

Preparing for the Equality Act 2010 conference report

August 2010

“ Achieving excellence
through inclusion. ”



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Introduction, Kevin Orford Chief Executive of NHS East Midlands and conference chair

This report sets out the full outline of the NHS East Midlands Preparing for the Equality Act 2010 conference, which took place on Wednesday 11th August 2010. The conference was hosted by NHS East Midlands at the East Midlands Conference Centre in Nottingham chaired by Kevin Orford. More than 300 delegates from various personal and professional backgrounds attended the conference, to hear about the benefits and opportunities presented to patients and the wider NHS by the Equality Act 2010. The Act will come into effect from 1st October 2010



The aims of the conference were:

- To increase delegates' awareness of the Equality Act 2010
- Prepare NHS organisations within the East Midlands to implement the Act locally
- To increase wider awareness and knowledge regarding the legislation and what it means for patients, carers, staff and communities at local level.

The Preparing for the Equality Act 2010 conference highlighted the importance of Inclusive services as the NHS Commissioning Board, GP Consortia and other statutory bodies will have a duty to promote equality and foster good relations. The conference was the next step in preparing and supporting our colleagues to take the inclusion and equality agenda forward.



The day consisted of presentations from experienced guest speakers and 11 workshops on topics all linked to the Equality Act 2010 (the programme for the conference is cited in Appendix A).

The conference attracted excellent and experienced guest speakers that presented on the day; including Tim Rideout, Trevor Phillips OBE, Maqsood Ahmad OBE, Professor Lord Kamlesh Patel of Bradford and Vijay Sharma (biographies are cited in Appendix B).

The NHS faces unprecedented organisational change over the next few months, there is a clear risk to our collective ability to address inequalities and discrimination during the transition process. It is therefore more important than ever that we work together to maintain our focus on inclusion and equality across the East Midlands for the benefit of the patients, the public that we serve and for our workforce. This report highlights key recommendations gathered on the day supporting organisations to work towards implementing the Equality Act 2010.

"The debates, discussions and the information on the Act has been useful, I will ensure the key messages are shared with colleagues within my organisation". Delegate from NHS organisation.

Tim Rideout, Chief Executive of NHS Leicester City

NHS White Paper “Equity and Excellence: Liberating the NHS” and Inclusion

Tim explained the White Paper emphasises the government’s vision to have a NHS that is centred on patients, carers and the public, including the importance of embedding inclusion and equality within the NHS. The White Paper outlines the following new structures that will influence inclusion and equality:



- **NHS Commissioning Board** (NHSCB) will have an explicit duty to promote equality, to address inequalities in outcomes from healthcare services, and to eliminate discrimination in commissioning and provider services. They will champion patient and carer involvement, including patient choice.
- **General Practitioners’ Commissioning Consortia** (GPCC) will be responsible for commissioning health services according to the health needs in their neighbourhoods. They will need to involve the public and patients, and ensure those that are seldom heard or faced with health inequalities are engaged, to improve the health of local people. Furthermore, GPCC will be responsible to promote equality and eliminate discrimination under the Equality Act 2010, including promoting age equality.
- **Health Watch Organisations and Health Watch England** both have a responsibility to champion patient and public views, including those groups with protected characteristics, and from seldom heard communities. This is an opportunity to strengthen the collective voice of diverse patients, through the new Care Quality Commission (CQC) whom will host Health Watch England. There is clear evidence which demonstrates that patients belonging to groups within protected characteristics lack confidence with the NHS, and often feel excluded from decision making and commissioning process.
- **Local authorities and voluntary organisations** will play an important part in supporting local people and organisations to ensure that patients and equality groups are empowered and have the appropriate information to fully participate in commissioning decisions and to hold their local providers to account.



"Excellent presentations from the key note speakers, however there should have been more time allocated to questions and answer time".

Delegate from NHS organisation.

Trevor Phillips OBE, Equality and Human Rights Commission (EHRC)

What the Equality Act 2010 means for the NHS?

The Equality Act 2010 represents the most thorough transformation of British equality law in four decades. It has significant implications for: the NHS as employers, frontline health professionals and the advocacy bodies who help people exercise their right to be treated fairly.



The Act is based on a simple premise, everyone no matter what their background or personal circumstances, has the right to be treated fairly and with respect. The Act simplifies Equality law by replacing the original legislations into one law, under the Equality Act 2010. The idea is to streamline the law, thus helping people to better understand their rights, and helping organisations comply with the law. Furthermore, the Act provides people with new rights and protections. For example; employers will not be able to screen out disabled employees, as pre-employment health questionnaires will be eradicated. Also, the Act encourages providers to focus on practical outcomes to make further progress on equality in the years ahead.

The changes that the Equality Act introduces coincide with wider change for the health service. The White Paper heralds radical changes to the structures you work in. It is important to adapt to legislative change when your organisation is embarking on a fundamental transformation. Moreover, taking the time to adapt to the Equality Act is necessary; it is in your best interests; and today's context makes it even more important.

Firstly, there is argument about compliance, failure to meet the statutory minimum can bring significant costs, and fighting a case takes time and money. Secondly, for the NHS as an employer, research suggests employers with a good track record of valuing diversity reap rewards, with staff that are more motivated and loyal. Finally, for the NHS as a service provider, there is an argument about effective use of public money. The Act encourages providers to think about how different people access their services. That evidence can enable them to target and refine services so as to ensure public cash makes the biggest possible difference.



The EHRC is a statutory regulator with a responsibility for promoting the new Act. They have produced guidance's for employers, workers, service users and service providers, to help understand and use the Equality Act.

"Trevor was authentic and pragmatic with some valuable key messages". Delegate from Voluntary organisation

Maqsood Ahmad OBE, Director of Inclusion, NHS East Midlands

Implementing the Equality Act 2010: Challenges and opportunities

Maqsood welcomed the Equality Act and highlighted the following opportunities within the new structures to champion and influence the inclusion and equality agenda;



NHS Commissioning Boards

- **Provide leadership** that champions diverse patients, carers and staff groups, which promotes equality and fosters good relations.
- **Involve** excluded groups and groups with protected characteristics in the work of the Commissioning Board
- **Learn from experience** of diverse patients, staff and the public, prior to setting equality outcomes and priorities for commissioners and partners.
- **Share and build on good practice through** equality guidance for GPCC
- **Adopt a proactive partnership** approach with EHRC, CQC, Health Watch England and Monitor to avoid investigations and costs.
- **Employer of choice** have a representative workforce at all levels
- **Gain the trust and confidence** of excluded groups and those with protected characteristics through transparency and accountability.

General Practitioners' Commissioning Consortia

- **Duty to promote equality**, eliminate discrimination and foster good relations.
- **Use procurement** to meet the needs of diverse patients, carers, excluded groups and those with protected characteristics.
- **Take proactive action** with local authorities and to address local health inequalities.
- **Commission services** based on up to date data
- **Implement the EDS**, which will be used as a continuous improvement tool to measure progress on equality. The tool will help GPCC meet their legal obligations under the Equality Act and will support information for CQC, EHRC and Monitor.
- **Be proactive** and use the skills and experience of equality and engagement leads, to tap into patients and carer experiences.
- **Gain trust and confidence** by transparency and accountability
- **Be a employer of choice** and contribute to community cohesion and socio-economic duty

Furthermore, the following challenges were identified to implement the inclusion vision within the new NHS structures;

- **Limited resources and inclusive leadership** which builds on good work that exists
- **Embedding inclusion and equality** into the new structures Department of Health, NHS Board, GPCC, Health Watch England & Local Health Watch.
- **Role of voluntary sector** supporting groups with protected characteristics.
- **Effectively engage** diverse patients, carers, excluded group and those with protected characteristics.
- **Equality outcome measures** and accountability

Lord Kamlesh Patel of Bradford OBE

Equality Act from a patients, carers and community perspective Integrated strategy and service functions for equality and human rights across NHS LLR

Lord Patel presented the integrated strategy and service functions for equality and human rights across NHS Leicester City, Leicestershire Partnership NHS Trust and NHS Leicestershire County and Rutland (NHS LLR). The strategy and service delivery plan is based on the principles of the new Public Sector Equality Duty within the Equality Act 2010 which includes; use of evidence, consultation and involvement, transparency and capability.



The new Act seeks to move public bodies to work smartly and in partnership to achieve outcome focused priorities to narrow key inequalities within their locality. This strategy will place NHS LLR in an excellent position to hit the ground running and become highly compliant performers within this changed legislative framework.

The strategy builds on what is already good in the current system and strengthens this through an enhanced leadership and governance structure, and effective use of resources. The strategy aims to ensure that the trusts are able to establish shared equality objectives, which will provide benefits in quality and outcomes for the populations of LLR. The shared objectives will be achieved through five core integrated service functions:

Assuring compliance - Each trust will have an accountable lead officer from within the integrated service, whom will be responsible for the Trusts Equality and Human Rights compliance systems.

Policy development and transparency- Policies will be provided on an integrated basis, which will prevent unnecessary duplication of effort and will ensure there is a common standard of quality in policy development.



Better use of evidence- The integrated approach will inform services about impact and outcomes and at the same time provide a robust evidence base for inspections and quality assessments.

Programme management- Equality and Human Rights programmes will be managed on a centralised basis

Capability - A common training function will be provided across each Trust, to ensure quality while at the same time achieving efficiencies in scale.

The strategy will be monitored through an Integrated Equality and Human Rights Strategy Governance Committee, which will consist of both Executive and Non-Executive Equality Leads from each Board under the Chairmanship of Lord Patel.

Workshops with recommendations

Delegates were given the opportunity to attend 11 interactive workshops on protected characteristics; and on Socio Economic Duty and Community Cohesion, Equality and Human Rights and the National Equality Delivery System. The workshops were led by representatives from the Equality and Human Rights Commission, external voluntary and community groups, the Department of Health and NHS East Midlands Inclusion Leads.



The workshops focused on providing delegates with an opportunity to understand what is currently taking place in regards to the protected characteristics, and discuss the key recommendations for implementing the requirements of the Equality Act 2010.

The presentations from the workshops can be downloaded from; <http://www.eastmidlands.nhs.uk/about-us/inclusion/inclusion-publications/>.



"The Gender identity workshop was very informative, particularly about the difficulties faced by transgender people" Delegate from NHS organisation



"There was one key message that was apparent from the 3 workshops, which was to focus on outcomes and not processes" Delegate from the Department of Health

Age workshop

Workshop guest speaker: Richard Gleave, Director of Programme Implementation, NHS South West

Facilitator: Umar Zamman, Head of Equality and Human Rights, Derbyshire Fire & Rescue Service

The Act defines Age by reference to a person's age group, and when it refers to people who share the protected characteristic of age, it means they are in the same age group (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). The Act bans age discrimination, harassment and victimisation in the provision of services and exercise of public functions. The duty applies to public bodies and those carrying out public functions, including, private and third sector organisations where they are fulfilling public functions.

Groups key points and issues;

- There was a general assumption that this legislation was aimed at the over 65's.
- Organisations need to address all groups in the age spectrum and age equality should be embedded within organisations.
- Department of Health will have to review the Mental health services for older people policy.
- Older people are the largest user groups of health and social services and will continue to be so, as statistics have shown people will live longer. There is an urgent need to get the care right for older people.
- Some GP Consortia maybe more capable that others to manage this agenda (however this will depend on capacity, size, capability and mindset).
- IVF (In-Vitro Fertilisation) treatment may also prove a test area for this characteristic.
- Key issues will be around leadership and commitment for a 'fair and equitable' service.
- The service provider will need to demonstrate that the different treatment due to age was a "proportionate means of achieving a legitimate aim".



Recommendations and way forward;

- This agenda should be championed by; sharing best practice, demonstrating cost benefits, through peer advocacy and stronger voice of service users.
- Use Equality Impact Assessments (EIA's) when reviewing systems, policies and processes.
- Use data and a clear evidence base for potential impact.
- Develop a strong business case and link it with the NHS Constitution and QIPP (Quality, Innovation, Productivity and Prevention).
- The public need to be aware of their rights and then would be more likely to challenge organisations.
- Work in partnership with agencies and community organisations (e.g. Age UK).

- There is a need for academic institutions to address age equality in training and education programmes for health and social care professional. This view is supported by the NHS Confederation.
- Professional codes of conduct need to encompass bold statements for equality agenda.
- Age Equality Tool Kit and resource pack will support local health and social care to assess the degree to which their current service performance meets the new requirements. Primary Care Trust's will need to commence this process and leave a legacy for commission consortia. For further information on the toolkit please visit: <http://www.southwest.nhs.uk/age-equality.html>.



"Prior to the event, I was feeling apprehensive about the Act. However, from attending the conference today and meeting other delegates, I feel better placed to support my organisation to implement the Act". Delegate from NHS organisation

"There is opportunity to advance the equality agenda through the Equality Act 2010". Delegate from Public Authority

"As a carer, I feel there is more hope for seldom heard communities with the new Act. The range of projects supporting the inclusion agenda is promising". Carer from Leicestershire.

"The Equality agenda forces us to ask difficult questions about how we deliver services and we should be transparent in our approach".
Delegate from NHS organisation

Disability workshop

Workshop guest speaker: Darren Waldron, Defeating the barriers

Facilitator: Harinder Dhaliwal, Head of Learning & Development, Derbyshire Mental Health Services NHS Trust

The Disability Discrimination Act (DDA) says a disabled person is someone with “a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities”. The Act makes it unlawful for disabled people to be discriminated in; employment trade organisations and qualifications bodies, access to goods, facilities and services the management, buying or renting of land or property education. The DDA defines discrimination in a number of ways and outlines four specific types of discrimination: direct discrimination, failure to make reasonable adjustments, disability-related discrimination and victimisation.

Groups key points and issues;

- The legislation provides disabled people with rights and it places duties on those who provide services, education and employment.
- The group welcomed the opportunity to work in partnership with disability organisations and support employees to improve employment practices, identify adjustments and support, flexible ways of working.

Recommendations and way forward;

- Follow a service user’s journey to identify barriers and reduce insufficiencies.
- Create a barriers and solutions document, to aid staff understanding around disabilities and support agencies.
- Provide staff with training to increase their awareness around the DDA and disabilities.
- Integrate clinical services with support services to share best practise.
- Work in partnership with the Job Centre and other disability organisations.
- Involving service users/carers/staff and disability organisations when creating systems and policies to understand different views/barriers.
- Allocate a budget for reasonable adjustments
- Give service users choice in use of services, do not assume what is best for them.
- Promote the Governments Access to Work service. .
http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347



Race Workshop

Workshop guest speakers: Shahid Ashrif, Equality and Diversity Manager, NHS Nottingham City and Mukesh Barot, Equality and Diversity Manager, East Midlands Ambulance Service

Facilitator: Kelly Jussab, Equality and Diversity Policy Officer, Leicestershire Centre for Integrated Living

The Act is concerned with people's actions and the effects of their actions, not their opinions or beliefs. It is unlawful for a person to discriminate on racial grounds against another person. The Act defines racial grounds as including race, colour, nationality or ethnic or national origins.

Groups key points and issues;

- Changing the mindset of decision makers is a real challenge and never more so than now in the current economic climate.
- Current status of race equality is based on tick boxes, paper processes and lip service.
- There has been some improvement in health outcomes.
- Concerns were highlighted about the lack of systems to hold GP's to account.
- Senior Management Teams should be diverse and representative of the communities that they serve.
- Do GP's have enough experience and awareness to promote and manage equality and inclusion.
- Race equality is diluted in the new Act
- Short term initiatives have meant that things have not changed much for race equality
- EIA's expose issues but there are insufficient resources to support the responses
- Budget cuts are a convenient way to do even less than before

Recommendations and way forward;

- Use financial penalties to drive progress
- There is an opportunity for BME voices to be heard in a collective manner to influence change.
- Equality schemes need to be aligned with the organisations business plans.
- Infrastructure needs to be developed to support joint working with the voluntary sector.
- There is a need to embed dignity and respect as core elements of service delivery.
- Organisations need to implement positive action to develop their black and minority ethnic staff.



Marriage and civil partnership

Workshop guest speaker: Tony Montinario, Derbyshire Friend, Lesbian, Gay, Bisexual and Transgender support services

Facilitator: Jon Bashford, Associate Director of CORIN, Leicestershire Partnership NHS Trust

The Act defines marriage as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'Civil Partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Groups key points and issues;

- Traditionally marriage ceremonies were conducted in church
- The older generation were told by elders to marry and stay together indefinitely
- People enter marriage for security reasons
- Civil partnerships would allow people to come together.
- There is no religious connection to civil partnerships
- People do not value couples who enter civil partnerships
- Churches cannot be forced to conduct civil partnership ceremonies
- Delegates in the group did not know if their organisations provided civil partnership facilities.
- Co-habiting couples do not have the same rights as couples in marriages and civil partnerships. This could be an equality issue and human rights
- People should not judge or have preconceived ideas, they should respect everyone's right, whether couples choose to enter a civil partnership or cohabit.
- The group welcomed the Act and the fact that Civil Partnerships will be recognised.

Recommendations and way forward;

- Increase organisations awareness around Marriage and Civil Partnerships.
- Listen to service users experiences around healthcare and understand barriers or possible initiatives of good practise.
- Include Civil Partnerships on monitoring forms to gain a better understanding of the groups in your area.
- Review literature and policies to ensure service users and staff are not discriminated against the grounds of being in a marriage or civil partnership.
- Civil partners should have the same benefits/opportunities as married couples.



"As a result of today's conference, I will ensure Human rights is more visible in my organisations values and objectives, and I will reassess how we communicate with hard of hearing patients and staff".

Delegate from NHS organisation

Gender identity

Workshop guest speakers: Tonia Frew Leicester Lesbian, Gay, Bisexual and Transgender (LGBT) Centre and Beth Seymour, Derbyshire Friend

Facilitator: Leon Charikar, Pacesetters Programme lead, NHS East Midlands

Gender reassignment is the process of transitioning from one gender to another. It is a personal process and does not have to be a medical one. The Equality Act 2010 protects a trans person from discrimination as soon as they manifest their trans gender identity.

Groups key points and issues;

- There is an urgent need to increase GP's understanding around gender identity.
- A transgender person may face; depression, family breakdowns, have employment worries, lose friends and suffer from transphobia and hate crime.
- During the transitioning period there maybe an urgent need for early access to medical assistance, psychiatric assessments and necessary speech therapy.
- Recognition of the co-morbidities associated with transgender (e.g. substance misuse).
- There is a need to expand services to meet the needs of this group.
- Increase access to services by removing barriers and marketing services appropriately.
- Reduction of waiting lists for surgery associated with the transition process.
- There should be a clear definition/ broadening of criteria for core procedures relating to transition process (e.g. electrolysis; breast augmentation).

Recommendations and way forward;

- Alignment of services pre and post operatively - the creation of single sex wards creates difficulties for the transgender population, whom need to live as their chosen gender for 2 years prior to transition.
- Review of HR processes to avoid discrimination.
- Increased support for people transitioning whilst at work.
- Recognise gender identity as a valid group when developing policies.
- Providing education and training for GP's and staff to raise their awareness around gender identity.
- Review of single sex services which discriminate against transgender population (e.g. men whom still have a cervix need to have smear test however, are forced to use single sex services. The same is true of breast screening services).
- Improvement in data collection as current monitoring does not capture accurate information (e.g. different categories of transgender).
- Review of healthcare service provision to take account of increasing need for repairs post surgery, which are deemed difficult to access.



Sexual orientation

Workshop guest speaker: Dr Rachel Perkins, Director of Quality Assurance and User Experience at South West London and St George's Mental Health NHS Trust

Facilitator; Catherine Conchar, Head of Equality & Diversity Nottinghamshire Healthcare NHS Trust

The Act defines sexual orientation as the attraction a person feels towards one sex or another (or both), which determines who they form intimate relationships with or are attracted to. Everyone is protected from being treated indifferently because of sexual orientation, whether they are bisexual, gay, lesbian or heterosexual. The Act extends beyond the workplace to cover the provision of goods and services to consumers.

Groups key points and issues;

- Relationships between health organisations and Lesbian Gay Bisexual and Transgender (LGBT) communities around sexual orientation issues have improved over the past few years.
- A number of previous studies have left LGBT people lacking support from the NHS
- The annual 'Count Me In Census' raised issues relating to sexual orientation about differences in the percentages of LGBT people (1%) compared to Government estimates (5.7%).
- People are continuing to face challenges in society for being LGBT.
- LGBT forums and events are happening more frequently as a result of positive publicity within some services

Recommendations and way forward;

- To improve services in the NHS for LGBT staff, service users, carers and patients
- Look at ways to overcome challenges in the workplace and translate these issues into outcomes for both staff and community groups
- Recruit effective role models in the NHS and representatives in the community (e.g. top line managers).
- Provide robust information on sexual orientation within recruitment services to encourage LGBT people to work within the NHS.
- Provide visible reminders about LGBT issues and support or services available (e.g. branding, leaflets, posters, Stonewall events, magazines etc).
- Highlight how LGBT discrimination is just the same as other strand discrimination
- Support staff to talk to service users, carers and patients about LGBT issues, particularly bullying/harassment issues.
- Continue to educate staff, services users and carers directly
- Engage champions in the workplace to represent LGBT issues and services.
- Ensure external providers of services to the NHS support equality and diversity across all strands within their organization and the services they provide.



Religion and belief

Workshop guest speaker: Jagtar Singh OBE, Deputy Chief Fire Officer of Bedfordshire and Luton Fire and Rescue Service

Facilitator: Executive Director Derby Racial Equality Council

The Act makes it unlawful for someone to discriminate against you because of your religion or belief (or because you have no religion or belief): in any aspect of employment, when providing goods, facilities and services, when providing education or in using or disposing of premises, or when exercising public function.

Groups key points and issues;

- Faith/belief is not a subsidiary issue
- Key decision makers need to understand the importance of faith and how their decisions effect service users.
- It is important to have and capture data around different religious/belief groups, in order to develop effective policies.
- There are assumptions around, ethnic groups are only interested in certain professions
- Religious and cultural needs of patients and service users can contribute to their wellbeing.
- Legislation do not change people's behaviours
- Providing inclusive care and employment is an issue for the NHS

Recommendations and way forward;

- Data should be turned into information and outcomes
- There is a need to challenge and influence mindsets
- Best practise should be shared across NHS organisations
- Keeping focus during a period of change
- Work in partnership with third sector organisations to increase policy developers understanding of different faith groups and their needs.
- Communities should be empowered to ask the right questions.
- Provide feedback to service users/staff after consultation/engagement events.
- There is a need to implement the lessons learnt so equality is at the heart of all functions and structures and contribute to a better understanding of staff and more informed, patient care.



"Using the fiscal crises as an excuse not to engage with the equality agenda is not acceptable". Delegate from Voluntary organisation

Pregnancy and maternity

Workshop guest speakers: Amanda Sullivan, Director, Quality and Governance Nottinghamshire County PCT and Jo Wain, Public Health Improvement Principal, Pregnancy, Maternity and Health Inequalities, Nottinghamshire County PCT

Facilitator: Anita Thomas, Assistant Director for Equality and Diversity NHS Derbyshire County

The Equality Act distinguishes between non-work cases of pregnancy and maternity discrimination and work cases. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. In the work context, it is unlawful to discriminate a woman or treat her unfavourably because of her pregnancy or pregnancy-related illness or because she takes or tries to take maternity leave.

Groups key points and issues;

- There are issues around language support during pregnancy for seldom heard communities.
- Inequalities are notable in the East Midlands. Infant mortality varies in the region with Leicester having a significantly higher infant mortality rate (6.0 per 1,000 live births) than Derby (1.9 per 1,000 live births).
- Mothers in certain groups (groups listed were Black/Asian mother; mother is less than 20 or older than 40; mother lives in area of deprivation; mother is obese; mother smokes) their chances of having a healthy baby are reduced. They are at greater risk and tend to have less care. They are more likely to have poor health outcomes.
- There is value in targeting access to services to address pregnancy and maternity inequalities. This might include outreach and specialist posts.
- There is insufficient support for new parents, with a lack of infant feeding support. There is some expansion of community postnatal care but variable use of Children's Centres.

Recommendations and way forward;

- The vital role of extensive engagement with service users in order to accurately understand their needs and issues. This is critical if assumptions are to be avoided.
- The importance of conducting EIAs and looking at the quality impact of disinvestment, particularly at a time of financial austerity.
- The significance of effective networks across the pregnancy and maternity pathway to understand differences, interfaces and to drive change.
- The imperative of collating, analysing and monitoring data in order to identify the impact and effect of service provision. In relation to pregnancy and maternity, this includes monitoring outcomes such as gestation at booking, systematic user feedback and health outcomes.



Equality and Human Rights

Workshop guest speakers: Patrick Devine and Jayantika Vyas, Equality and Human Rights Commission

Facilitator: Issan Ghazni, Mango Spice Consultancy

The Equality and Human Rights Commission (EHRC) is a statutory regulator with a responsibility to promote and monitor human rights; and to protect, enforce and promote equality.

Groups key points and issues;

- Delegates felt that meaningful discussions can only take place after developing a capacity building programme for all involved, especially around the human rights articles and the Equality Act 2010, which should also include a framework for monitoring progress.
- The NHS should be made to adopt a human rights based approach and patients and service users should not be expected to achieve change by complaining after things have gone wrong.
- Communities should be empowered to use the Freedom of Information Act if they feel they have been treated unfairly.
- The NHS should develop systems that systematically performance manages equality and human rights.
- The NHS constitution mentions equality but not human rights - this needs to be addressed.
- There are a lot of human rights issues for deaf people and at the moment there have to be pursued through the Equality Act and the DDA, which is linked to the Human Rights Act (HRA).

Recommendations and way forward;

- GP Consortia should be empowered with the HRA and a human rights approach should be adopted to treat patients and not symptoms.
- Communities should use the Freedom of Information route to gain information on legal compliance from the health sector.
- To get consensus on how to provide high quality service with emphasis on the variation of requirements and not just adopt a tick box exercise to meet the minimum legislative requirements.
- It is imperative GP consortia's address the Socio-Economic Duty.
- Mainstream services need to be changed to cater for all diverse communities and the public should be able to demand fair services.
- Human rights have been embedded more effectively in the Mental Health Trusts. This approach needs to be also embedded across the health sector.
- Individuals and communities need to be empowered to use the HRA, so they can complain and request judicial review when NHS or GP's do not comply with the legislation.



Socio Economic Duty and Community Cohesion

Workshop guest speaker: Dr Giri Rajaratnam, Deputy Regional Director of Public Health NHS East Midlands

Facilitator; Ann Crowder Equality and Diversity Manager NHS_Northamptonshire

The duty states public authorities must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.

During November 2010, Teresa May, Minister for Women and Equalities confirmed the Socio Economic Duty will be dropped from the Equality Act 2010. Nevertheless, the importance of the issues are highlighted below.

Groups key points and issues;

- Concerns were raised around the practicalities and resources required to do EIA
- EIA can only be a powerful tool if it is outcomes focused
- There were also concerns around how this agenda will be carried forward in the current economic climate and the change of Government.
- There is a need to engage local public health leaders in the agenda to address socio economic inequality.
- Budget constraints would make it harder to engage with deprived communities
- There is a lack of interest in using data to identify health outcomes
- There is a gap in analysing data and setting priorities
- The socio economic agenda should be integrated with the other protected characteristics.

Recommendations and way forward;

- The Socio Economic Duty should be integrated into equality impact assessments.
- There is a need to gain commitment and leadership from seniors to drive the agenda forward.
- To promote the link between health and socio economic duty (poverty causes ill health regardless of background).
- Use the EIA tool as a risk assessment tool.
- Work in partnership with relevant agencies when engaging with deprived communities.
- Focus on what you can do instead of what you can't do, due to financial constraints.
- Organisations should develop operational plans that set out their ambitions to drive up the quality of care received and improve the health and wellbeing of the citizens they serve.



Equality delivery system consultation

Workshop guest speaker: Ray Warburton, Head of Programme Management NHS Equality Delivery Team, Department of Health

Facilitator: Tim Rideout, Chief Executive of NHS Leicester City

The purpose of the Equality Delivery System (EDS) is to drive up equality performance and embed equality into mainstream NHS business. It is being developed against a backdrop of some good equality performance in some parts of the NHS. The EDS covers patient, public health, compliance, workforce and leadership issues. It applies to commissioning organisations including GP Consortia, and to NHS providers including Foundation Trusts. (The EDS proposals have yet to be endorsed by the NHS Management Board and Ministers at the Department of Health).

By participating in the EDS, organisations will be able to deliver on the requirements of the Equality Act, and they will put themselves in a good position to deliver positive outcomes for patients, communities and staff in line with White Paper proposals and the Governments' priorities for the NHS.

Tim Rideout, supported by Ray Warburton, facilitated a consultation session on the EDS proposals.

Discussions at the workshops focused upon the following issues:

- The voluntary nature of the EDS and proposals for its eventual mandation.
- The extent to which the EDS proposals will help to deliver the Equality Act 2010. This unique selling point could ensure wide take-up of the EDS.
- Ensuring that the right balance between top-down direction and local determination is struck.
- The degree to which Health Watch, LINK's and other local interests will be supported to play a full part in the EDS.
- The way in which the EDS fits into the changing structure of the NHS.
- There were concerns about introducing the EDS at this time of great change. However, it could be argued that now is the perfect time to "hardwire" equality into the new NHS architecture.
- The degree to which the assessment procedure for the EDS is fit for purpose.
- The value, as an NHS organisation, of becoming an 'early adopter' of the EDS. Two Chief Executives have volunteered their trusts as early adopters to pilot the EDS.



Vijay Sharma, Chair of NHS East Midlands Inclusion Champions Board

Concluding remarks and the way forward

Vijay Sharma concluded the conference by outlining that there are challenging times ahead within the NHS and the public sector, she felt confident that we can move forward and build on the good work we have already done over the years despite the challenges. The East Midlands have an excellent Inclusion team that has already started to shape the agenda into the new structure to support GP's in playing a greater role in promoting equality and working towards the elimination of discrimination.



In essence, working in the area of inclusion and equality is a huge responsibility and cannot be taken lightly. GP Consortia's will need all the support they can get from experts within this room and outside, those who have championed equality and inclusion over the years are best placed to provide the support needed.

Vijay thanked guest speakers Trevor Phillips OBE, Tim Rideout, Lord Kamlesh Patel, Maqsood Ahmad OBE and Kevin Orford for chairing the conference, conference organisers, community representatives and Inclusion Leads for supporting the workshops. Furthermore, she thanked the East Midlands Leadership Inclusion Team (a Chief Executive group, supported by NHS East Midlands), for supporting the development of the conference and bringing NHS colleagues and colleagues from other sectors together to increase their knowledge on the Equality Act 2010.



The recommendations highlighted in the workshops will be shared with key stakeholders, in order to prepare NHS organisations in the East Midlands for the Equality Act 2010

The conference report and other resources will be available from NHS East Midlands Inclusion webpage;

<http://www.eastmidlands.nhs.uk/about-us/inclusion/equality-act-conference/>

"From the diverse range of delegates that have attended today's conference, I feel confident that agenda is not of "minority interest", and that doing is more important than ticking boxes".

Delegate from NHS organisation

Preparing for the Equality Act 2010 conference

Venue: East Midlands Conference
Centre, University Park, Nottingham
NG7 2RJ

Date: Wednesday 11th August 2010,
9.00am-3.45pm

Programme:

- 9.00am** **Registration & refreshments**
- 10.00am** **Welcome, Introductions & aims of the conference**
Kevin Orford, Deputy Chief Executive, NHS East Midlands &
Conference Chair
- 10.10am** **NHS White Paper and Inclusion**
Tim Rideout, Chief Executive of NHS Leicester City
- 10.20am** **"What the Equality Act 2010 means for the NHS"**
Trevor Phillips OBE, Chair of Equality and Human Rights Commission
- 10.35am** **Questions and answers**
- 10.55am** **Implementing the Equality Act 2010: challenges and opportunities**
Maqsood Ahmad OBE, Director of Inclusion, NHS East Midlands
- 11.15am** Interactive workshop 1
- 12.15pm** **Lunch**
- 1.00pm** **Equality Act from a patients, carers and community perspective**
Professor Lord Kamlesh Patel of Bradford OBE
- 1.15pm** Interactive workshop 2
- 2.15pm** **Refreshments break**
- 2.30pm** Interactive workshop 3
- 3.30pm** **Concluding remarks and the way forward**
Vijay Sharma, Chair of NHS East Midlands Inclusion Champions Board
- 3.45pm** **Finish**



Appendix B: Biographies

Kevin Orford, Chief Executive NHS East Midlands Conference chair

Kevin has worked in a number of NHS organisations since 1989. His previous posts include; Director of Finance at Nottingham City Hospital and Leicestershire Health Authority, Director of Finance and Performance and Acting Chief Executive at West Midlands South Strategic Health Authority and Financial Controller at the Department of Health. In July 2006, he was the Director of Finance/Deputy Chief Executive at NHS East Midlands and since August 2010 he has been Acting Chief Executive.

Tim Rideout, Chief Executive NHS Leicester City NHS White Paper “Equity and Excellence: Liberating the NHS” and Inclusion

Tim is the Chief Executive of NHS Leicester City and has established strong links with clinicians, staff and external stakeholders. He is the Senior Responsible Officer for NHS East Midlands and the Leicester, Leicestershire and Rutland Next Stage Review programme. Also, Tim is the regional chair for EMLeT (East Midlands Leadership Chief Executive Group) and lead for the Equality Delivery System (EDS), which is part of the Equality and Diversity Council, chaired by Sir David Nicolson.

Trevor Phillips OBE, Equality and Human Rights What the Equality Act 2010 means for the NHS?

Trevor was appointed for a second term as the chair of the Equality and Human Rights Commission on 11th September 2009. He has published two books " The Best of Intentions: Race Equality and Delivering Today's NHS" (2004) and "The Equalities Review" An independent review commissioned by the then Prime Minister (2007). Under Trevor's leadership the EHRC will play an important part in ensuring that public bodies comply with the Equality Act 2010.

Maqsood Ahmad OBE, Director of Inclusion, NHS East Midlands Implementing the Equality Act 2010: Challenges and opportunities

Maqsood Ahmad is the Director of Inclusion at NHS East Midlands and has been in position for a year. He brings with him a considerable amount of experience, skills and a track record of embedding inclusion in various organisations such as the Home Office, where he supported four Home Secretaries and four Policing Ministers. Prior to this Maqsood was the Assistant Inspector of Constabulary where he was involved in equality inspections for 43 police forces across the country after the tragic death of Stephen Lawrence.

Lord Kamlesh Patel of Bradford OBE Equality Act from a patients, carers and community perspective

Lord Patel is internationally renowned for his work with communities and social cohesion across a range of issues including mental health, drug and alcohol use, crime and regeneration. He is Head of the International School for Communities, Rights and Inclusion at the University of Central Lancashire. Also, he served the Mental Health Act Commission

since 1995 culminating in his appointment as Chairman in 2002 and in 2008 was appointed to the board of the Care Quality Commission.

Vijay Sharma, Chair of NHS East Midlands Inclusion Champions Board

Concluding remarks and the way forward

Vijay is a Non Executive Director and chair of NHS East Midlands Inclusion Champions Board group. Also, Vijay is involved with the following committees; Appointments Commission's Diversity and Equalities Panel, a fund raising group for the National Space Centre, a Board Member of Culture East Midlands, and a Member of University of Leicester Court.

Conference delegate list

Surname	First name	Job title	Organisation
Abbott	Steve	RMN LPT Adult Forensics	Leicestershire Partnership NHS Trust
Abdul	Shabir	Head of Equality & Diversity	Aintree Hospitals NHS Trust
Adjaidoo	Eric	BME Clinical <i>Nurse Specialist</i>	NHS Nottinghamshire County
Adamson	David	Administrator for Clinical Nurse specialist	Leicestershire Partnership NHS Trust
Ahmad	Maqsood	Director of Inclusion	NHS East Midlands
Ahmed	Abade M	Community Adviser	Northamptonshire Somali Community
Ahmed	Dr Tanweer	Director of Lincolnshire Clinical Research Facility, R&D Manager & IP Lead	United Lincolnshire Hospitals NHS Trust
Alawale	Olufunmilayo	Practice Manager	NHS Nottingham City
Allcock	Sarah	Practice Development Nurse	Sherwood Forest Hospitals NHS Foundation Trust
Ashrif	Shahid	Equality and Diversity Manager	NHS Nottingham City
Askarian	Dr Helene	Workstream Lead - Planning and Projects	NHS East Midlands
Atkins	Lisa	Manager	The Advocacy Alliance
Austin	Martin	Managing Director	Nimbus: Disability Consultancy
Badwal	Raj	Invoice query manager	NHS East Midlands
Ball	Fiona	Administrator	Leicestershire Partnership Trust
Bain	Jeanne	Chief Executive	LCDP
Bain	Natasha	Service Manager	Derbyshire Mental Health NHS Trust
Barot	Mukesh	Equality and Diversity Manager	East Midlands Ambulance Service
Bashford	Jon	Associate Director of CORIN	Leicestershire Partnership NHS Trust
Basset	Rachel	Service Manager	East Midlands Community Service
Bates	Lindsey	Learning Disabilities Health Facilitator	NHS Nottingham City
Bean	Lorraine	Manager	Double Impact
Beaumont	Michael	Non Executive Director	NHS East Midlands
Benjamin	Avril	Senior Executive Officer	Home Office
Bilkhu	Ravinder	Carer Support Worker	Young Diverse Minds
Blackwood - Pitter	Evan		EMAS Derby City
Blaiklock	Janet	NHS Employers	Sherwood Forest Hospitals NHS Foundation Trust
Blainey	Christopher	Acting Deputy Director of Finance	Nottingham University Hospitals NHS Trust

Blatchford	Bob	Senior Social Worker,CMHT	Nottinghamshire Healthcare NHS Trust
Boon	Vanessa	Director	Energise - people development & diversity
Box	Kay	Team Leader	Derby Psychological Therapy Service
Bradley	Dennis	Centre Support Officer	Leicester LGB&T Centre
Brady	Carol	Trust Professional Lead Psychological Therapies	Lincolnshire Partnership NHS Foundation Trust
Brady	Dr Carol	Trust Professional Lead Psychological Therapies	Lincolnshire Partnership NHS Foundation Trust
Brook	Stuart	Chair	Nottingham Community Health
Brookes	Susan	Community Development Worker	Mencap
Bruce	Richard	Associate HR Director	NHS Leicestershire County & Rutland
Bull	Clive	HR Lead	East Midlands Healthcare Workforce Deanery
Burnell	Tony	Director of People & Business Effectiveness	Leicestershire Partnership NHS Trust
Burnett	Anthony	Managing Director	Performance Through Inclusion Ltd
Burnett	Kaye	Non Executive Director	NHS East Midlands
Butterworth	Edie	Director of Quality & Involvement	NHS Lincolnshire
Campbell	Pamela	Chief Executive	Akwaabaayah
Capell	Lisa	Programme Executive	Princes Trust
Charikar	Leon	Pacesetter Programme Manager East Midlands	NHS Leicester City
Chouhan	Karen	Independent	Equanomics UK
Chowdary	Qasim	Specialist Advisor for Children, Young People & Families	NHS Leicester City
Coley	Maxine	Executive Assistant to Director of Equalities and Human Rights	NHS Leicester City
Coley	Maive	CSW NUHT	Nottingham University Hospitals NHS Trust
Conchar	Catherine	Head of Equality & Diversity	Nottinghamshire Healthcare NHS Trust
Cooke	Dr Mike	Chief Executive	Nottinghamshire Healthcare NHS Trust
Cooper	Sarah	Equality & Diversity Manager	NHS Calderdale
Cornelius	Paulette	HR Business Partner	University Hospitals of Leicester NHS Trust
Crowder	Jennifer	Commissioning Development Manager	Bassetlaw PCT
Crowder	Ann	Equality and Diversity Manager	NHS Northamptonshire
Cullen	Jacquie	Family Intervention Worker	Nottinghamshire Healthcare NHS Trust
Curell	Justine	Head of Police Equality and Diversity Policy	Home Office
Currie	Byron	HR Manager	NHS East Midlands

David	Marcia	Senior Practitioner	Double Impact
Day	Asha	Programme Manager	NHS East Midlands
Deakin	Susan	Training Facilitator	NHS Leicestershire County and Rutland Community Health Service
Desai	Dilip	Chairman	CitiHealth NHS Nottingham
Devine	Patrick	Regional Adviser	Equality and Human Rights Commission
Devoto	Carla	Business Manager	NHS Derby City
Dhakk	Mala	Project Manager	Leicestershire Partnership NHS Trust
Dhaliwal	Harinder	Head of Learning & Development	Derbyshire Mental Health Services NHS Trust
Dhiman	Suresh	Health Champion	Leicestershire Partnership NHS Trust
Dhatt	Harpal	Organisational Development Facilitator	Central London Community Healthcare
Di Mambro	Dr Alison	General Practitioner	Churchfields Medical Practice
Din	Shaheen	Community Development Worker	NHS Nottingham City
Dolman	Dr Elaine	Contracting & Quality Manager	NHS East Midlands
Downes	Dr Joanna	Parenting Programme Development Manager	Action Deafness
Ducker	Emma	PPI Manager – NHS Bassetlaw	NHS Bassetlaw
Dugmore	Lois	Nurse Consultant	Leicestershire Partnership NHS Trust
Duncombe	Karen	Equality and Human Rights Lead	NHS Lincolnshire
Elland	Anuszka	Strategy Administration and Support Manager	NHS Nottinghamshire County
Else	Maggie	Service Manager Inclusion Diversity Engagement	Nottinghamshire County Council
Esprit	Sharon	Social Inclusion Lead	Nottinghamshire Healthcare NHS Trust
Faulkner	Ami	Policy Development Manager	East Midlands Specialised Commissioning Group
Fernando	Joseph	Head of Standards & Compliance	Leicestershire Partnership NHS Trust
Finch	Carl	Regional Lead	NHS East Midlands
Fisher	Karen	Executive Director of Human Resources	Sherwood Forest Hospitals NHS Foundation Trust
Flynn	Sue	Organisational Development Facilitator	Derbyshire Mental Health Services NHS Trust
Frankish	Julie	Practice Manager	Churchfields Medical Practice
Freeman	Patricia	Personal Assistant	NHS East Midlands
Freeston	Roger	Non Executive Director	Nottingham University Hospitals NHS Trust
Fretter	Fiona	Clinical Quality Officer	NHS Leicester City

Frew	Tonia	Community Development Officer	The Leicester LGBT Centre
Gabriel	Karen	General practitioner	
Galbraith	Jules	Locality General Manager - LD	Leicestershire Partnership NHS Trust
Garnett	Linda	Non Executive Director	Nottinghamshire Healthcare NHS Trust
Ghattoraya	Bal	Paramedic	EMAS Hertfordshire
Gembali	Ram	Dentist	Nottinghamshire Community Health Services
Ghazni	Issan	Managing Director	Mango Spice
Gheewala	Abdulkarim	Chair	Indian Muslim Association
Gidda	Surinder	Nurse and Union Rep	Derby Hospitals NHS Foundation Trust
Giffard	David	Service Planning & Delivery Manager	East Midlands Specialised Commissioning Group
Gill	Raj	Head of Inclusion	NHS East Midlands
Gillham	Graham	Director of Corporate and Legal Affairs	Derbyshire Mental Health Services NHS Trust
Gillot	Darren	Clinical Governance Facilitator	Derby Hospitals NHS Foundation Trust
Glashen	Judith	Single Equality Scheme Project Lead	NHS Northamptonshire Provider Services
Gleave	Richard	Director of Programme Implementation	NHS South West
Gotheridge	Lucy	Specialist Mental Health Practitioner	Nottinghamshire Healthcare NHS Trust
Grove	Adrienne	Primary Care Mental Health Worker	Citi Health - Health In Mind
Hands	Kim	Executive Officer	Home Office
Harbert	Leon	Project Manager	Advance
Hayer	Jag		EMAS Derby City
Hayes	Luba	Head of Planning	Nottingham Community Health
Henderson	Sally	Learning Disability Health Facilitator	NHS Nottingham City
Henry	Mr Everett	Head of Equality, Diversity and Human Rights	National Policing Improvement Agency
Hepple	Rosie	Locality Manager	Nottingham CitiHealth
Hylton-Burrows	Tracey		Hylton Diversity Solutions
Higginbocham	Betty	PA to Director of Service and Partnership Development	Derbyshire Community Health services
Hunt	Dion	Projects/Operations Manager	Corby Community Partnership
Illingworth	Martyn	Projects Officer	The Advocacy Alliance
Inskip	Shirley	Executive Board Member	LINK Nottinghamshire
Islam-Barrett	Farah	Strategic Partners Programme	Race Equality Foundation

Jarvis	James	Staff Nurse	Leicestershire Partnership NHS Trust
Jogi	Mohammed	National Networks Liaison Manager	NHS Employers
Jumafor	Amdani	Director	African Institute, Nottingham
Jussab	Kelly	Equality and Diversity Policy Officer	Leicestershire Centre for Integrated Living
Kandola	Angela	Executive Director	AWAAZ
Kaur	Narinder		Derbyshire Mental Health Trust
Karia	Kamini	Community Development Worker /BME Community Development Project	Age Concern
Kalyan	Monika	Operations Manager	Royal Free Hampstead NHS Trust
Kearney	Betty Ann	RMN LPT Adult Forensics	Leicestershire Partnership NHS Trust
Kerry	Roger	Mental Health Liaison	NDVA
Khalil	Yesmean	Head of Health Promotion - Commissioning	NHS Nottingham City
Khan	Sarfraz	Administrator	The Federation of Muslim Organisations
Kirk	Sally	Learning Director	Derby College
Lange	Frank	Employment Facilitator	Leicestershire Partnership NHS Trust
Lee	James	Strategic Development Manager	North East Derbyshire Council
Levick	Maureen	PA to Associate Director of Workforce & OD	NHS Derby City
Lewis	Alison	Equality and Diversity Officer	City of Lincoln Council
Lewis	Barbara	CEO	Amaani Tallawah
Lillis	Jim	Service Manager BME CDW team	Northamptonshire Healthcare Foundation Trust
Lister	Deborah	Human Resource Manager	Sherwood Forest Hospitals NHS Foundation Trust
Lloyd	Effie	HR Manager	University Hospital of North Staffordshire
Lo	Alan	Project Manager	Adhar Project
Longworth	Julie	MNA Hospital Managers Panel Member	Leicestershire Partnership NHS Trust
Lowe	Lynsey	Career Planning Adviser	East Midlands Healthcare Workforce Deanery
Lupton	Julie	Foundation School Assistant Manager	East Midlands Healthcare Workforce Deanery
Lushpenko-Brown	Helen	Ward Manager	Nottingham University Hospitals NHS Trust
Mailvaganam	Logan	Equality & Diversity Officer	Worcestershire Mental Health Partnership NHS trust
Mairura	Joe Z	Director	Imara Development Programmes Ltd
Mandeville	Elizabeth	Strategic Development Manager Older People	Nottinghamshire County Council

Mangle	Elizabeth	Assistant SEN Officer	Nottinghamshire County Council
Marks	Peter	Director of Public Health	NHS Leicestershire County & Rutland
Marriott	Sheila	Regional Director	Royal College of Nursing
Martin	Yolanda	Communications and Engagement Manager	NHS Leicester City
Martin	Mike	Administrator	The Healthy Hub
Martin	Paul	Company Secretary	Northamptonshire Healthcare NHS Foundation Trust
Martin	Ruth	Learning Disability Nurse Working / Health Facilitator	NHS Nottinghamshire County
Marwaha	Rakesh	Director of Performance & Knowledge Management	NHS Derby City
Matin	Hanif	Project Manager, VLE Pilot	East Midlands Healthcare Workforce Deanery
McCloughry	Helen	Assistant Director of Adult Services/CitiHealth NHS Nottingham	NHS Nottingham City
McDonald	Marjorie	Service Lead	Rethink
Mehta	Dvija	Personal Assistant	NHS Northamptonshire
Miller	Derry	Services Director	Age Concern Northamptonshire
Mistry	Arti	Inclusion Officer	NHS East Midlands
Mistry	Kirit	Executive Director	Derby Racial Equality Council
Mitchell	Anne	Senior Policy and Research Officer	Leicestershire County Council
Mohamed	Muhaj	Regional Policy & Partnerships Officer	Big Lottery Fund
Mohamed	Yasin	Access & Inclusion Officer	NHS Blackburn
Montinario	Tony	Derbyshire Friend Lesbian, Gay, Bisexual and Transgender representative	Derbyshire Friend, Lesbian, Gay, Bisexual and Transgender
Moorcroft	Sally	Strategic Manager	NAVO
Moodie	Sandra	Assistant Director for Service and Partnership Development	Derbyshire community health services
Morris	Carmen	EDHR Regulatory Policy Manager	Care Quality Commission
Morrison	Des	Non Executive Director	NHS Nottingham City
Mortimer	Daniel	Director of Human Resources	Nottingham University Hospitals NHS Trust
Munton	Prof Rachel	Interim Director of Nursing	NHS East Midlands
Ndlovu	S	Staff Nurse	Leicestershire Partnership NHS Trust
Nerwal	Mrs Harjinder	Public Health Advisor	NHS Nottingham City
Neville	Elaine	HR Manager	NHS Nottinghamshire County
Nickson	Lucy	Head of Planning and Delivery	NHS East Midlands

Noon	Sonja	Public Engagement Manager	Northamptonshire County Council
Northbridge	Marie	Administrator Nursing and Chaplaincy	Leicestershire Partnership Trust
Orford	Kevin	Acting Chief Executive	NHS East Midlands
Oxby	Stephen	Staff Side Chair – Forensics	Nottingham Community Health services
Panchal	Prakash	Chief Executive	LEMP
Pant	Dr Anushuman	Consultant	Leicestershire Partnership NHS Trust
Pape	Kerry	Assistant Director of Nursing	Derby Hospitals NHS Foundation Trust
Patel	Daxa	Non-Executive Director	NHS Leicester City
Patel	Mr	Carer	Leicester
Patel	Lord Kamlesh	Professor	
Patel	Moosa	Director of Corporate Affairs	NHS East Midlands
Peréz-Chies	Emma-Jayne	HR Lead for Equality and Diversity	Nottingham University Hospitals NHS Trust
Perkins	Dr Rachel	Director of Quality Assurance and User Experience	South West London and St George' Mental Health NHS Trust
Persaud	Michelle	Associate Director of Nursing	Nottinghamshire Healthcare NHS Trust
Phillips	Trevor	Chair	Equality and Human Rights Commission
Piggott	Adrian	Equality and Diversity Advisor	Derby Hospitals NHS Foundation Trust
Pitt	Sarah	Learning and Development Consultant & Trainer	Derby Hospitals NHS Foundation Trust
Poole	Mary	Health Visitor	Nottinghamshire Community Health Services
Powell	Nicky	HR Advisor	East Midlands Ambulance Service
Purdue	Angela	Deputy Team Leader	NHS
Rajaratnam	Giri	Deputy Director of Public Health	NHS East Midlands
Rashid	Arifa	Development Officer	Staffordshire County Council
Reah	Rebecca	Healthcare Specialties Assistant	East Midlands Healthcare Workforce Deanery
Renders	Cynthia	Executive Assistant to Director of HR and Equality and Human Rights	Central London Community Healthcare
Richardson	Tina	Head of HR	East Midlands Ambulance Service
Rideout	Tim	Chief Executive	NHS Leicester City
Ritchie	Helen	Staff Partnership Locality Lead	NHS Derbyshire County
Saies	Diane	PA to Deputy Chief Executive's Directorate	NHS East Midlands
Salva	Raksha	Personal Secretary	Home Office
Savjani	Subhash	Mental Health Coordinator	Jobcentre Plus

Shah	Rupal	BME Community Development Worker	Age Concern Leicestershire
Sharma	Vijay	Non-Executive Director	NHS East Midlands
Shaw	Deborah	Lead for Sexual Health	NHS East Midlands
Sheehan	Prof Antony	Chief Executive	Leicestershire Partnership NHS Trust
Sheridan	Grainne	Principal Cognitive Behavioural Psychotherapist	Nottinghamshire Healthcare NHS Trust
Shrimpton	Terry	PCT Associate	NHS Nottinghamshire County
Singh	Swarnjit	Head of Inclusion	NHS London
Singh	Jagtar	Non Executive Director of East of England Ambulance Service	Bedfordshire & Luton Fire & Rescue Service
Skea	Nigel	Director of OD & Workforce	NHS Leicestershire County & Rutland
Slavin	Chris	Chief Executive	Lincolnshire Partnership NHS Foundation Trust
Smith	Diane	Locality Manager	Alzheimer's Society
Smith	Micheal	Team Leader - Host	Leicester LINK
Smith	Andrew	Charge Nurse	Nottinghamshire Healthcare NHS Trust
Smith	Peter		Solutions Partnership
Smith	Janet	Regional Pacesetters Programme Manager	Yorkshire and Humber NHS Trust
South	Petrina	Senior CDW	Age Concern Leicestershire
Spencer	Mary	Programme Lead for Older People	NHS Bassetlaw
Staples	Sarah	NHS Management Trainee	NHS Nottinghamshire County
Statham	Lorraine		Derbyshire Mental Health Services NHS Trust
Stokes	John	Staff Nurse	Nottinghamshire Healthcare NHS Trust
Stubbings	Jane	Link Exec Board member	LINK Nottinghamshire
Sule	Primo	Director	Home Instead Senior Care
Tagg	Rachel	Office Manager	Derbyshire Voice
Tailor	Tina	Equalities & Diversity officer	Harborough Council
Tarrah	Abdulahi	Chairman	Recovery Action Group
Taylor	Vikki	Director of Strategy and Market Management	NHS Leicester City
Temple	Philomena	Service Lead	Rethink North East Derbyshire Community service
Thomas	Anita	Assistant Director for Equality and Diversity	Derbyshire County Pct
Thompson	Rose	Director BME organisation	NCVS
Thorley	Judi	Regional Lead for Learning Disability Health	NHS East Midlands

Tomalik	Karolina	The Signpost to Polish Success	EMPP
Trainer	Nicola	Assistant Service Equality Manager	University Hospitals of Leicester NHS Trust
Trout	Juliet	Tenancy Support Officer	Places for People
Tyler	Michelle	Equality & Diversity Coordinator	Kettering General Hospital NHS Foundation Trust
Upton	Collette	Equality & Diversity Manager	NHS Bolton
Vahl	Martha	Research Consultant	Self Employed
Vyas	Jayantika	Regional Manager	Equality and Human Rights Commission
Waldron	Darren	Defeating Barriers representative	Defeating Barriers
Walker	Julie	Home Start Organiser	Home Start Ashfield
Wall	Julie	Diversity & Equality Manager	NHS Blackburn
Warburton	Ray	Senior Team Leader, NHS Equality Team	Department of Health
Warren	Annette	Gypsy Traveller Liaison Officer	NAVO
Warren	Colin	Programme Manager, Mental Health	NHS Lincolnshire
Wells	Jamie	Health Champion	Leicestershire Partnership NHS Trust
Whiles	Phil	RCN Assistant Officer	Royal College of Nursing
Wilkins	Vyv	Equality Human Rights Advisor	NHS Leicestershire County & Rutland
Williams	Emmanuel	CDW Trainer Co-ordinator	
Williams	Glen	Community Contact Unit Co-ordinator	East Midlands Contact Unit
Williamson	Jackie	Learning Disabilities Health Facilitator	NHS Nottingham City
Wint	Christine	Education and Development Lead	NHS Leicester City
Wizzard	Jenny	Development Worker	Links CVS
Wormald	Bev	Head of Innovation	Lincolnshire Community Health Services
Wright	Tricia	Employment Development Officer	Leicestershire County Council
Yomi-Adeleke	Dr Niyi	Insights Analyst	NHS East Midlands
Young	Wendy	Head of County Voluntary Sector Liaison Service	Nottinghamshire County Council
Zamman	Umar	Head of Equality, Diversity and Human Rights	Derbyshire Fire & Rescue Service
Zavery	Sandy	Equality and Diversity Advisor	NHS Leicestershire County & Rutland