



The voice of nursing in the UK

19 April 2013

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Review of the Public Sector Equality Duty

Thank you for your letter of 19 March 2013 about the review of the Public Sector Equality Duty (PSED).

The Royal College of Nursing (RCN) wrote to the Minister for Women and Equalities, the Rt Hon Maria Miller MP, in January 2013 to express our concern on behalf of 400,000 RCN members about the current review.

The RCN very much welcomed the inclusion of the PSED in the 2010 Equality Act. The comprehensive duty has proven successful in ensuring that equality is included in all decision making by public sector bodies, whether it be in their roles as employers or as providers of public services, such as health. The duty contributes to the operational efficiency and cost effectiveness of public services, embedding fairness in all stages of the decision-making process, tackling prejudice and promoting better understanding of the different needs of all public sector users of health care.

It is, therefore, important that the duty is retained to prevent the continuation, and possible exacerbation, of inequalities in how public services are delivered. NHS Trusts have seen beneficial evidence of the impact of the duty, enabling them to unearth and then address equality concerns in both patient care and staff relations. This has ensured greater transparency, at both strategic and implementation levels, of organizational policy and practice, and helped to identify early solutions in, for example, potential employment disputes.

The RCN strongly urges the review team to safeguard and indeed strengthen the effectiveness of the duty, and to re-consider the timing and the manner in which the current review is being conducted. It is widely accepted that statutory measures, such as the introduction of a comprehensive equality duty, take time to 'bed-in', and have their full effect felt. The RCN is concerned that the PSED has not been in place long enough, and so the current review is premature. Further time is needed to evaluate both positive and negative effects.

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The RCN has previously produced guidance for members about incorporating the requirements of the PSED into their clinical practice and, in particular, when making decisions about how, when, where and to whom they deliver health care services. This guidance has proved useful to our members in helping them to reflect on their practice, and has signified the importance of equality in all aspects of their nursing care. At a time when concerns have been raised about, for example, the care delivered to older people, the duty is an important tool in redressing inequalities of treatment and care by health organisations.

A major reorganisation of the commissioning arrangements in health care in England, when the overall health care budget is under considerable pressure, inevitably presents challenges to those new organisations responsible for commissioning services. It is critical that equality issues are not downgraded by a weakening of the tools for promoting equality of opportunity, and fostering better relations between different groups in society. As previously stated, the RCN believes that the PSED has not been in place long enough to evaluate its benefits effectively or accurately, and there is currently a lack of data to inform a sensible response.

From the perspective of the RCN, and in the context of the wider health and care environment, the PSED has the capacity we believe to secure significant, positive and much needed change. It has already brought about improvements in requiring public authorities to consider the needs and the views of all sections of the populations that they serve.

In employment situations, for example, the RCN has successfully invoked the duty to require organisations to reconsider proposed new employment policies and practices that would have significantly disadvantaged employees with a disability. For example, at least one major NHS body proposed to alter employees' shift patterns, without taking sufficient account of the needs of its employees with disabilities. They agreed to suspend the process and take another look at the equality implications of the move, before those employees were treated to their detriment, thereby saving time and costs associated with subsequent legal claims. The RCN values the use of PSED in instances such as this, which ultimately proved a saving to the public purse.

Additionally, we are aware that the PSED has forced professional regulatory bodies, including the Nursing and Midwifery Council, to identify, analyse and publish the impact of both their admission requirements, and their fitness to practice policies and procedures, on groups of students and qualified nurses, by reference to their gender, ethnicity, race, disability and so on. This has again provided invaluable data about (potential) disadvantage, and allowed those bodies to adopt measures to eliminate or mitigate the same.

The RCN firmly believes that the PSED is vital to public service authorities and strongly opposes any downgrading of this important tool.

Yours sincerely,

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