

**WORCESTERSHIRE ACUTE HOSPITALS
NHS TRUST**

EQUALITY AND DIVERSITY

ANNUAL REPORT 2010/2011

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1. Purpose

In response to the statutory general and specific duties within the Race Relations (Amendment) Act (2000), the Disability Discrimination Act (2005) and the Equality Act (2006) the Trust is required to monitor and report on employment issues including training, retention and recruitment. From October 2010 a new set of general and specific duties as per the Equality Act 2010 were introduced that will be incorporated in the Equality Delivery Scheme (EDS) which the Trust must publish by April 2012. This includes 9 protected characteristics which the Trust must measure its performance against:

- *Age (no change)*
- *Disability (new definition and changes)*
- *Gender reassignment (new definition)*
- *Marriage and civil partnership*
- *Pregnancy and maternity*
- *Race including national identity (new) and ethnicity*
- *Religion or belief*
- *Sex/gender*
- *Sexual orientation*

The purpose of this report is to:

- Provide the Trust Board with some background demographical data
- Identify potential risks in relation to the Equality Act requirements
- **Review of the first year of the Single Equalities Scheme**
- Highlight possible areas of challenges of introducing the EDS

2. Reporting Requirements

2.1. Detailed information on the demographics of the workforce was provided to Trust Board in October 2009 and an update report was provided in April 2010. Equality and Diversity is included as a regular item in the Trust's Annual Report. The reporting requirements under the Single Equality Scheme have now been superseded by the Equality Act 2010; however the full details of the new statutory reporting requirements were not available until July 2011 therefore will be included in the next annual report.

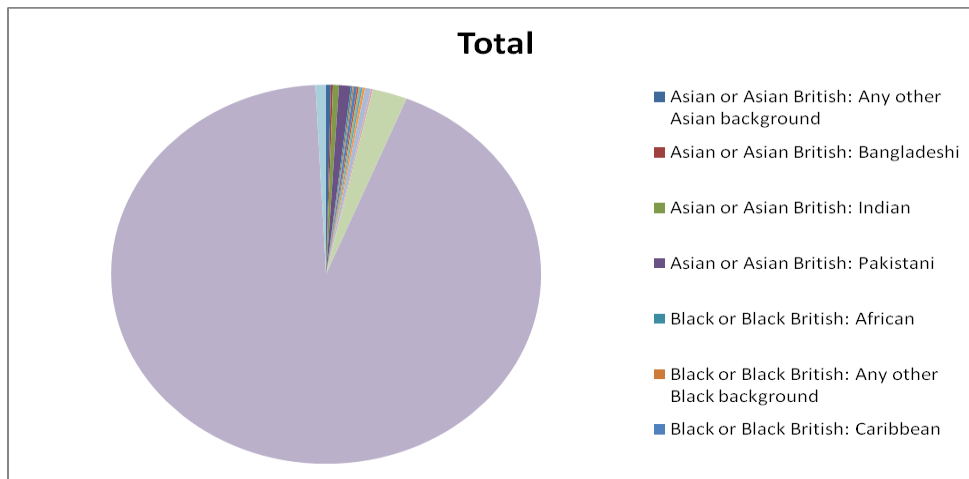
3. Demographics of our Local Community

3.1 Ethnicity :

Worcestershire has had a fairly stable ethnic profile which has not significantly changed in the last two years. The graphs below demonstrate that 93% of our outpatient appointments are taken by patients who describe themselves as white british.

Outpatient Appointments		
Ethnic Group	Total	percentage
Asian or Asian British: Any other Asian background	1844	0.36
Asian or Asian British: Bangladeshi	811	0.16
Asian or Asian British: Indian	2316	0.45
Asian or Asian British: Pakistani	4570	0.88
Black or Black British: African	696	0.13
Black or Black British: Any other Black background	526	0.10
Black or Black British: Caribbean	1151	0.22
Mixed: Any other mixed background	692	0.13

Mixed: White and Asian	579	0.11
Mixed: White and Black African	171	0.03
Mixed: White and Black Caribbean	745	0.14
Not Stated	962	0.19
Other Ethnic Groups: Any other ethnic group	2265	0.44
Other Ethnic Groups: Chinese	776	0.15
White: Any other White background	13520	2.61
White: British	481435	93.09
White: Irish	4094	0.79
Grand Total	517153	



The County of Worcestershire is made up of six distinct local authority districts, ten towns, a city, and dozens of villages - all with their individual characteristics and neighbourhoods. This diversity of communities is continually being renewed. And for each culture, and each group of people, there are different health needs and experiences.

Worcestershire is a relatively affluent county. However, there are marked contrasts: while 30% of residents live in areas considered to be among the 20% most affluent in England, 7% live in areas among the 20% most deprived. The most deprived areas are in the city of Worcester and towns of Redditch and Kidderminster.

Sixty-seven General Practices serve the population. Patient list sizes range from 2,500 to 20,000, with an average of just fewer than 8,500. There are five community hospitals and a Treatment Centre at Kidderminster Hospital which provide other non-acute clinical services.

Worcestershire's health services serve an increasing resident population of approximately 550,000 providing a comprehensive range of surgical, medical and rehabilitation services. This figure is expected to rise to 590,000 by 2026; taken as a whole, the Trust's catchment population is both growing and ageing. Life expectancy continues to rise above the national average and contributes towards the forecast growth in activity due to the increase in over 75's in the local population.

The Trust's catchment population extends beyond Worcestershire itself, as patients are also attracted from neighbouring areas including South Birmingham, Warwickshire, Shropshire, Herefordshire, Gloucestershire and South Staffordshire. This results in a catchment population that varies between 420,000 and 800,000 depending on the service type. Referrals from GP practices outside of Worcestershire currently represent some 15% of the Trust's market share. However, currently less than 75% of Worcestershire residents receive their treatment at their local hospital run by this Trust. Other

NHS Acute Trusts in surrounding areas adjacent to this Trust's catchment areas also provide for the needs of Worcestershire patients and this provides locals with choice.

Worcestershire Acute Hospitals NHS Trust was established in 2000 and operates across three sites: The Worcester Royal Hospital, The Alexandra Hospital and The Kidderminster Treatment Centre. The Trust has a workforce in excess of 5,500 and with an income of around £290 million. The Trust is proud to have been recognised through the Healthcare 100 Awards and Improving Working Lives campaigns to be an above average employer / service provider and holds the Disability 'Two-Ticks' symbol.

A recent Review (2009) on equalities in the Trust cites almost 98% of the resident population of Worcestershire County are identified as White. This is made up of White British (95.65%), White Irish (0.77%) and White Other (1.27%). Black and minority ethnic (BME) groups make up 2.5% of Worcestershire residents, a smaller proportion of the 9% national forecast. A snapshot of the Trusts ethnic mix across the standard census categories is illustrated below in the left hand column with the Worcestershire population in the right hand column:

A	White British	84.85	95.65
B	White Irish	0.53	0.77
C	White Other	2.63	1.27
D	Mixed White/ Black Caribbean	0.16	0.04
E	Mixed White/ Black African	0.09	0.31
F	Mixed White/ Asian	0.15	0.20
G	Mixed Other	0.16	0.14
H	Asian Indian/ British Indian	4.59	0.30
J	Asian Pakistan/ British Pakistan	0.96	0.54
K	Asian Bangladeshi/ British Bangladeshi	0.12	0.18
L	Asian Other	1.26	0.08
M	Black Caribbean	0.60	0.21
N	Black African	0.65	0.06
P	Black Other	0.11	0.03
R	Chinese	0.31	0.20
S	Other Stated Origin	1.63	0.00
Z	Not Stated & Undefined	1.19	0.00

A typical year could on average present the Trust with around 90,000 admissions a year with up to 40,000 of these being emergencies. In 2010/11 there were 111,000 admissions. Most of the admissions (at least 90%) are of Worcestershire residents. An example of the Trust's work programme or turnover presents the following: number of patients cared for at over 85

Number of admissions of patients aged 85 & over in 2010/11

<u>Admit Type</u>	<u>Number</u>
Elective	3197
Emergency	5921
Other Non Elective	30

	<u>2010/11</u>
A&E Attendances	140708
Admissions	111477
OP attendances	526315

One of the Trust's key objectives is to deliver high quality acute services that are accessible, responsive and appropriate to the needs of all sections of the wider Worcestershire community. Worcestershire Acute Hospitals NHS Trust is working hard to ensure that all communities have equal access to Trust services and job/career opportunities. Worcestershire Acute Hospitals NHS Trust actively engages and consults with patients, staff and local residents / the public on matters of equality and diversity.

Our mission

To be the **safest**, most **patient-centred** and **efficient** Trust in the West Midlands

Our values

- **P**atients at the centre of all we do
- **R**espect everyone
- **I**nvolve stakeholders in our work
- **D**eliver safe effective services
- **E**fficient use of resources

Taking pride in our healthcare services

Staff pledges

- Patients as people
- Teamwork for success
- Personal accountability
- Leaders to be leaders
- Manage the money

Supported by:

A visible Board

4. Equality Act: - Potential Risks

Duties relating to employment, equal pay and services, public functions and associations are due to come into force October 2010.

- 4.1. Legal:** under the Equality Act, employers have legal responsibilities to ensure equality of opportunity in employment practices and Employment Tribunals are able to make recommendations that will impact on the whole workforce. Failure to ensure equality of opportunities/outcomes in relation to employment practices could result in the loss of elements of our autonomy as to how we practice. There is also risk to our reputation and financial security if successful discrimination claims are made against the Trust.
- 4.2. Operational Risk:** the current workforce profile indicates that BME employees are employed in a different proportion of roles and grades compared with employees with a white ethnic code. There are significantly fewer BME staff in healthcare support roles compared to the average grade mix of staff and there may be the risk that this workforce is not representative of the patient profile it serves. We employ 7% of our HCA's/support workers from BME backgrounds, against an average employment of BME staff of 14%. We have a duty to respond appropriately to the needs of the community we serve. If our workforce is not representative of that community we risk a loss of confidence from the wider community in our abilities to provide equal and equitable outcomes. The Equality and Human Rights Commission has the right to **publicly** challenge and hold the Trust to account on this.

4.3. Future Leaders: the current workforce profile indicate that employees with a BME ethnic code are under-represented in the most senior non-medical roles (8.7%), however are over-represented in the Band 5 (21%), which is the entry grade for most clinical and non-clinical professional roles. In order to produce the next generation of managers and leaders it is essential that this group of staff have the opportunity, motivation and skills to progress and that systems are in place which enable all staff to achieve their potential. Failure to address this could result in a future dearth of leaders. Under the Equality Act the Trust is required to publish workforce data in relation to ethnicity. The Trust may be at risk of a challenges unless we are able to evidence that the under representation at senior level and over representation at Band 5 are not due to discriminatory practices (even unwittingly) and that we have put in place measure to address the issue.

Disability – There will be general and specific duties in relation to disabled employees, however, these have not been made explicit yet in the way that issues relating to gender and ethnicity have been. However, it is clear that the Trust will need to improve data collection and analysis regarding disabled employees as there will be new requirements to publish data. The Equality and Human Rights Commission has the power and authority to investigate organisations where they have identified areas of concern either regarding the data or the analysis of that data. E Rostering is currently being rolled out across ward based staff and information on disability is being gathered as part this. However, the quality of the data is dependant on employees understanding of what is covered under disability and this definition has been amended in the Equality Act. There is also a significant section of the workforce (40%) not moving onto e-rostering and therefore our details of disability amongst this group of staff are reliant on the information they gave upon recruitment, or on the information they have shared with their manager which is unlikely to have been captured on ESR (Employee Staff Record)

Our Commitment

To achieve '**Equity-For-All**', we will ensure that:

- Equality matters to all our staff, contractors and partners and is evident in what we do and how we do it.
- That at all levels; our workforce is representative and reflective of a diverse society.
- All diverse groups know what we do, how we do it, and can become involved in decision making.
- We resource locally where we can, and work with all our partners and local communities to make Worcestershire a healthy place to live and work.
- The services provided by us, and on our behalf are of the highest quality and meet the needs of all groups.

Equality and Diversity Policies and Groups

- Equality & Diversity Policy
- Dignity at Work Policy
- Privacy and Dignity Policy
- Single Sex Accommodation Policy/group?
- Interpreting Policy
- Human Resources Committee
- Privacy and Dignity Group
- Learning Disabilities Steering Group
- Safeguarding Board

Single Equality Scheme

The Trust published a Single Equalities Scheme in 2010. The action plan and progress to date is attached as appendix 1.

This Single Equality Scheme sets out our plans to mainstream **Equity-for-All** and is scheduled to be updated every three-years. It sets out the Trust's goals for equality and diversity in terms of race (ethnicity),

disability, age, gender, sexual orientation, religion and belief, and any other protected characteristics as amended from time to time

The impact of this Scheme should be seen in all aspects of the services we deliver and the work that we undertake. It will influence our workforce, services, local priorities, how we monitor and communicate to staff, patients and the wider community. A key feature of this scheme is the Trust's action plans which, when fully implemented, will ensure that the Trust meets its statutory and moral duties to all equality target groups.

The Trust Board is fully committed to this scheme and acknowledges that every single member of staff has responsibilities to ensure that health care services in Worcestershire fully meet the needs of the communities we serve and that we remain an employer and provider of choice.

We acknowledge that we are on a long-term journey towards the delivery of completely equal services and this will take time. Central to achieving these goals will be the input and contributions of local communities & their representatives, patients and users of acute facilities and services, as well as the staff who work hard to deliver & achieve these - there is always more that we can do.

The Equality Act 2010

The first elements of the Equality Act came into force in October 2010. It is intended to synchronise the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, the Disability Discrimination Act 1995, much of the Equality Act 2006, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006, and the Equality Act (Sexual Orientation) Regulations 2007 (where applicable, as subsequently amended), plus other pieces of legislation.

This Single Equality Scheme replaced the Trust's three separate Schemes, combining these Schemes into a single document containing the Trust's response to the statutory general and specific duties enshrined in the Equality Act (2006), the Disability Discrimination Act (2005) and the Race Relations (Amendment) Act (2000). It also embraces other equal opportunities legislation including sexual orientation, religion and belief, age, race, disability and gender.

NHS Single Equality Schemes need to be linked to and embedded in all business planning and functions. The published scheme is not the end result in itself.

The launch of the Equality Delivery System for the NHS will replace Single Equality Schemes by April 2012 to ensure that the NHS is meeting the requirements of the Equality Act in a consistent manner. Work is currently underway on transferring our Single Equalities Scheme into a draft EDS plan for the Trust.

Equality Delivery System (EDS)

The EDS is designed to help NHS organisations to improve their performance and reduce health inequalities. The EDS applies to people afforded protection by the Equality Act 2010, from unfavourable treatment because of specified 'protected' characteristics.

The EDS requires NHS organisations in collaboration with local interests to analyse and grade their performance, and set **one** or more defined equality objectives, supported by an action plan. Performance against the selected objectives should be annually reviewed. These processes should be integrated within mainstream business planning.

Current EDS proposals envisage that the NHS Commissioning Board will publish a set of outcomes against which NHS performance should be analysed and a set of grades in the form of Red Amber Green Purple Star rating. It is further proposed that the Care Quality Commission (CQC) will take account of the ratings and in particular any highlighted concerns as part of its process to monitor registration status. Central to the EDS are its objectives and outcomes. NHS organisations analyse their equality performance against 19 outcomes grouped under the following four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well supported staff
4. Inclusive leadership at all levels

The EDS does not replace legislative requirements for equality; rather it is designed as performance and quality assurance mechanism for the NHS and a means by which NHS organisations are helped to meet the requirements of the Equality Act (2010) and the NHS Act (2006). Both the Equality & Human Rights Commission and the Government Equalities Office have endorsed draft EDS proposals. The EDS is not mandatory at this point in time, but will be implemented by WAHT as it is seen as a helpful mechanism to demonstrate and benchmark our performance in line with the Equality Act 2010.

Single Health Equalities Partnership (SHEP) Group

An important aspect of the SHEP is to work collaboratively in the delivery of the equality and diversity agenda, to enhance services and promote equity for all. The Trust is represented at this group by Rani Virk (title) and Debbie Drew (Head of HR – Corporate) who cover the respective patient and staff equality and diversity issues. One of the benefits of SHEP is ongoing consultation and work towards active involvement of patients, the public and local residents to ensure lasting equity/change. SHEP is seen as an essential facilitator for joint working on our EDS across our local interest groups.

Equality Impact Assessments

Equality Impact Assessments are a practical and systematic approach to establishing whether Trust functions, policies, strategies and projects or otherwise have a negative or adverse impact upon different groups. EIA's are being replaced by Equality Analysis in the Equality Act.

Induction

With effect from January 2009 a specific session on *Equality, Diversity and Dignity* was included in the Trust Corporate Induction programme.

Essential Training

As part of our bids to the Hereford & Worcestershire Stakeholder Board we were successful in, jointly with Worcestershire PCT and Worcestershire Mental Health Partnership Trust, receiving money to develop a training package to address Equality, Diversity and Cultural Competency along with key Trust policies. This work commenced in January 2009. Equality and Diversity is included in the suite of Management Development training provided to managers e.g. Recruitment and Selection. The Trust is currently seeking to expand the use of the on line Equality and Diversity Training package that is available on Oracle e-learning.

Recruitment

In 2010-11 we appointed 331 staff, 242 declaring themselves as white british ethnic background. 251 of these staff were female and 80 male. This represented a 4.89% success rate from applicants in this ethnic group. This corresponds with a 4.0% success rate for white Irish, and an 11.32% success rate for mixed white & asian applicants. Although there is a mix of success rates for applicants from all backgrounds, there is nothing to suggest that this is not representative of the community that we serve.

Ethnic Origin	Applicants (2010-11)	Shortlisted (2010-11)	Appointed (2010-11)	Declined (2010-11)	Percentage appointed
A White - British	4950	1505	242	2	4.89
B White - Irish	75	15	3	1	4.00
C White - Any other White background	665	73	15	1	2.26
CB White Scottish	0	0	0	0	0.00

CC White Welsh	1	0	0	0	0.00
D Mixed - White & Black Caribbean	38	6	1	0	2.63
E Mixed - White & Black African	54	5	1	0	1.85
F Mixed - White & Asian	53	12	6	0	11.32
G Mixed - Any other mixed background	59	6	2	0	3.39
H Asian or Asian British - Indian	1624	194	23	3	1.42
J Asian or Asian British - Pakistani	605	56	10	1	1.65
K Asian or Asian British - Bangladeshi	119	12	4	0	3.36
L Asian or Asian British - Any other Asian background	417	54	5	0	1.20
LK Asian Unspecified	0	0	0	0	0.00
M Black or Black British - Caribbean	115	27	1	1	0.87
N Black or Black British - African	623	75	4	0	0.64
P Black or Black British - Any other Black background	36	6	1	0	2.78
R Chinese	45	7	2	0	4.44
S Any Other Ethnic Group	313	34	7	1	2.24
Undefined	40	10	4	0	10.00
Z Not Stated	90	12	0	0	0.00
Staff Group Summary Total	9922	2109	331	10	3.34

Our recruitment activity almost halved in the past 12 months due to a recruitment freeze in all but direct care posts. Almost 50% of our newly appointed staff fall within the age range 26 – 40 years.

Age Band	Appointed (2009-10)	Appointed (2010-11)
16 - 20	16	13
21 - 25	115	72
26 - 30	112	63
31 - 35	85	48
36 - 40	90	54
41 - 45	64	38
46 - 50	56	24
51 - 55	43	12
56 - 60	19	4
61 - 65	1	1
66 - 70	0	0
71 & above	0	0
Undefined	1	2
Total	602	331

1.81% of our appointed candidates declared themselves as having a disability.

A breakdown of our applicants by declared religion is detailed below:

	Applicants	Shortlisted	Offered	Appointed	Declined	
Staff Group Summary	Religious Belief					
	Atheism	746	184	16	35	0
	Buddhism	112	8	1	0	0

	Christianity	5305	1288	136	200	5
	Hinduism	742	57	0	8	1
	I do not wish to disclose my religion/belief	733	195	17	22	1
	Islam	1327	118	1	26	2
	Jainism	8	1	0	0	0
	Judaism	12	3	0	0	0
	Other	761	228	19	33	1
	Sikhism	165	25	3	5	0
	Undefined	11	2	1	2	0
	Staff Group Summary Total	9922	2109	194	331	10
		9922	2109	194	331	10
Total		9922	2109	194	331	10

A breakdown of our applicants by declared sexual orientation is detailed below:

		Applicants	Shortlisted	Offered	Appointed	Declined
Staff Group Summary	Sexual Orientation					
	Bisexual	111	14	0	1	0
	Gay	46	18	1	1	0
	Heterosexual	8927	1940	188	309	9
	I do not wish to disclose my sexual orientation	807	132	4	18	1
	Lesbian	20	3	0	0	0
	Undefined	11	2	1	2	0
	Staff Group Summary Total	9922	2109	194	331	10
		9922	2109	194	331	10
Total		9922	2109	194	331	10

Development of an Equality & Diversity webpage

The Trust was successful in achieving funding for an 19 month period for a dedicated Equality and Diversity Lead. This postholder (Levi Gabre) developed a webpage, and intranet page for staff, with a host of documents and information to include policy and practice guidance for Equality & Diversity.

A review of the intranet and internet web pages is planned to tie in with the launch of the EDS.

Procurement

The buying of goods and / or services is an important tool in embedding equalities across the organisation. The Trust has various contracts with other private, voluntary and statutory organisations for goods, works, services and employment services. Procurement is a key way for the Trust to exercise its influence in the community and to discharge its public duties to promote equality.

This Trust will take steps to ensure that its equality and diversity commitments are carried out by organisations that are engaged through a contract or service level agreement. An equality compliance clause is written in into all our contracts. Legally we are required to do this for all our contracts. Through the Trusts Procurement Group we will ensure compliance with equality legislation and identify where positive action can be taken to promote equality. This will be reflected in the Trust's Procurement Strategy.

For existing contracts, equality clauses should be introduced when contracts are formally reviewed or in the event of significant change to the contract terms & conditions. This may be reviewed if there is

evidence of inequality in relation to the contract e.g. from complaints, public concern or equality monitoring information.

5. Challenges Ahead

- **Finance** – the current financial climate may limit the availability of financial resources to support the implementation of the Equality Act requirements. This may continue over the short to medium term. The Trust will have to look at ways in which the required outcomes can be achieved within existing budgets and/or identify external funding which could be bid for
- **Capacity** – there will need to be an identified lead and team who will be able to progress and monitor any actions. The Trust will be required, under the Equality Act to demonstrate how it is addressing issues of under representation and equal pay.

As funding for the E&D Lead post ceased in March 2010, the work has been reviewed and the patient experience has been picked up by the Lead Nurse for Quality and Patient Experience. The Head of HR (Corporate) is leading on Equality and Diversity issues relating to staff.

- **Staff 'Buy in'** – historically there some members of staff have felt their views and development have not been heard or appropriately addressed, as illustrated in the quote below from the Innovation in Inclusion Project. Therefore effort will have to put in to building employee confidence by demonstrating that the Trust Leaders are listening to and prioritising their development needs. Without this the Trust runs the risk of putting into place actions, which could provide a positive outcome, but not engage those who they are targeted at. Work will have to be done with managers to enable them to see and realise the benefits of investing in development of their BME and female staff.

THEME - 1

Objective	Activities	Lead	Evidence	Date	Completion	Progress
Trust board to make public commitments to promote equality & diversity.	Single Equality Scheme approved by Trust board.	Chief Executive and Chairman.	Single Equality Scheme draft published for consultation & adjusted in the light of feedback, final version published. Trust board minutes.	Year One 2010/11.	August 2010.	Approved at the JNCC on 9 th July 2010, HR Committee 6 September 2010, intranet
Executive & senior levels of leadership, commitment and accountability to equality & diversity and this scheme.	Trust Board and Senior managers undertake training to better understand the implications of equality legislation.	HR director	Trust Board and Senior managers understand their responsibilities under the equality legislation and the Single Equality Scheme actions and the risks of inaction to be evidenced job descriptions and board minutes. Trust Board and Senior managers are confident in and able to provide evidence of a positively diverse organisation supported by regular E&D training.	Year One 2010/11.	ongoing	Completed by LG 2009
Trust board ensures equality is firmly embedded into the business planning process.	Train all managers to understand the business case for promoting equality.	Director of Finance, HR director, Training & development Manager, Directors of Operations, Business development & Strategy manager.	Clear & unambiguous evidence of equality considerations in business plans.	Commencing Year One 2010/11.	ongoing	

<p>The SES is mainstreamed into organisational business plans</p> <p>Continue to develop Trust-wide capacity to implement full equality impact assessments where needed</p>	<p>Divisional plans take account of SES objectives and actions.</p> <p>Ensure EqIA tools are available to all staff completing full assessments. Publish schedule of identified policies etc to be screened under EqIA processes.</p>	<p>Chief Operating Officer, Directors of Operations, Nursing, HR and Business development & Strategy Directors.</p> <p>Head of HR - Corporate</p>	<p>Actions plans are reported on and are monitored at strategic and directorate levels.</p> <p>The Trust maintains an appropriate EqIA tool for assessing policies, procedures, functions and services.</p> <p>EqIA Tools easily accessible on Trust Intranet with supportive guidance.</p> <p>Published schedule of listed policies etc to be screened under EqIA's</p>	<p>Year Two 2011/12.</p> <p>Year Two 2011/12.</p>	<p>ongoing</p>	
<p>Ensure production of Annual Equalities report on progress.</p>	<p>Develop/produce Equality Reports detailing equality promotion and work to reduce discrimination and harassment.</p>	<p>Head of HR – Corporate and Deputy Director of Nursing</p>	<p>Publish the Annual Equalities Report and ensure Equality groups & staff are aware of progress and able to contribute to proceedings.</p>	<p>Ongoing.</p>	<p>March each year.</p>	<p>Completed October 2011</p>

THEME - 2 SERVICE DELIVERY

Objective	Activities	Lead	Evidence	Date	Completion	Progress
Policies, procedures and processes identified to be Impact Assessed.	Undertake initial equality impact screening on all new and existing policies, services and processes.	Authors of policies	All stage one screening completed.	Ongoing as new policies are produced	Year 2 2011-2012	EqlA included in all policy templates. Ongoing.
Review of complaints and PALS enquiries for any issues in relation to equality and diversity.	Ensure robust investigations of complaints. Provision of regular reports of complaints to Patient Experience Committee. Ensure identified lessons learnt are reflected in divisional action plans.	Head of Complaints Head of Complaints Divisional Leads	Review / Investigations conducted and concluded. Regular feedback and complaints reports sent to EIC. Adjusted accordingly.	April 2010. Commencing 2010 and ongoing Year One 2010/11.	Ongoing. Ongoing. Ongoing.	Patient Experience Committee Lessons learned reported by Heads of Nurses to PEC
Ensure patient experience work programme captures equality and diversity issues.	Review programme of patient experience work to ensure consideration of equality issues.	Patient Experience Committee	Minuted evidence of minority health needs being actioned as feature of Patient Experience programme.	Year One 2011.	Ongoing.	Nutritional needs/cultural Needs are reviewed and Monitored through the Feeling Nourished Trust Wide group Bereavement-chaplaincy service
Develop more	Monitor access for	Learning	Improved data	ongoing	ongoing	LD leads have been appointed

appropriate and responsive services for patients with learning disabilities and mental health issues.	these patients.	Disability Lead(s).	collections fed into planning process to improve their experience of acute care.			CQC action plan Vulnerable Adults external review
Identify NHS Constitution champions across services to raise awareness of equality issues	Train and support champions.	Chief Executive	A good spread of NHS Constitution Champions across Trust	Year One 2011.	ongoing	Training provided - Nicky Langford has list of attendees Also Dignity champions appointed

THEME - 3 WORKFORCE DEVELOPMENT

Objective	Activities	Lead	Evidence	Date	Completion	Progress
The Trust has a recruitment process that complies with the principles of promoting Equality.	Review recruitment processes, including data collection to ensure equality of access to employment for all equality groups	HR Director	New Recruitment process published	Year One 2010/11.	Year One 2010/11.	Completed 9 th July 2010
Work towards equality of opportunity between different groups at all levels of the Trust's workforce.	Ensure there are employment initiatives and outreach recruitment activity in targeted areas to make the workplace more accessible	HR Director.	The Trust makes good progress to achieving a workforce that reflects the composition of the diverse society it serves.	Year One 2010/11.	Ongoing.	Continues to be representative of local population
To regularly monitor and evaluate the profile of the workforce.	Ensure a robust monitoring and analysis system is in	HR Director	System in place for the collection of appropriate equality	Ongoing.	Ongoing	

	place for the workforce in line with statutory responsibilities.		<p>data across the workforce using NHS jobs/and or ESR</p> <p>Minutes of HR Committee meetings contain reference to monitoring reports</p> <p>Workforce monitoring reports submitted to the Board (on an annual basis and equality targets are considered) where under-representation is evidenced.</p> <p>Workforce data is published in line with legal obligations.</p>	<p>Year One 2010/11.</p> <p>Year One 2010/11</p> <p>Current & ongoing.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>ongoing</p>	<p>Completed and presented to HR Committee</p> <p>Go to HR Committee rather than Trust Board</p>
Managers and their staff understand their rights and responsibilities under the equality legislation and in relation to this Scheme and Action Plan.	Relevant information, resources and training provided for all staff.	All Managers	<p>Evidence that staff have undertaken relevant training</p> <p>Information available on the Trust Intranet.</p>	Year One 2010/11.	Ongoing.	<p>Intranet to be revised</p> <p>Online E&D training to be launched</p>
Review training programmes to ensure they promote equality and diversity as appropriate	EqIA's are undertaken for all training programmes and adjusted accordingly.	Training manager and course co-ordinators	Completed EqIA's for all training programmes and appropriate actions evidenced and	Year Two 2011/12.	Ongoing.	

		monitored.			
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THEME - 4 INVOLVEMENT & CONSULTATION

Objective	Activities	Lead	Evidence	Date	Completion	Progress
Ensure the engagement and active participation of local equality groups, initially around consultation, monitoring and evaluation of the SES and the EqIA process.	Identify and establish links with local equality groups to develop a two-way consultation mechanism with the Trust.	Trust SHEP members	Minutes/reports of meetings	Year One 2010/11.	Ongoing.	SHEP will be our mechanism for rating our EDS action plan
Establish staff diversity networks.	An initial survey of interest showed staff wanted several staff diversity networks. Priority groups are for disabled and BME staff. Invite expressions of interest from workforce to develop networks prioritising: Race, Disability, Gender & Human Rights.	Director of HR	Staff diversity networks set-up on a self-managed basis supported by Trust equality lead(s).	Year Two 2011/12.	—	
Involve/work with Trade Union representatives on equality & diversity issues.	Regular E&D items on the JNCC Agenda	Director of HR	Notes of meetings	Ongoing	ongoing	Recruitment and Selection Policy review June/July 2010

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THEME - 5 PROCUREMENT & COMMISSIONING

Objective	Activities	Lead	Evidence	Date	Completion	Progress
Actively promote a commitment to E&D from main contractors.	Raise E&D importance in both contract monitoring and performance meetings.	All Managers involved in procurement	Policies cover all contractors and visitors.	ongoing	Ongoing.	
Ensure contractors are aware of equality obligations and comply with the law.	Ensure that all contracts/procurement documents include E&D commitment and requirements to be fulfilled or achieved.	All Managers involved in procurement	All relevant documents are unambiguous, clear, monitored and reviewed in light of equality obligations.	Year One 2011.	Ongoing process.	
Ensure procurement and commissioning processes are free from partiality, discrimination or bias.	Equality Impact assess the procurement and commissioning process	Directors of Finance and Business development & Strategy manager.	The Procurement & commissioning process is adjusted in light of findings resulting from the impact assessment process.	Commencing Year One 2010/11.	Ongoing.	

THEME – 6 PATIENT PROFILING

Objective	Activities	Lead	Evidence	Date	Completion	Progress
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To ensure an effective, accurate and useable system is in place to collect data on patients	Identify & assess effectiveness of current monitoring systems on collecting equality data.	Head of Information	An improved system for data collection agreed and in place.	Year One 2010/11.	Ongoing	
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THEME - 7 ACCESS TO SERVICES

Objective	Activities	Lead	Evidence	Date	Completion	Progress
To ensure Trust services are equally accessible to all and comply with all equalities legislation.	Carry out audit on current access to services by disability groups.	Director of Facilities & Estates	Documented evidence of disability compliance	Year One 2010/11 start.	Ongoing.	PEAT inspections CQC audit for people with Learning Disabilities
Trust to ensure interpreting and translation services are fit for purpose.	Monitor usage across Trust and resolve any gaps in provision.	Assistant Director of Nursing	All patients able to freely express themselves and communicate with Trust staff.	Currently in place.	Ongoing.	Usage report is monitored through ALS meetings
Ensure proper co-ordination of care & equipment for people with complex needs.	Make reasonable adjustments to accommodate those with complex needs.	Ward managers	Patients with complex needs are identified and properly catered for when attending	Year One 2010/11.	Ongoing.	Evidence from patient risk assessment

THEME 8

Evaluation, Monitoring & Review					
Objectives	Activities	Lead	Evidence	Date	Completion
Monitor & review achievements and progress against the SES action plans.	Regularly review progress & achievements through progress reports.	Patient Experience Committee and HR Committee	Minutes of meetings	Year one 2010/11.	Ongoing process.