Age and outlines our arrangements for:

- Making the Scheme part of the culture of the Trust;
- Identifying and assessing relevant functions and policies;
- Assessing and consulting on the likely effects of proposed policies to meet the duty;
- Monitoring policies for any adverse impact on different groups;
- Publishing the results of our assessments, consulting, involving and monitoring;
- Making sure that the public has access to information about us and our role;
- Training our employees to play their part in meeting both our legal obligations and our commitment to equality and diversity as a whole

The Equality Scheme and Action Plan will be overseen by the Board of Directors and led by the Trust's Equality & Diversity Task Force, chaired by the Director of Human Resources; this group will also monitor the implementation of the Action Plan.

## **3. About the Trust**

Liverpool Women's NHS Foundation Trust was founded on 1st April 2005 under the Health and Social Care (Community Standards) Act 2003. Operating in its former guise as Liverpool Women's Hospital NHS Trust, the organisation had been created in 1995 when all services for women and babies in Liverpool came together under one roof in a state of the art building in the heart of Toxteth. In 2000 the Trust took over the management of the Aintree Centre for Women's Health, which provides services to the women of north Liverpool, Sefton and Knowsley and in so doing became one of the largest women's hospital in Europe. It gained Foundation Trust status on 1<sup>st</sup> April 2005 and at the time of publication, is regarded as one of the top five FTs in the country according to Montitor, the independent regulator for NHS Foundation Trusts.

Each year, we now deliver almost 8,000 babies, carry out 11,500 gynaecological procedures and care for 1,000 preterm infants on our Neonatal Unit. We employ approximately 1500 staff who provide services in 6 clinical directorates and four corporate/support services Directorates.

### **3.1. Membership Council**

The Membership Council was established on 1st April 2005 and held its first meeting on 6th April 2005. The Council met formally four times during both 2005/06 and 2006/07. The Membership Council is comprised of 33 governors under the leadership of the Trust Chairman, Ken Morris. Public and staff members of the Membership Council are elected by the membership.

The Membership Council is actively involved in many areas of the Trust's work. Councillors have been co-opted on to a number of committees and working groups including the Equality and Diversity Task Force.

It is important to us that membership is relevant to all sections of the greater Liverpool community and we continue to make every effort to reach all groups within our membership constituencies. We seek to ensure that our membership reflects the social and cultural mix of the Liverpool conurbation.

### **3.2 Trust Governance Framework**

The Trust is managed by a Board of Directors, made up of equal Executive and Non Executive members headed up by the Trust Chairman.

The business of the Trust is co-ordinated by monthly Board of Directors meetings supported by a number of formal sub committees of the Board. The Trust's Governance Framework is set out at appendix 1.

### **3.2 Clinical Services**

Our clinical services have, in accordance with our strategic aims, been created and developed in response to the specific needs of local women and their families. We manage our services through six directorates, Obstetrics, Gynaecology, Neonates, Critical Care, Genetics and the Reproductive Medicine Unit. Each directorate is led by a Clinical Director who is a senior consultant and a Directorate Manager who reports directly to the Chief Executive. Directorate managers, clinical directors and the executive team sit on the Management Executive Board, which has overall responsibility for the operational management and leadership of the Trust and is accountable to the Board of Directors.

### **3.3. Support Services**

Corporate non-clinical support services are provided by the Finance, Human Resources, Operational Services, Patient Quality and Information Management and Technology teams. The Hotel Services and Security functions of the Trust are carried out by contractors working in partnership with us.

### **3.4. Research and Development**

The Trust works in close partnership with the University of Liverpool and provides undergraduate medical teaching for the University. The Trust also works with Liverpool John Moores University and Edge Hill University in the training of Nurses and Midwives. The Trust supports a portfolio of research and development and makes a contribution to the training of doctors, nurses, midwives and other health professionals.

### **3.5. Employment**

The Trust employs approximately 1,500 staff in a variety of clinical and support roles. It operates equal opportunities in employment and has an open approach to employee involvement. Staff are supported through a framework of policies and procedures. The Human Resources Function is responsible for these functions and works closely with managers and clinicians to ensure that employment priorities are met. Staff consultation is achieved through two formal mechanisms, the Partnership Forum and the Joint Local Negotiating Committee. Training and education form a core element of the work of the Trust delivered through the Trust's Learning and Development Function. The Trust has been successful in achieving the Improving Working Lives Practice Plus standard, the Investors in People Standard, please see section 6.

Staff are kept informed of strategic and operational developments through the monthly Team Brief which is delivered by the Chief Executive in the week following the Board meeting and is then cascaded through each directorate and department.

The Liverpool Women's NHS Trust is committed to working in partnership with Trade Unions and staff organisations. The Trade Unions are encouraged to make a positive contribution to the advancement of equality and diversity issues in the Trust. They are recognised as a useful source of support and advice in individual cases.

### **3.6. Procurement/Contracting**

The Trust has a number of contracts and Service Level Agreements with external organisations to provide medical and support services and supplies. The Trust endeavours to ensure that agencies supplying goods or services will adopt and implement equality and diversity policies and will utilise the NHS Purchasing and Supplies Agency Framework.

## **4. Our Vision**

Our vision reiterates our commitment to delivering services of the highest possible standard to all our patients, wherever they may live:

***“Liverpool Women’s... pursuing world class care for women, babies and their families”***

The Trust will strive to provide an environment in which people want to work and to access care and treatment. The Trust operates a zero tolerance policy and does not tolerate any form of intimidation, humiliation, harassment, bullying or abuse and will ensure that all individuals, patients and staff, are treated with dignity and respect.

**5. Trust Corporate Aims for 2007 - 2010**

The Trust’s five corporate aims set the direction of travel for the next three years. They aim to focus the Trust on the key aspects of Trust business that will ensure our continued success clinically and financially. They clearly set out where we want to be:

- We shall deliver clinical excellence in all our services
- We shall deliver strong financial performance across all our services
- We shall ensure all patients have a positive experience in our care
- We shall be the provider of 1st choice for women and their families
- We shall promote our status as a premier University Teaching Hospital & Centre for Research

**Our Strategies**

The strategic planning process has also identified three emerging strategies to ensure these aims are met. These are:

- Pursuing productivity and efficiency
- Pursuing service growth
- Pursuing world class outcomes

**Equality and Diversity Objectives**

Five over-arching objectives have been set in relation to equality and diversity which will be delivered as part of the Trust’s corporate aims. These are:

- Approve the Equality and Diversity Scheme and action plan
- Ensure implementation of the Equality and Diversity Scheme
- Agree equality and diversity related priorities;
- Develop policies that promote equality for everyone;
- Monitor and evaluate the equality and diversity scheme, action plan and related policies and performance; and
- Promote a positive image of anti discrimination in all the Trusts functions and services.

## **6. Equality & Diversity – The Legal & NHS Frameworks**

### **6.1. The Legal Framework**

This section sets out the legal obligations placed upon the Trust as a Public Authority. Action relevant to each strand is highlighted in the action plan.

#### **i) Race Relations Amendment Act 2000: Race General Duty**

The Trust has a statutory duty to promote race equality with due regard to the need to:

- eliminate unlawful discrimination;
- promote equality of opportunity; and
- promote good relations between people of different racial groups.

Since December 2001 public authorities have been obliged to prepare and publish a Race Equality Scheme (RES) and conduct ethnic monitoring of our workforce. The Trust approved and published a Race Equality Scheme in May 2002, which was reviewed in May 2005; this Single Equality Scheme replaces that scheme.

#### **ii) Disability Discrimination Act 2005: Disability General Duty**

The Trust has a statutory duty to carry out its functions with due regard to the need to:

- promote equality of opportunity between disabled people and other people;
- eliminate discrimination that is unlawful under the Disability Discrimination Act;
- eliminate harassment of disabled people that is related to their disability;
- promote positive attitudes towards disabled people;
- encourage participation by disabled people in public life; and
- take steps to meet disabled people's needs, even if this requires treatment that is more favourable.

Since December 2006 public authorities have been obliged to prepare and publish a Disability Equality Scheme (DES) that sets out how the organisation will meet the above requirements.

#### **iii) Sex Discrimination Act as amended by the Equality Act 2006: Gender General Duty**

The Trust has a statutory duty to promote gender equality with due regard to the need to:

- eliminate unlawful sex discrimination; and
- promote equality of opportunity between women and men.

Since April 2007 public authorities have been obliged to prepare and publish a Gender Equality Scheme (GES) that sets out how the organisation will meet the above requirements.

#### **iv) Specific Duties**

NHS organisations are also subject to **specific duties**. The specific duties set out a framework to assist listed public authorities in planning, delivering and evaluating their activities to meet the general duties and to report on those activities. All the specific duties have informed the structure of this Single Equality Scheme.

The duties apply to services, employment, policy development, procurement, performance management, organisational design and delivery, and any other activity that is not explicitly exempt from the Acts.

In addition to addressing the general duties as outlined above, the Trust will progress action on religion or belief, sexual orientation and age. Although there is no legal protection covering these strands, there is a need to address discrimination; current legislation covers employment and service delivery (except for age, where only employment is covered).

#### **v) Age**

The Employment Equality (Age) Regulations 2006 came into effect on 1 October 2006 and applies to all staff employed by the Trust and all recruitment policies and procedures. This legislation makes it unlawful to discriminate on grounds of age in the area of employment.

#### **vi) Religion or Belief**

The Employment Equality (Religion or Belief) Regulations 2003 came into force on 2 December 2003 and outlaws discrimination on the grounds of religion or religious or similar philosophical belief in employment and vocational training. The Equality Act 2006 prohibits discrimination on the grounds of religion or belief in the provision of goods, facilities and services, in education and in the exercise of public functions.

#### **vii) Sexual Orientation**

The Employment Equality (Sexual Orientation) Regulations 2003 came into force on 1 December 2003 and outlaws discrimination on the grounds of sexual orientation in employment and vocational training. The Equality Act 2006 included a power that allows the Government to prohibit discrimination on the grounds of sexual orientation in the provision of goods, facilities and services, in education and in the exercise of public functions.

## **6.2. The NHS Framework**

The following list includes some of the guidelines and initiatives that have been introduced by the NHS to address issues relating to the Equality & Diversity agenda.

### **i) The NHS Plan**

Recognises that people live in a diverse society and sets out core principles to shape its services around needs and preferences of individual patients, their families and their carers.

### **ii) Standards for Better Health relating to Diversity**

#### Core Standards

- C7(e)** Healthcare organisations challenge discrimination, promote equality and respect human rights
- C8(b)** Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups
- C14(b)** Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made
- C17** The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare
- C18** Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

#### Developmental Standards

- D2(b)** Patients receive effective care and treatment that takes into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences

### **iii) Improving Working Lives (IWL)**

The IWL standard focuses on employment practices and requires NHS employers to demonstrate that they are: tackling discrimination and harassment, and providing healthy and safe workplaces, together with other measures to support staff and improve retention. In 2005 the Trust achieved IWL Practice Plus Stage and are currently working towards Model Employer.

### **iv) The NHS Knowledge and Skills Framework (KSF)**

The KSF is a competency framework for all non medical staff in the NHS. It includes Core Dimension 6: Equality and Diversity which sets out actions required by staff including attending training on equality & diversity.

All of these NHS documents promote the importance of valuing equality & diversity in relation to providing fair and equitable conditions for NHS staff and the importance of providing high quality health care for our diverse local communities.

### **6.3. Other Initiatives**

#### **i) Investors in People**



INVESTORS IN PEOPLE

The Trust has achieved the Investors in People standard and was successfully re-assessed for this in 2005. In order to achieve this standard the Trust had to prove that it had strategies in place for managing people that are designed to promote equality of opportunity in the development of the organisation's people.

#### **ii) Positive about Disabled People**



The Trust is a Disability Symbol user. The symbol is a recognition given by the Employment Service to employers who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. Employers who use the symbol have agreed with the Employment Service that they will take action on these five commitments:

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 disabled employees what the employer and the employee can do to make sure the employee can develop and use their abilities;
3. to make every effort when employees become disabled to make sure they stay in employment;
4. to take action to ensure that all employees develop the appropriate level of disability awareness needed to make your commitments work;
5. each year, to review the five commitments and what has been achieved, to plan ways to improve on them and let employees and the Employment Service know about progress and future plans.

## **7. Why an Equality Scheme is important for the Liverpool Women's NHS Foundation Trust**

It is a mandatory requirement for all public authorities to produce a race equality, disability equality and gender equality scheme. As previously stated, the Trust has taken the decision to meet this requirement by producing a Single Equality Scheme which will promote the continuing wider equality, diversity and human rights agenda.

The Trust is also committed to building a workforce, which is a reflection of the communities that it serves. In supporting the "Improving Working Lives" initiative, the Trust aims to be an organisation that people want to work for, and is viewed as a leader in good employment practice locally and nationally. The Trust wants all staff to realise their full potential, in an environment characterised by dignity and mutual respect, free from bullying and harassment.

The Trust is committed to using its influence to increase the number of people from underrepresented equality groups to gain access to professional health education and training, and employment in the NHS including at senior management levels.

The Trust wishes to promote a fair and just organisation, which values diversity, gives everyone an equal chance to work, to learn and live free from discrimination. This will allow the Trust to:

- improve access to services and information
- improve service user consultation and involvement
- improve the confidence of individuals that their needs will be met
- improve and manage performance in the promotion of equality and diversity
- secure and retain a workforce at all levels that reflect the diverse community the Trust serves
- provide mandatory staff training to promote equality and diversity

## **8. Aims of the Equality Scheme and Action Plan**

- To assess and consult on the likely impact of proposed policies on the promotion of equality and diversity
- To monitor policies for adverse impact on the promotion of equality
- To publish the results of assessments, consultation and monitoring
- To ensure public access to information and services that are provided
- To train staff in connection with the general and specific duties
- To enable us to improve our services for all equality groups

## **9. Accountability for the Scheme and Performance Management**

The Board of Directors are accountable for the development, maintenance and review of the Equality Scheme in accordance with the legislation and any good

practice guidance and to provide leadership in the development of equality and diversity.

The Equality and Diversity Task Force, chaired by the Director of Human Resources, will oversee the implementation and review of the Single Equality Scheme. The Task Force considers the outcome of monitoring and auditing of both service and employment issues and reports any anomalies or areas of concern to the Board. Under the direction of the Equality & Diversity Task Force, all managers will be responsible to promote and support the mainstreaming of equality and diversity throughout the Trust.

The Equality & Diversity Task Force will work closely with managers, staff and relevant organisations to ensure that best practice is maintained in the delivery of our services, promoting employment opportunities, and involvement with public and patient representatives.

## **10. Feedback to the Trust on the Single Equality Scheme**

The Trust welcomes any feedback from individuals and organisations that have used or may wish to access services or from employees about the implementation of this scheme or any other issues relating to equality and diversity. Any complaints or queries to the Trust about non-compliance with the legislation should also be directed to the following points of contact:

### **For Service Issues Contact:**

Ms G Core  
Director of Nursing, Midwifery & Patient Quality  
Liverpool Women's Hospital  
Crown Street  
Liverpool L8 7SS

Tel: 0151 702 4326  
[gill.core@lwh.nhs.uk](mailto:gill.core@lwh.nhs.uk)

### **For Employment Issues Contact:**

Mrs K. Doherty  
Director of Human Resources  
Liverpool Women's Hospital  
Crown Street  
Liverpool L8 7SS

Tel: 0151 702 4010  
[kim.doherty@lwh.nhs.uk](mailto:kim.doherty@lwh.nhs.uk)

### **Other Contact details:**

Human Resources Department	ex 4059
Equality and Diversity Lead	Bleep via Switch Board
Disability Advisor	Bleep via Switch Board
Sexual Orientation Advisor	ex 4420

## **PART 2: EQUALITY AND DIVERSITY ACTION PLAN**

Alongside the scheme outlined above the Trust has an action plan which sets out how we intend to meet our obligations over the next 3 years. The action plan sets out how the Trust intends to meet the general and specific duties under each of the strands of legislation as laid out in section 6. For clarity and transparency we have shown each of the equality categories, for which there is a duty to promote equality, separately– Race, Disability and Gender. The action that the Trust intends to take to prevent discrimination for the equality and diversity categories for which there is not a duty to promote equality – Religion, Sexual Orientation and Age - is set out under separate headings.

The action plan provides a timetable against which the Trust's performance and progress can be measured. The action plan will be revisited at least annually and amended as necessary.

### **11. What we are currently doing**

As identified in section 6 the Trust has achieved Practice Plus status of the Improving Working Lives standard for the NHS and achieved the Investors in People standard. In addition to this the Trust has a number of projects and initiatives in place to promote and achieve equality and diversity for all our staff and patients.

#### **11.1. Membership Council Membership Strategy**

Liverpool Women's NHS Foundation Trust primarily serves local residents in Liverpool, Sefton and Knowsley. Our focus has therefore been to build the membership community from these areas. Given the socio-economic structure of the local area, an additional challenge is presented by the need to ensure that under-represented populations, such as young people, black and ethnic minority groups and those from more disadvantaged backgrounds, are approached and included.

The public section of the membership community should include as diverse a range as possible and be representative of the local area. We have focused in the short term on the following specific targets:

- 18-34 year olds: this is almost the most difficult cohort with which to engage. According to the 2005 Liverpool Public Health Annual Report, people of this age comprise approximately 18% of the local population. Therefore, we seek to ensure that the percentage of public constituency members in this age range reflected this number.
- Black and Minority Ethnic Groups: again, according to the public health report, Asian, Black, Chinese and other ethnic groups make up approximately 6% of the local population. Again, we seek to ensure that the public constituency is comprised of a similar percentage.

- Men: whilst the services provided by the Trust are primarily aimed at women, it is critical to ensure that men are also active members of the Foundation Trust community. Therefore, we will seek to attain a balance of 85% women and 15% men.
- Social class: there is a social class correlation with regard to community engagement, which in turn correlates with health disadvantage. This makes it particularly important that we ensure that the Trust membership properly reflects the socioeconomic strata of the local area.

## **11.2. Trust Quality Strategy**

The Trust's patient Quality Strategy was developed during early 2007, following extensive consultation with patients, visitors and Trust council members. Other forms of feedback such as patient surveys and complaints and the 2006 Disability Audit were also taken into account in developing the strategy. The strategy sets out the Trust's aims and values relating to the quality of services and the environment in which they are delivered.

The strategy was launched together with a number of quality action improvement plans covering a variety of aspects of our service from cleaning and catering to patient information and car parking. Progress against the action plans will be evaluated every quarter throughout the year as a means of demonstrating how improvements have been implemented.

## **11.3. Disability services at the Trust**

The level of services received by disabled people is often influenced by the underlying beliefs and attitudes of service providers. The service offered at the Liverpool Women's NHS Foundation Trust is an example of good practice, of what can be achieved when communication with disabled people is combined with a sensitive, creative and flexible approach to care. Positive attitudes can only be developed as we have regular contact with disabled people and respect people's individuality and diversity.

### Philosophy of Care

Our aim is to develop a Women's Service where disabled women are seen as equal partners in care, supported as individuals with specific needs and not as helpless people.

To meet the needs of disabled people this service aims to:-

- Overcome prejudice and barriers by offering equal access to services.
- Help disabled people to make informed choices about their care.
- Empower disabled people to identify their own needs
- Use adaptive and creative approaches to meet individual needs.
- Provide appropriate, accessible information in different formats
- Give access to appropriate aids and equipment

### Specialist Midwife/Disability Advisor

The role of the Specialist Midwife/Disability Advisor in this Trust has been developed over the last 11 years. The Disability Advisor is herself a disabled

woman, nurse and midwife. Disabled patients can make direct contact themselves on (x 4012) or be referred by any health professional via letter, fax, email or by telephone.

The Disability Advisor will make contact to perform an assessment of need, a history of the impairment and individual needs will also be discussed to seek ways to overcome any obstacles and remove barriers. Communication is encouraged and opportunity is given for disabled people to be involved in the decision making process, this will also identify their own access, communication and equipment needs.

To highlight specific needs a plan of care is written, this will inform health carers of any individual needs. Confidentiality is maintained throughout the process. Frequency of contact either at home or in hospital will depend on the person's own perception of need. To provide holistic care contact with other health carers and agencies will be made. If other care needs are identified, for example mental health issues, then partnership with relevant mental health service will be initiated and maintained.

These issues cannot be viewed in isolation but need to be embraced within the context of the wider determinants of health, the link between economic, social and environmental conditions as these will affect each other. Referrals to the Family Support Team within the Trust may also provide additional support in these areas

The Disability Advisor also provides support to employees of the Trust and will:

- Offer support, confidentiality and a 'safe place' to come
- Perform a needs assessment, identify risk factors and individual needs in the workplace
- Advise and inform managers of their corporate responsibility to comply with Disability Discrimination Act (DDA) (1995)
- Liaise with Occupational Health, Directorate Managers, Human Resources, Union Representatives and other relevant personnel if required.
- Provide written reports when requested.
- Provide information on 'Access to Work' and other support agencies, advice on financial benefits and relevant networks.
- Accompany to meetings if required by the individual, to be an advocate if necessary
- Give input on the sickness and absence training to particularly explore the implications for disabled employees and their rights under the DDA (1995)

#### Disability Audit

A Disability Audit was performed in November 2006 this outlined improvements required in goods and service provision for disabled people (patients and visitors). An action plan will list these changes, costing and priority of need and will be incorporated into the Equality Action Plan Disability

in Section 13.2. The Director of Nursing Midwifery and Quality will take the lead in this initiative.

#### **11.4. Specialist Services**

##### **i) Link Antenatal Clinic**

Liverpool is well known for its multicultural presence. It consists of different black and other racial minorities groups with different cultures, religions and beliefs. 6% of women served by the Trust are from ethnic minority groups. However this figure is on the increase due to the dispersal of asylum seekers and refugees to Liverpool.

The "Link" Antenatal Clinic was set up in 1999 to meet the needs of women who, for cultural or religious reasons, are unable to see a male Consultant or who do not have English as their first language and would benefit from the support of bilingual Health Link Workers. Women attending the clinic include Chinese, Somali, Arabic, French Speaking Africans, Bengali, Urdu, Tamil and women from Eastern Europe including Kosovan, Russian, Polish and Mongolian.

The Clinic was set up using a multi-disciplinary approach; in partnership with the Liverpool Health Authority, Primary Care Group and in collaboration with the Community Midwives, Consultants, Health Visitors and Health Link Workers.

The prime aim of the Link Clinic is to provide the best possible care to mothers by providing:

- Continuity of antenatal care within a non-judgmental framework from a small group of midwives and obstetricians.
- Reducing problems associated with ethnic minority women e.g. women who have undergone Female Genital Mutilation (FGM), lack of calcium and Vitamin D, women who are refugees or seeking asylum
- Provision of a named midwife for Asylum Seekers and Refugees
- Offering parent education according to their language
- Counseling women who have undergone FGM and offering them defibulation whilst they are between 20-27 weeks pregnant.

Language barriers and communication problem can affect the care of women whose first language is not English. The use of the Health Link Workers, interpreters and the dedicated phone line has improved communication between clients and staff

The Link Clinic has reduced the "gap of inequality" described in the Aitcheson Report (1999) by identifying needs and individually addressing them. Cultural awareness has grown and care is given with sensitivity.

For further information you can contact the Equality and Diversity Lead or Antenatal Specialist Midwife via the Hospital switch Board.

## **ii) The Female Genital Mutilation/Multi-Cultural Women Advisory Group**

This group was launched with the help of Liverpool Health Authority and the subsequent Primary Care Trust simultaneously with the establishment of the Link Clinic. The group, which is multi-disciplinary and involves local women, has supported the set up of the clinic since 1999. The group meets bi-monthly and acts as a catalyst for change in providing services for ethnic minority women. For more information about the group see [www.liverpoolfgmgroup.uk](http://www.liverpoolfgmgroup.uk)

## **iii) Universal Screening for Haemoglobinopathies (Sickle Cell & Thalassaemia)**

The Trust implemented Universal screening in April 2006 as we provide services to a high prevalence area (with many racial minority groups) as recommended in the NHS Plan (2000). The service is offered to all women at booking. 7,447 women have been tested from both sites (LWH & Aintree) from April 2006-March 2007. Women and partners who are carriers have been offered counseling and supported by specialist Consultants and midwives in their decision making. Further prenatal diagnosis is offered as necessary. The Trust has also been working with the Haematology Department at Alder Hey Children Hospital so as to be able to link the babies' sickle cell test on the newborn blood spot which is done at 5-7 days old.

## **iv) Perinatal Mental Health Service**

Perinatal Mental Health covers a wide and broad range of conditions. Psychiatric disorders associated with childbirth is common, 10% of new mothers are likely to develop a depressive illness, some may go on to develop a severe depressive illness. To address this specific need a working group was set up in Merseyside and Cheshire to explore maternity care provision for women with mental health issues. The purpose of this care provision is to support women with significant mental health, schizophrenia, manic depression, psychosis, severe post natal depression, self harm, obsessive compulsive disorders.

The aim was to identify women at risk of a life threatening Perinatal Mental Health problem. Through effective inter agency communication a care pathway was developed to reduce risk, improve the mental health, and the maternity care experience. A guideline was also developed for the management of mental health problems in pregnancy and the postnatal period. This was done jointly with the local psychiatry services to improve communication and develop direct lines for referral.

A simple screening tool was developed and incorporated into the booking history for women during the first ante natal appointment. Women identified as high risk are referred to the Lead Clinician and specialist midwife to co-ordinate care. Working in partnerships with other services, post natal depression support midwife, closer links with GP, HV and other primary

care services gives further support enabling care to be managed more effectively to avoid gaps and overlaps.

The results of an audit of the service done in 2004 was presented at the British Maternal and Fetal Medicine Society Meeting, it was a runner up for the poster prize in its category. In November 2005 this new service addressing the needs of women with 'Perinatal Mental Health' was awarded a Focussing on Excellence Award at Liverpool Women's NHS Foundation Trust in the category Working in Partnership.

### **11.5. Interpreting and translation services**

Effective communication is the oxygen and lifeblood of any human relationship, whether in a social or professional context. From the beginning, the objective of the Trust was to improve communication with the community and improve links with all minorities. The Trust developed a protocol for the use of interpreters and use of the telephone line. Using interpreters during booking or when seeing patients has enhanced the quality of care. The Policy for the use of Interpreters has recently been reviewed to ensure appropriate use.

The Trust has worked in partnership with Sure Start Granby through the LIP (Liverpool Information Project) to produce leaflets in Arabic, Somali and French. These leaflets are also being made into audio format. The LIP won a Trust Focusing On Excellence Award in 2006 for partnership working.

### **11.6 Religious and Spiritual Support**

A Chaplaincy Team is in place which comprises of representation from different faiths which currently include Church of England, Roman Catholic, Free Church, Muslim and Pagan representation. The team is co-ordinated by the Patient Quality Manager. They meet bi monthly to discuss any issues relating to provision of the chaplaincy service and to discuss how the needs of the patients, visitors and staff are met. The team has a rota of visiting days to the wards, responds to individual requests and provides 24 hour cover when possible. The Family Support Team work closely with the Chaplaincy team regarding bereavement services and arrangement of funeral services. Patients and families are advised that their own Religious Leaders are very welcome to attend particularly if there is no representative amongst the team.

In terms of facilities, the Trust has a Quiet Room which is on the ground floor and is available to all patients, visitors and staff of all Religions and Beliefs. The room has a variety of religious literature on display for all to view.

### **11.7 Patient Advocacy and Liaison Service (PALS) & Family Support**

Patient Advise and Liaison Services (PALS) is a confidential service that provides support and advice for patients, relatives and carers. Patients need an identifiable person they can turn to if they have a problem, need support or information while they are using the hospital and other NHS services. PALS

will act as facilitator to handle concerns, issues or queries and will aim to negotiate immediate solutions. PALS provide valuable, local feedback to the trust on what people are saying by listening so we can respond positively and

change services to better meet the needs of the people who use them.

The key objectives of PALS are:

- Guide you through your journey of care.
- To provide information to patients
- To act as a visible contact point
- To be available to all staff and provide support where necessary
- To link with external advocacy and other services for the benefit of patients
- To act as a visible presence for sign posting

### **11.8. Meeting the Gender Pay Gap – Agenda for Change**

The Agenda for Change agreement came into effect in 2004 and introduced a job evaluation scheme to support a review of pay and all other terms and conditions of employment for health service employees, excluding Doctors who were subject to a different review of pay and terms and conditions.

One of the main reasons for the implementation of the NHS pay modernisation scheme was to ensure equal pay for work of equal value for all NHS employees. The Job Evaluation Scheme was therefore designed to be fair and non-discriminatory in design and implementation. The Liverpool Women's NHS Foundation Trust has almost completed the implementation of Agenda for Change and can therefore be assured that we have addressed any Gender Pay gap that may have existed within the Trust.

### **11.9. Staff Networks**

The Trust values the importance of staff networks and encourages the development of these. Information about the Networks is given at Staff Induction, via Team Brief and on the Equality and Diversity training. The following groups have been set up:

- LWH Black and Minority Ethnic (BME) Group which is also a member of Liverpool NHS Trusts BME Network
- Staff with Disabilities
- Lesbian, Gay and Bisexual network -via voice mail (ex 4420)

### **11.10. Equality and Diversity training**

All staff at the Liverpool Women's NHS Foundation Trust attend a mandatory training session on Equality and Diversity to raise awareness of the issues and to ensure our staff are committed to these principles and work in accordance with them. The Trust also provides seminars to explore the needs of disabled people with physical and sensory impairments, learning disability and perinatal

mental health issues. Disabled people are encouraged to participate in the above training.

#### **11.11. Work Life Balance Policies**

The Trust offers a range of work/life balance policies to allow both male and female employees to manage their personal circumstances with their working lives.

Full NHS Maternity Pay provisions are offered in addition to statutory allowances and provisions for those women taking maternity or adoption leave and this, combined with a range of flexible options and benefits for returning mums results in the Trust receiving high numbers of employees back from maternity leave This is facilitated through the promotion of childcare vouchers, events such as 'Babies & Bumps', Maternity keep in touch days, and breast feeding facilities. There are a range of flexible working options which afford the opportunity for staff with child care and carer responsibilities to work more flexibly. These include flexi time, annualised hours and term time contracts.

Special leave arrangements allow staff to take a break from work if, for instance they have suffered a bereavement, if there has been a break down in child care arrangements or if there has been an emergency. The end result of this is that staff, enjoy a better work life balance leading to increased motivation in the workplace. This helps the organisation to retain valuable members of staff.

#### **11.12. Recruitment Activities and Training**

The Trust ensures that all recruitment activity is fair and transparent and that recruitment methods used are easily accessible to all groups. All managers are trained on the use of the Recruitment and Selection Policy and the use of fair and transparent recruitment practices.

### **12. Consultation**

As part of the Trust's legal obligations as laid out in section 6 and in order to make the Single Equality Scheme meaningful to our employees and patients we wanted to involve people in the development of this Scheme. This section lays out how we consulted with different groups, the results of that consultation and how we will use these results to inform the work of the Trust.

#### **12.1 Stakeholders**

Members of the Equality and Diversity Task Force have conducted various communications with different groups/individuals in order to gather views on Equality & Diversity both good and bad:

- Team Brief - monthly staff publication

- Foundation Express – quarterly publication distributed to Foundation Trust Members (patients, public and staff)
- Black and Minority Racial Steering Group
- BMR Health Sub Group which includes various different organisations:
  - > Working 4 U
  - > Capacity to Engage
  - > Social Inclusion Team (Liverpool PCT)
  - > Friends Information Centre
  - > West African Elders
  - > North West Ambulance Service
- Liverpool BME NHS Trusts Network
- Patient Involvement Forum
- Merseyside Association of African Nurses and Midwives

## 12.2 Questionnaire

As part of our consultation process 3000 questionnaires were sent /given out to a selection of individuals and groups (see Appendix 1):

- Employees
- Patients via the booking in process
- Foundation Trust Members
- Disabled Patients
- Volunteers
- Community Groups
- Black & Minority Racial Groups e.g. Somali Women, Merseyside Yemeni Group
- Disability Groups e.g. Glaxo Neurological Centre, Talking Hands

## 12.3 Results of Consultation

A range of feedback was received from the consultation process which is set out in Appendix 2.

The action plan, which forms part of this document, has been significantly influenced by the consultation results received. As we move towards further review and strengthening of our Single Equality Scheme and the services we provide, the work of this consultation process is being used.

The consultation process has enabled the Trust to receive a range of helpful information about how its services are viewed. Further consultation is imperative as the work programme evolves. A key issue for us to consider will be how the elements of the single strands of diversity are supported by one another within the context of the overall scheme. This is of particular interest to us as we recognise the potential for disadvantages to be compounded when people experience multiple causes of disadvantage and discrimination.

### **13. Equality Impact Assessments**

The purpose of an Equality Impact Assessment is to improve the work of the Trust, by promoting equality and ensuring that policies and functions do not discriminate either directly or indirectly against staff and service users.

The completion of Equality Impact Assessments is a legal requirement regarding Race, Disability and Gender. Whilst there is not a legal requirement to undertake impact assessments and produce equality schemes for other equality categories of Age, Sexual Orientation and Religion, the Trust takes the view that it is good practice to impact assess its functions and policies in relation to all the equality categories and has adopted such a methodology, please refer to the Policy and Guidance for Equality Impact Assessments (Appendix 3).

Impact assessments will be completed for all the functions in the structure of the Trust. This work has led to the identification of the priorities by managers and clinicians to incorporate in the action plans laid out below.

An Equality Impact Assessment is a detailed and systematic analysis of potential or actual effects of the Trust's functions, strategies, policies and practices. It involves anticipating the consequences of actions on different sections of the community and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

It is Trust policy that all new policies must be equality proofed using a Policy Screening Checklist, which can be found in the Policy and Guidance for Equality Impact Assessments (Appendix 3).

**August 2007**

14.1. Equality Action Plan applicable to all strands 

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Establish Equality and Diversity Task Force	Completed	All	Dir of HR	Completed	G
Review, prepare and publish a Single Equality Scheme	First draft completed	All	E&D Task Force	Completed	G
Monitor, review, and update the Action Plan	Action plan will be monitored by E&D Task force and progress reported to Trust Board on a regular basis	All	E&D Task Force & Trust Board	Ongoing 1 <sup>st</sup> review April 2008	A
Develop systems to mainstream Equality & Diversity throughout business plans	Trust strategy is set for next 3 years so will be reviewed in line with this scheme	All	E&D Task Force & Trust Board	April 2010	A
Continue to develop sustainable partnerships with the local community	Establishment of Link Clinic, networks etc Establishment of Membership Council Corporate Social Responsibility Committee	All	E&D Lead	April 2008	A
Develop support and advice for all staff	Use the Improving Working Lives initiative Staff Networks in place Buddy Scheme in place	All	E&D Task Force HR Dept	Completed	G

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Policies and procedures	Assess and monitor existing policies, procedures and services for any adverse impact on the promotion of equality	All	Risk Manager & Directorate Managers	Annual Reviews to ensure policies and procedures remain up to date	A
	Screen new policies and procedures to ensure that they promote equality and do not have any adverse impact on equality				
Training and Development	Deliver tailored and updated equality & diversity training to all staff Board of Directors, senior managers, consultants.	All	E&D Leads L&D Dept	Oct 2008	A
	Ensure that all staff receive Equality and Diversity training on Induction	All	HR Dept L&D Dept	In place	G
	Deliver training for managers and other relevant staff on undertaking equality impact assessments	All	E&D Leads	Completed	G
	Use the Knowledge and Skills Framework to ensure that all staff have Equality and Diversity awareness and training	All	L&D Dept Directorate Managers	Completed	G

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Consultation	Consult staff and service users and the community about the scheme & action plan. Future consultations will be undertaken and the Scheme will be updated and reviewed in line with this	All	E&D Leads	Annual reviews/surveys re service	A
	Publish the results of assessment, consultation and monitoring	All	E&D Leads	June 2007	G
Gathering Data	Gather data relating to different equality groups for staff and patients using existing IT systems – Electronic Staff Record and Med itech	All	E&D Leads IT Dept	Annual data collection exercise agreed	A
	Improve data gathering process using these systems – work with IT department, HR department and Patient Services department	All	IT Dept Patient Services HR Dept	Oct 2007	R
	Assess the profile of staff using this data and identify where positive action may need to be taken	All	HR Dept	Jan 2008	R
	Assess the extent to which different equality categories use our services, using the data gathered and identify where action may need to be taken	All	Directorate Managers	Jan 2008	R

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Impact Assessment	Implement Impact Assessment training for directorates using external provider	All	E&D Leads	July 2007	G
	Undertake full equality impact assessments on all new functions/services/policies and procedures, assess the different impact our business has on equality categories e.g. on women and men using the data gathered	All	Directorate Managers Risk Manager E&D Task Force	Aug 2007	R
Assessment of outside services	Assessment of contractors and providers of services to the Trust – Sodexo, Mite, procurement dept – to ensure they are complying with equality and diversity requirements	Finance Procurement Estates & Facilities	Managers of these depts	Oct 2007	R

### 14.2. Race Equality Action Plan

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Community groups/networks	Partnership working with community Groups e.g. BME Groups Produce and make available (display) To Complain Leaflet in top 10 different languages.	All	E&D Task Force	Ongoing	A
A c c e s s t o information/services – languages/cultural aspects etc	Produce more information leaflets in different languages as required	Info Group	Patient Quality Manager	April 2008	A
	Consider possibility of letters being sent out in different languages				
	Signs in different languages through out hospital				
	Ensure that patients are aware they can access interpreters				
Communicating with other agencies (GP)	To liaise with GP regarding highlighting Patients Languages	Patient Services Out Patients	Patient Services	Dec 2007	A

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Foundation Council Rep	To increase the number of ethnic minorities	Corporate	Director of Corporate Affairs	April 2010	A
Ensure staff have knowledge and skills to respect people's racial and cultural differences	E&D training Specific training for e.g. patient services	All	L&D Dept	October 2008	R
Health inequalities in different racial groups	Develop business case to set up a Nurse Led FGM clinic for Gynaecology Directorate	Gynae	Directorate Manager	April 2008	R

### 14.3. Disability Equality Action Plan

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
Communication	Involve disabled people in action planning and service delivery	All	E&D Task Force Disability Lead	Completed	G
	Improve Signage throughout hospital – including symbols as well as wording	All	Patient Quality Manager Estates	April 2008	A
	Improve and maintain communication systems and raise awareness to staff and patients about the facilities available to them eg Induction Loop Systems, portable loop system for other OPD, minicom (text phone)	All	Dir of N, M & PQ Estates	April 2008	A
	Hearing Loop sign to be displayed, loop testing to be performed and staff training	All	Estates	April 2008	R
	Visual fire alarm to be fitted	All	Estates	April 2008	R
	Identify and make available list of staff able to use BSL in an emergency	All	Patient Quality Manager	April 2008	R
	Improve/extend use of British Sign Language Interpreters for patients who are deaf	All	Dir of N, M & PQ	April 2008	R
	Patient information leaflets made available	All	Patient Quality	June 2007	A

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
	in different formats and media		Manager Disability Lead		
	Specific Patient Information Leaflet to highlight equipment, services, support networks within the Trust	All	Patient Quality Manager Disability Lead	April 2008	A
	Front line reception staff to be trained in basic welcome terms using BSL	All	Dir of N, M & PQ	April 2008	R
Communication with other Agencies	Communication from GPs re patient with additional needs and perinatal mental health issues	All areas	Patient Services	April 2008	A
Parking access	Improve, extend and monitor the provision for disabled parking, increase number of bays at front of hospital and re-mark existing bays	All	Estates	April 2008	R
	Explore car parking charges				
Facilities	<ul style="list-style-type: none"> <li>- Improve facilities on the ward areas</li> <li>- accessible toilets, bathrooms and showers to be reviewed and actions prioritised</li> <li>- All basins to have lever type taps</li> <li>- Showers to have folding shower seat</li> <li>- Vertical grab rails</li> <li>- Angled wall rails</li> <li>- Extend mirrors</li> <li>- Coat hook at correct level</li> <li>- Replace beds as identified from tender</li> </ul>	Ward Areas	Director of Nursing, Midwifery & Patient Quality Estates	April 2008	R

Issue Identified	Action	Function/ Service Area	Lead	Completion Date	Progress as at August 07 (R/A/G)
- Wheelchair access	- Provide a contrast between walls and fittings -Ensure some rooms have widened doorways	Outside of Hospital			
	Upgrade walkways to car parks, tactile surfaces and contrast on bollards				
	Review provision of tactile strip at top and bottom of stairs				
	Check all tactile slabs in front of hospital and replace if necessary				
	- Ensure all receptions have access for wheelchairs - Review positioning and type of equipment needed for wheelchair users evacuation	All			
Ensure staff have knowledge and skills to respect and work with people with disabilities	E&D training, including specific Disability Awareness sessions	All	E&D Leads L&D Dept	April 2008	G
	Specific training for staff in patient services	Patient Services	Patient Services Manager L&D Dept	April 2008	G
Concierge	Develop role and recruit Patient Concierge to assist Disabled patients	All	Director of Nursing, Midwifery & Patient Quality	June 2007	G
	Training in disability awareness provided				
Volunteers	Support disabled people to gain volunteer opportunities within the Trust	All	Voluntary Services Manager	Ongoing	A

#### 14.4. Gender Equality Action Plan

<b>Issue Identified</b>	<b>Action</b>	<b>Function/ Service Area</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Progress as at August 07 (R/A/G)</b>
Gender Pay gap	Conduct an audit to ensure that any gender pay gap has been rectified using data gathered through Agenda for Change	All	HR Dept	Jan 2008	R
Issues/barriers for transsexual staff/potential staff	Development and implementation of a policy to cover transsexual people	All	HR Dept	Jan 2008	R
	Toilet facilities – consider allocating one toilet as unisex	All	Estates	Jan 2008	R
Promotion of Flexible working options	Promote flexible working for both men and women in the workforce	All	HR Dept	Oct 2007	A
Provision of services for men who use our services e.g. RMU, husbands	Counselling offered after loss of a baby Directorate to complete Equality impact assessment identify any arising action required to comply	All	Directorate Managers	Jan 2008	R
Domestic Violence	Development of a Domestic Violence Policy	All	HR Dept	Oct 2007	R

**14.5. Age Equality Action Plan**

<b>Issue Identified</b>	<b>Action</b>	<b>Function/ Service Area</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Progress as at August 07 (R/A/G)</b>
Awareness of new legislation	Awareness sessions for staff	All	HR Dept	Complete	G
Retirement process	Update retirement policy	All	HR Dept	August 2007	G

### 14.6. Religion or Belief Equality Action Plan

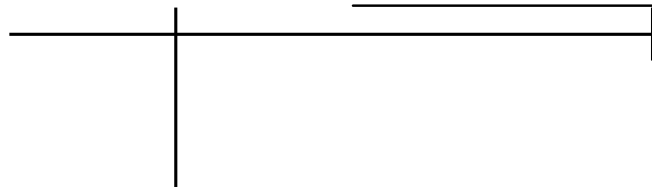
<b>Issue Identified</b>	<b>Action</b>	<b>Function/ Service Area</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Progress (R/A/G)</b>
Ensure staff have knowledge and skills to respect people's religious and cultural differences	E&D training Specific training for e.g. patient services	All	E&D Lead L&D Dept	April 2008	A
Facilities	To consider the provision of separate areas for women/men in the Quiet/Prayer Room as identified in the consultation exercise	Corporate	Estates	April 2008	A
Food/diet	To ensure patients have appropriate meal according to their Religion/Belief	Corporate	Sodexo/ Operational Services	Dec 2007	A
Appropriate consultation regarding religious practices	To research e.g. ceremonies conducted at birth, Hygiene and appearance e.g. hospital gowns, care of the dying and implement any actions that arise as a result of findings	All	E&D Lead Quality Manager / Chaplin's	Dec 2007	R
Policy on Religion/Belief	Write and implement a policy covering staff and patients' religion/belief	All	E&D Leads / Quality Manager / Chapli ns	Dec 2007	R

**14.7. Sexual Orientation Equality Action Plan**

<b>Issue Identified</b>	<b>Action</b>	<b>Function/ Service Area</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Progress (R/A/G)</b>
Staff support	Improve and extend Lesbian, Gay and Bisexual network	All	E&D Lead	April 2008	A

# Trust Governance Framework









RISK MANAGEMENT COMMITTEE	FINANCE & CONTRACTS	CLINICAL GOVERNANCE	HUMAN RESOURCES	AUDIT	CHARITABLE FUNDS	REMUNERATION
Strategy Implementation Training (risk Management) NHSLA CNST standards Risk Register Risk Assessments Standards for Better health	Income & Expenditure Capital Treasury Management /working capital PSPP Insurances Recovery Planning Contractual performance Contract management	Medical Research & Ethics Clinical Audit CNST NICE Education & Training Infection Control Complaints & litigation Quality Information Governance <i>Medicines Management</i> <i>Medical Devices</i> <i>Decontamination</i> <i>Infection Control</i> <i>Research Governance</i> Equality & Diversity	Recruitment & Selection Workforce Planning Occupational Health Agenda for Change Improving Working Lives Education & training Clinical Supervision <i>Human Resources</i> Equality & Diversity	Internal Control & Risk Management Review of Assurance Framework Policies & procedures to Counter Fraud Appointment and review of internal audit service Review of external audit reports Review of annual financial statements Standing Orders & Standing Financial Instructions <i>Financial Management</i> <i>Purchasing &amp; Supply</i> <i>Professional Advice &amp; Services</i>	Charities Legislation Income & Expenditure Fundraising Investment Management	Remuneration and Terms of Service of CEO & Execs