

NHS SOMERSET
EQUALITY AND DIVERSITY STRATEGY
2012 – 2013

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EQUALITY AND DIVERSITY STRATEGY

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4.1	20 February 2012	Initial version developed from EDS Evidence and Grading Report
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EQUALITY AND DIVERSITY STRATEGY

1 INTRODUCTION

- 1.1 NHS Somerset recognises the diversity of the population of Somerset and is committed to ensuring that healthcare services reflect the needs of all patients. The Equality and Diversity Strategy explains to staff and the public the steps that have been taken to implement the Equality Delivery System (EDS) followed by the objectives (section 5) and actions (appendix 1) that have been identified for the future. The Equality and Diversity Strategy is based on the EDS framework and will replace the Primary Care Trust's previous Single Equality Scheme.

2 LEGAL DUTIES

Human Rights Act 1998 and Equality Act 2010

- 2.1 Under the Human Rights Act 1998 and the Equality Act 2010 everyone has the right to be treated fairly and with dignity and respect. The Equality Act 2010 places a duty on the organisation to offer protection from discrimination to patients and staff based on the 'protected characteristics' of:

- age
- disability
- gender re-assignment
- marriage and civil partnerships
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

- 2.2 The Equality Act replaces previous anti-discrimination legislation such as the Disability Discrimination Act 2005 and the Race Relations Act 2000. It simplifies the law by removing inconsistencies and makes it easier for people to understand and comply with it. It imposes obligations on everyone who provides services to the public, whether they are in the private, public or voluntary sectors.

- 2.3 The Act includes the Public Sector Equality Duty which requires public sector organisations not only to eliminate unlawful discrimination, but to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. As a public sector organisation we are obliged to set equality and diversity objectives every four years and report annually on the progress made achieving

these objectives. See section five for the objectives and appendix 1 for the action plan.

NHS Constitution

- 2.4 The NHS Constitution establishes the principles and values of the NHS in England. It sets out the rights to which patients, public and NHS staff are entitled. The NHS is committed to achieve these, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. This includes how patients access health services, the quality of care patients receive, the treatment available to patients, confidentiality of personal information and the right to complain if things go wrong.
- 2.5 All NHS bodies and private and third sector providers supplying NHS services will be required by law to take account of this Constitution in their decisions and actions. The pledges the NHS makes to patients can be viewed by downloading the [NHS Constitution](#).

3 THE EQUALITY DELIVERY SYSTEM (EDS)

- 3.1 To meet our statutory and moral duties, NHS Somerset has developed the Equality and Diversity Strategy based on the Equality Delivery System. The EDS was designed by patients and NHS staff to deliver better outcomes for patients and communities. It will also foster better working environments for staff, which are personal, fair and diverse. It is a tool that has enabled NHS Somerset, through engagement with patients, staff and the public, to review its equality performance and assess how well embedded equality, diversity and human rights are within our systems and processes and to identify future priorities for action.
- 3.2 At the heart of the EDS is a set of 18 outcomes which are grouped into four goals:
- Goals one and two are patient focused outcomes:
 - * Better health outcomes for all
 - * Improved patient access and experience
 - Goals three and four are staff focused outcomes:
 - * Empowered, engaged and well-supported staff
 - * Inclusive leadership at all levels
- 3.3 The 18 outcomes are listed in table one on page six. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that our performance is

analysed, graded and action determined, forming the basis for the development of equality objectives.

- 3.4 Listed below are the steps that NHS Somerset has followed to implement the EDS. These steps came from the EDS guidance that was supplied to all NHS organisations on 29 July 2011.

4 THE EDS PROCESS

Step 1 – Governance and Partnership working

- 4.1 NHS Somerset set up and confirmed governance arrangements and partnership working for compliance with the Equality Act, including ensuring compliance with the Public Sector Equality Duty and implementing the EDS. The Board signed up in March 2011 and is committed to delivering the EDS. A Non Executive Director lead has been appointed to champion the delivery of the EDS.
- 4.2 The Somerset EDS Cluster Group has been developed to ensure a combined commissioner and provider approach to implementing the EDS across Somerset. The group is led by NHS Somerset and has representation from all Somerset healthcare providers: Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust. This partnership approach will aid engagement opportunities with our local interest groups in Somerset, which is further enhanced by Somerset LINKs membership on the group. There is also representation from Somerset County Council to promote wider partnership working and sharing of best practice. In addition there is representation and involvement from the Somerset Clinical Commissioning Group to ensure that the principles of delivery of the EDS survive the proposed abolition of the PCT. The group's agendas and minutes are available to all on the NHS Somerset website. [Equality & Diversity Publications](#)
- 4.3 The EDS Implementation Group has been established within NHS Somerset to ensure a robust approach across the organisation to implementing the EDS and its resulting actions and objectives. There is representation from every directorate within NHS Somerset and also representation and involvement from the Somerset Clinical Commissioning Group. The group's agendas and minutes are available to all on the NHS Somerset website. [Equality & Diversity Publications](#)

Step 2 – Identify Local interests

- 4.4 For the EDS to be effective, NHS Somerset identified local interests to be involved in EDS implementation and invited them to an "Introduction to the EDS Conference" on 28 November 2011 which focused on outcomes from goals one and two. The staff forum was identified as an appropriate focus for engagement with staff on outcomes from goals three and four as there

is representation from all directorates in NHS Somerset. Please see below for more information.

4.5 On 28 November 2011, the Somerset EDS Cluster Group held a conference to launch the EDS system to Somerset representatives from the nine protected groups and other key groups, such as gypsy and travellers and carers in Somerset. NHS Somerset is committed to including as many people and groups as possible when making decisions that affect the community it serves. Organisations that were consulted at the event were:

- Age UK
- Carer Representation
- Clinical Commissioning Group
- Compass Disability
- Faith Representation
- Gypsy and Traveller Representation
- Midwest European Communities Association
- MIND
- National Childbirth Trust
- NHS South Gloucestershire
- NHS South of England
- North Somerset Primary Care Trust
- Patients, carers and service users
- Sedgemoor District Council
- Sensory Loss Social Worker
- Somerset County Council
- Somerset Lesbian Network
- Somerset LINK
- Somerset Older Citizens Alliance
- Somerset Racial Equality Council
- Somerset Sight
- South Somerset Disability Forum
- Terence Higgins Trust
- The Diversity Trust

4.6 The conference also provided delegates with the opportunity to give feedback on their experiences of healthcare in Somerset which has helped inform NHS Somerset's equality objectives and actions. Further information and the EDS Conference Feedback Report is available on the NHS Somerset website [EDS Engagement](#) or from the Equality and Patient Experience Officer using the details at the front of this document.

- 4.7 On 22 December 2011, the Human Resources Team presented EDS goals three and four to the NHS Somerset Staff Forum. The Staff Forum is a group with nominated staff representatives from each directorate as well as representatives from Trade Unions and is chaired by the Director of Human Resources. Members of the staff forum were given surveys on the outcomes contained in the goals (three and four) and these were taken back to each directorate for completion. The surveys were then returned to the Human Resources Team to assist completion of the evidence for the outcomes in goals three and four. The evidence and results were then shared with the Staff Forum on 26 January 2012.

Step 3 – Assemble Evidence

- 4.8 NHS Somerset has collated evidence for each of the 18 EDS outcomes (The Evidence and Grading Report is available on NHS Somerset website [Equality & Diversity Publications](#) or by contacting Equality and Patient Experience Officer) to analyse its equality performance and indicate what is being done as an organisation to comply with the EDS criteria and the Public Sector Equality Duty. The evidence included consideration of any gaps in evidence and how they can be filled. The evidence also incorporates feedback from the EDS Conference held in November 2011 and the surveys completed by staff.

Step 4 – Agree roles with local authority

- 4.9 The Somerset LINK and the Local Authority attend the Somerset EDS Cluster Group and will be involved in any engagement around the EDS. NHS Somerset attends SEOG (Somerset Equality Officers Group) which has representation from District and County Councils, Fire and Police. The EDS has been introduced to SEOG and will be an area of focus in the future. NHS Somerset also attends South West Equalities Network (SWEN) enabling greater understanding of local issues and collaborative working with Equality Leads across the South West. NHS Somerset attends the gypsy, traveler and show people accommodation and support strategy monitoring group. A meeting has been arranged to discuss the possibility of joint engagement regarding equality and diversity with the local authority to aid consultation fatigue which can be experienced by local interest groups.

Step 5 – Analyse Performance

- 4.10 The EDS Implementation Group considered all the evidence for each outcome and collectively produced a grade using the EDS grading system. (The Evidence and Grading Report is available on NHS Somerset website [Equality & Diversity Publications](#) or contact Equality and Patient Experience Officer). Table one on the next page has a summary of the grades for each outcome.

Table 1: EDS Goals and Outcomes

Goal	Outcome	Grade
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Developing
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Developing
	1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Developing
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Developing
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Developing
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Developing
	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	Achieving
	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Developing
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Developing
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Achieving
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Achieving
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Achieving
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Achieving
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)	Achieving
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Achieving
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Achieving
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Developing
	4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	Developing

Step 6 – Agree Grades

- 4.11 The Evidence and Grading Report was shared with local interest groups that attended the EDS Conference in November for their thoughts and comments on the grades that NHS Somerset EDS Implementation Group assigned. NHS Somerset and local interests agreed on the grade decision for each outcome and their feedback was incorporated into the document. The grades for the staff outcomes were agreed at the EDS Implementation Group as there is representation from all directorates within NHS Somerset at the meeting.

Step 7 – Prepare equality objectives

- 4.12 Using the grades across all 18 outcomes as a starting point, NHS Somerset has developed objectives based on an analysis of information available to NHS Somerset through impact assessment, needs analysis and other means together with the feedback from the engagement event in November 2011 with local interests (please see section 5 for equality objectives). This strategy will be shared with local interest groups representing all nine protected groups to ensure they are kept informed of NHS Somerset's future priorities and actions. The staff objectives were shared at the staff forum on 23 February 2012.

Step 8 – Integrate Equality Objectives into mainstream business planning

- 4.13 Actions arising from these equality objectives are detailed in the Equality and Diversity Action Plan in appendix 1. This will be monitored by the EDS Implementation Group and progress reported to the Board and published on the NHS Somerset website on a quarterly basis as part of the Patient Experience Report. It will be reviewed each year along with the equality objectives.

Step 9 - Publish grades and equality objectives

- 4.14 The Equality and Diversity Strategy is published on the NHS Somerset website and contains EDS grades and equality objectives. A paper for the Health and Wellbeing Board on the EDS is currently being prepared and is provisionally booked for May 2012.

5 EQUALITY OBJECTIVES

- 5.1 The implementation of the EDS and its grading system highlighted areas of improvement for NHS Somerset from which the following objectives (and actions in appendix 1) were identified. Due to insufficient quantitative data on protected groups, feedback from the EDS Conference has been a key element in the development of the actions identified. When developing this Strategy, NHS Somerset has worked closely with healthcare providers in Somerset to explore how we can work together to embed equality and diversity into services for patients. All providers have

their own objectives and action plans that are available to view on their respective websites.

Patient Objective 1: Data Collection & Joint Strategic Needs Assessment

- 5.2 The Joint Strategic Needs Assessment (JSNA) provides the evidence base that informs key levers for change to improve outcomes for health and wellbeing and is used to inform all service design. The JSNA 2011 includes information on age, sex, disability, ethnicity and religion. Current data is not available on Gender reassignment, sexual orientation, and there is limited data on Religion and belief or no belief, pregnancy and maternity and marriage and civil partnership. Increased knowledge of demographics in Somerset is needed for these protected groups. All NHS organisations in Somerset should consider how many of their patients, service users and staff fall within these groups. The data collection group that has been established from information staff within NHS Somerset and all providers will help achieve this objective.

Joint Strategic Needs Assessment

- **Year four objective:** JSNA to include data and information on all nine protected groups

Complaints

- **Year one objective:** Set up processes and mechanisms to collect data on all nine protected characteristics from complainants
- **Year four objective:** Analyse complaints data collected on all nine protected characteristics

Vaccination, Screening & Public Health

- **Year one objective:** Set up processes and mechanisms to collect data on the nine protected characteristics for vaccination, screening and public health programmes where appropriate
- **Year four objective:** Identify protected groups where screening and vaccination levels are lower than average and target to increase level. As already identified, increase the number of lesbian patients accessing cervical smear services in Somerset from [20% to 80% (national average)].

Patient Objective 2: Monitoring Providers

5.3 As identified through the implementation of the EDS, there is insufficient data on some of the protected characteristics and therefore all organisations in Somerset need to review data collection and recording. NHS Somerset needs to be assured that the services it commissions are compliant with the Public Sector Equality Duty. Therefore, improvement in monitoring providers is essential. The data collection group that has been established between information staff within NHS Somerset and all providers will help achieve this objective. The Somerset EDS Cluster Group will monitor performance against the selected equality objectives and actions. Equality and Diversity clauses are built into service design contracts to ensure compliance (this includes contracts with GPs, Dentists, Pharmacists and Opticians) although the mechanisms for monitoring compliance needs to be improved.

- **Year one objective:** Update equality and diversity clauses in providers contracts to comply with the Public Sector Equality Duty. Set up processes and mechanisms to improve monitoring of the clauses.
- **Year four objective:** Providers to undertake analysis of their data collected on the protected characteristics of patients and act on any health inequalities between protected groups and patients as a whole

Patient Objective 3: Training and Communication

5.4 The key themes from the feedback from the EDS Conference indicate that in order to promote a better understanding of patients' and carers' requirements we need to focus on two main areas of concern, training and communication. A comprehensive range of equality and diversity training needs to be delivered across all primary care settings, with particular attention on GP surgeries.

Training

- **Year one objective:** Provide equality and diversity training to [10%] of GP surgery staff in Somerset
- **Year four objective:** Provide equality and diversity training to [50%] of GP surgery staff in Somerset

Communication

- **Year one objective:** To enhance communication NHS Somerset will focus on improving knowledge, understanding and access to the complaints service, vaccinations, screening and public health programmes for patients of Somerset.

- 5.5 Achievement of success against these objectives is dependent on whole system partnership working between commissioners and providers, which will take place through the Somerset EDS Cluster Group and the quality monitoring arrangements.

Staff Objective 4: Line Management Responsibilities

- 5.6 Through feedback from the staff forum it was identified that whilst the Trust already has a strong focus on Equality and Diversity from its staff, there is still more that can be achieved. It was identified that line managers and middle managers need to take greater ongoing responsibility for creating high performing diverse teams and to develop diverse talent in the organisation where possible. It was identified that a method of delivering this would be through ensuring that for all management posts have this requirement formally embedded into job descriptions where appropriate.

- **Year one objective:** To have rewritten [25%] of all management post job descriptions within NHS Somerset to reflect greater responsibility for creating high performing diverse teams and to develop diverse talent in line with local demographics, focusing on prioritised roles.
- **Year four objective:** To have rewritten [100%] of all management post job descriptions within NHS Somerset to reflect greater responsibility for creating high performing diverse teams and to develop diverse talent in line with local demographics.

Staff Objective 5: Appraisals and Personal Development Plans (PDPs)

- 5.7 The feedback from the staff forum recognised that the Equality agenda was not always formalised within personal objectives set for managers and subsequently set by them for their respective teams. It was identified that Appraisals and PDP's were not sufficiently monitored to ensure that the advancement of equality of opportunity and fostering good relations personal objectives were being set and then met.

- **Year one objective:** Expand some PDP's [25%] to include the advancement of equality of opportunity and the fostering of good relations in personal objectives and encourage managers to provide quantifiable evidence in their ongoing Continuous Professional Development.
- **Year four objective:** Expand all PDP's [100%] to include the advancement of equality of opportunity and the fostering of good relations in personal objectives and encourage managers to provide quantifiable evidence in their ongoing Continuous Professional Development.

6 MONITORING, COMPLIANCE AND REVIEW

- 6.1 The action plan in appendix 1 contains all the actions identified from the implementation of the EDS and the resulting equality objectives. It will be reviewed and monitored through the Equality Delivery System Implementation Group. The EDS Implementation Group has representation from all the directorates in NHS Somerset to ensure a robust approach to delivering equality throughout the organisation.
- 6.2 As new issues come to light from internal and external sources, actions will be amended and included in the overall action plan to meet our duties and moral obligations.

7 NEXT STEPS

Future Engagement

- 7.1 NHS Somerset will work collaboratively with a wide range of organisations to identify appropriate channels of communication and consultation to ensure that everyone has the opportunity to contribute to changes and reviews of services. NHS Somerset will continue to involve community representatives (see section 4.5) in its equality work. This will continue to be developed and improved through patient participation groups, health forums, individual consultations with local interest groups and healthwatch the successor of LINKs.
- 7.2 The progress on equality objectives and actions reported at the Somerset EDS Cluster Group meetings will be circulated in a newsletter format to local interest groups by NHS Somerset.
- 7.3 NHS Somerset actively seeks the views of a wide range of stakeholders when configuring services, commissioning healthcare and making any significant changes to the organisation. It is imperative that we publish the results of work done, such as equality impact assessments and community engagement activities. This is all available on the NHS Somerset website. [Equality and Diversity](#)






NHS Reforms

- 7.4 NHS Somerset will work with the Somerset Clinical Commissioning Group and the Commissioning Support Organisation which are being established as part of the NHS Reform Programme to ensure consistent delivery of this Strategy. A management lead from the Somerset Clinical Commissioning Group is already working closely with NHS Somerset on the EDS.

8 ASSOCIATED DOCUMENTS






8.1 There are a number of associated documents listed below:





- DRAFT Equality Delivery System Conference Feedback Report
- DRAFT Equality Delivery System Evidence and Grading Report
- The above documents are available at [Equality & Diversity Publications](#)
- The Equality Delivery System for the NHS, 29 July 2011, Equality and Diversity Council
- The Grades Manual for the Equality Delivery System, 29 July 2011, Equality and Diversity Council
- The above documents are available at [EM Strategic Health Authority - NHS Equality Delivery System \(EDS\)](#)





GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
The Board, commissioners and managers understand their legal duties to all protected groups under each of the following: <ul style="list-style-type: none"> Equality Act 2010 Public Sector Equality Duty Equality Delivery System 	M Appleby	ongoing	Updates given at Board meetings.	M Appleby will update the Board on the EDS	G 	All
	M Grizzell	Dec 2012	Attendance at E&D awareness/ training	E&D awareness training to be promoted/ delivered to managers	R 	All
Include update on EDS implementation to board in quarterly Patient Experience Report	C Brennan	ongoing	Board papers	Update included in last Chief Execs Report	G 	All
Promote opportunity for patients and carers from protected groups to attend public board meetings with questions to the board	M Grizzell & C Brennan	Dec 2012	Number of patients from protected groups attending board meetings		A 	All
Update Trust website. Replace reference to old legislation with new legislation.	C Brennan	April 2012	NHS Somerset website updated	NHS Somerset website updated	G 	All

EQUALITY & DIVERSITY ACTION PLAN








APPENDIX 1

GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Publish Equality and Diversity Strategy on the website and distribute to key stakeholders	C Brennan	April 2012	Strategy on web, email to local interest groups	The Strategy will be emailed once agreed by the Board on 21 March	A 	All
Develop Somerset EDS Cluster Group to monitor EDS implementation across Somerset	C Brennan	August 2011	Somerset EDS Cluster Group minutes on NHS Somerset website	Representation from all providers, and also Somerset LINK and Somerset County Council	G 	All
Work with providers to ensure that identified objectives and actions are delivered	M Grizzell	ongoing	Somerset EDS Cluster Group minutes and actions	Progress on equality and diversity action plans will be shared at the Somerset EDS Cluster Group from all providers	A 	All
Keep local interest groups from all protected groups up to date on progress against equality objectives and action plans	C Brennan	ongoing	EDS Newsletter	The EDS Newsletter was agreed a good approach at the Somerset EDS Cluster Group, this will include information on providers progress aswell as NHS Somerset	A 	All
Arrange annual EDS conference with all nine protected groups to gather evidence on performance against EDS outcomes	C Brennan	Dec 2012	The EDS Conference	Initial event in November 2011, another event will be arranged towards the end of the year	G 	All

GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Develop internal EDS Implementation Group	C Brennan	January 2012	EDS Implementation meetings and minutes published on NHS Somerset website	EDS Implementation Group developed and representation from all directorates apart from secondary care to ensure a robust organisation wide approach to implementing the EDS	G 	N/A
Monitor the NHS Somerset Equality objectives and action plan	C Brennan	ongoing	EDS Implementation Group minutes and progress on action plan	Action plan will be monitored once signed off by the board	A 	All
Arrange Data Collection meeting with all information teams in provider organisations	M Grizzell	January 2012	Minutes from data collection meeting	First meeting held on 30 January 2012	G 	All
Data Collection meeting to encourage and support information teams in provider organisations	M Grizzell	March 2013	Minutes and actions from meeting	Next meeting data not yet decided	A 	All






GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
E&D clauses are written into contracts for General Practitioners: Briefing to outline requirements of the Equalities legislation in relation to primary care contracts to be prepared; Discuss with Local professional Committees inclusions of clauses in any future local enhanced services	P Osborne	Dec 2012	Primary Care contracts include a clause that requires practices to comply with all current national legislation ¹	Primary Care contracts include general clauses to comply with current legislation. Specific services are commissioned as an enhanced service to meet local health needs e.g. Annual Health Checks, Learning Disability Annual Health Checks.	A 	All
E&D clauses are written into contracts for Dentists/Pharmacists/Opticians	R Wood	Dec 2012	E&D clauses in contracts		A 	All
E&D clauses are written into contracts for Secondary Care	S Window	May 2012	E&D clauses in contracts	E&D clauses currently in contracts for secondary care	A 	All
E&D clauses are written into contracts for Any Qualified Provider	N Thorne	Dec 2012	E&D clauses in contracts		A 	All



¹ (clause 499 GMS contracts, clause 392 PMS contracts, clause 261 GDS)

GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/AG	Protected Group
Contracts require providers to monitor equality and diversity in services for all protected groups	S Window N Thorne	Dec 2012	Contract meetings		A  A 	All
E&D monitoring is discussed with providers at contract meetings and reported in Quality Accounts	S Window N Thorne	Dec 2012	Monitoring reports		A  A 	All
Improve patient and staff understanding of the necessity to collect data to improve services for patients from protected groups	C Brennan	March 2013	Develop leaflet. Number of "Why we gather data" leaflets distributed	Leaflet currently being developed through Somerset EDS Cluster Group. Agenda item for 2 March 2012 meeting	A 	All
Joint Strategic Needs Assessment (JSNA) needs explicit consideration of all protected groups health and wellbeing compared to the health and well being of all patients and carers	J Purvis	March 2013	JSNA	Meeting with JSNA Lead on 14 March 2012 to discuss	A 	All
JSNA needs explicit consideration of the gap in health inequalities between patients and carers from protected groups and patients and carers as a whole	J Purvis	March 2013	JSNA	Meeting with JSNA Lead on 14 March 2012 to discuss	A 	All

EQUALITY & DIVERSITY ACTION PLAN





APPENDIX 1

GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Increased engagement when compiling the JSNA with all protected groups	J Purvis	March 2013	JSNA	Meeting with JSNA Lead on 14 March 2012 to discuss	A 	All
Attend regional EDS Network	M Grizzell and C Brennan	ongoing	Attendance at meetings	Share best practice and gather information on innovative approaches	G 	All
Commission a research project alongside Somerset LINK to investigate the number of LGB&T people in Somerset and report back findings	M Grizzell	October 2012	LGB&T Report	Met with Diversity Trust and agreed outline proposal on 5 March 2012	A 	Sexual Orientation Marriage and Civil Partnership Gender Re-assignment
Develop training module for staff on LGB&T issues	M Grizzell	October 2012	LGB&T training module	Met with Diversity Trust and agreed outline proposal on 5 March 2012	A 	Sexual Orientation Marriage and Civil Partnership Gender Re-assignment
Learning from Access Pilots (ACCESS LES) to be shared across practices to improve access	M Silvester	July 2012	Current enhanced service portfolio	Enhanced Services for Access, Patient Participation and Learning Disabilities take into account feedback from patients	G 	All

GOAL 1: Better health outcomes for all						
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Patient Practitioner Services processes for registrations/ removals to be reviewed to ensure information sheet offering translation in predominant languages is sent to patients.	Kevin Hudson	July 2012	Current list validation processes; Applied Language Solutions available across primary care	Discussions with LMC on list validation being undertaken. Anticipate the GMS1 form being reissued nationally	G 	Race
Health needs assessment in relation to all protected groups to be undertaken to steer future service commissioning across primary care	Public Health / Peter Osborne	March 2013	Annual public health profiles	Analysis undertaken on annual basis	A 	All




GOAL 1: Better health outcomes for all

1.2 Individual Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Develop new EIA form and guidance to incorporate all nine protected characteristics	C Brennan	January 2012	New form and guidance	New form designed and guidance produced published on website and intranet	G 	All
Develop new EIA screening form as NHS Somerset now only a commissioning organisation	C Brennan	January 2012	New form	New form designed and published on website and intranet	G 	All
Ensure revised Equality Impact Assessment (EIAs) form is used when EIAs are initially completed or up for review	C Brennan	January 2012	Promotion throughout the trust and number of new forms completed	Email circulated on 24 January and again on 10 February. Review again in May.	A 	All
Develop universal monitoring form across all Somerset healthcare organisations to collect equality data	C Brennan	July 2012	Equality and diversity monitoring form	Progress made at Somerset EDS Cluster Group, continue discussions at next meeting on 2 March 2012	A 	All
Ensure new monitoring form is used across NHS Somerset when any engagement or consultation takes place	M Grizzell	Dec 2012	Equality data collected through consultations	Form has been used on all consultations the Patient Experience Team has had involvement with since Jan 2012, ensure used in rest of organisation	A 	All


GOAL 1: Better health outcomes for all




1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
E&D awareness and training is delivered to GP practice staff across Somerset.	M Grizzell P Osborne	Dec 2012	Number of staff trained.		R 	All
E&D awareness and training is delivered to Chairs of Patient Participation Groups (PPG). PPGs embed E&D in their work	M Grizzell M Grizzell	Dec 2012 Dec 2012	Number of Chairs trained. Culture of PPGs		R  A 	All All

GOAL 1: Better health outcomes for all






1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all




Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Review all deaths in hospital of people with a learning disability to ensure that the death resulted from their medical condition and not from inadequate care or communication.	L Watson/ J Howarth	Dec 2012	See progress column	All cases are reviewed under the Serious Case Review procedure, Serious Case Review is a multi-agency process to identify if lessons can be learnt and practice improved when a vulnerable adult dies or is seriously injured; abused or neglected. Following the review a set of recommendations are produced for all agencies to implement, it is not about listing mistakes but looking at cause and effect and contributing factors. The review includes the publication of 'lessons learnt' in the ' Safety Net' newsletter that is circulated widely across the trust.	G 	Disability

GOAL 1: Better health outcomes for all						
1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Develop safeguarding alerts for serious untoward incidents and complaints to identify vulnerable adults with dementia or cognitive impairment and ensure that the incident / complaint did not result from inadequate care.	L Watson/ J Howarth	Dec 2012	See progress column	Serious case reviews are undertaken for all serious untoward incidents and complaints, and as above the review includes the publication of 'lessons learnt' in the ' Safety Net' newsletter that is circulated widely across the trust. The Trust has also developed 'Safeguarding Trigger Tools' which are designed to assist professionals in managing the most appropriate route of action for Safeguarding issues.	G 	Age Disability
Implement enhanced quality assurance framework for out-of-county placements for people with complex health needs /with a LD.	Paul Rennie	Dec 2012		This has been developed and is available on the intranet	G 	Age Disability
Train GP staff on disability awareness, to include practical usage of wheelchair and hearing loops to ensure the safety of disabled patients	P Osborne M Grizzell	Dec 2012	Number of training sessions held and number of practices attending	New premises developments incorporate aids to improve disability access	R 	Disability

GOAL 1: Better health outcomes for all





1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Education and awareness programme necessary for all primary care staff on the needs of lesbian/gay/bisexual patients to reduce unintended harassment	M Grizzell P Osborne	Dec 2012	Number of training sessions held and number of practices attending		R 	Sexual orientation
Alter and redesign datix to include all protected characteristics when logging an incident form	L Nixon	Dec 2012	Datix redesigned		R 	All
Analyse incident form data to monitor and highlight issues for people from protected groups	L Nixon	Dec 2012	Number of incidents from protected groups compared to patients as a whole		R 	All
Undertake assessment of which primary care services have aids to improve access (e.g hearing loop) installed	P Osborne	Dec 2012	Premises audit/stoketake	National audit is being planned and await guidance on what it will include	A 	Age Disability
Consider collection and storage of equality data during development of new Continuing Healthcare (CHC) electronic system	J Bird	Dec 2012	New CHC system		A 	All

GOAL 1: Better health outcomes for all						
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Understand the characteristics of people not taking up vaccination, screening and public health, where applicable and appropriate	M Dominey	Dec 2016	Annual public health/vaccination and screening reports	Data collected on age and gender. Improvement in patients with learning disability accessing screening services and vaccination. Work needs to be done with GP surgeries on collecting data on characteristics of patients and improved communication of patients needs when called for screening and vaccination	A 	All
Demonstrate that public health, vaccination and screening programmes reach and benefit all protected groups within Somerset	M Dominey	Dec 2016	Annual public health/vaccination and screening reports	As above	R 	All
Improve understanding and knowledge of clinical staff in primary care settings on the need for lesbian women to have cervical screening	M Grizzell P Osborne M Dominey	Dec 2012	Number of staff trained	Three yearly training for clinical staff who carry out cervical smears to include focus on the necessity for lesbian women to have smear and the approach to questions asked during the appointment	R 	Sexual orientation




GOAL 1: Better health outcomes for all

1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Increase awareness amongst lesbian women of the need for a cervical smear	M Dominey	Dec 2012	Promotional material		R 	Sexual Orientation
Audit of who is being offered screening and why offers are not being taken up for patients with a learning disability, where applicable.	Fiona Hawker	Dec 2012	R. Menday bidding for resources within Somerset Partnership NHS Foundation Trust to complete an audit of cancer screening and reasons why invites to screening are not taken up.	To be reviewed as part of the LD Cancer Screening Working group actions	A 	All
Ensure reasonable adjustments (e.g. offering additional time and resources) are made to help people with LD understand screening.	Fiona Hawker	Dec 2012	Review through Primary care involvement in LD Cancer Screening Working Group	GP practices to demonstrate that they allow more time for patients with Learning Disabilities.	A 	Disability
Increase the number of women with LD having cervical cancer screening from 18% to national average of 80%.	Fiona Hawker	Ongoing	Number of women with learning disability having had cervical smear	Annual health checks increased due to the DES, resulting in better uptake of cervical cancer screening for women with Learning Disabilities	A 	Disability




GOAL 1: Better health outcomes for all

1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Review into cervical screening system for pregnant women as patients not recalled if did not attend whilst pregnant	M Dominey	Dec 2012		Patients can request a cervical smear by their local practice nurse or GP if they did not attend a cervical screening appointment whilst pregnant. Review of communication between GP surgery and screening centre of patients current medical status (e.g not applicable if currently pregnant or terminal illness)	R 	Pregnancy and Maternity
Improve access to mobile scanner for disabled women when having breast and cervical screening to maintain dignity and respect	M Dominey	Dec 2012	Promotional material, number of disabled patients having breast screening at Musgrove Park Hospital	Disabled women can have their breast screening appointment at Musgrove Park Hospital where there is more appropriate facilities, need to promote this to disabled women in Somerset	A 	Disability
Enhance awareness amongst women from gypsy and traveller communities for the need for a cervical smear	M Grizzell	Dec 2012	Promotional material, include in G&T support strategy		R 	Race

GOAL 2: Improved patient access and experience



2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Transition for 16-18 year olds. Review patient transport, disability services, mental health and referral processes for 16-18 year olds.	Julie Yates	Dec 2012	Service Review of School Transport in the Local Authority	Multi Agency work in progress for all young people who need Transition plans. Including Looked after children	A 	Age Disability
Review Health Transition plan for health services. Ensure Transition Plan is incorporated into CAMHS specification.	Julie Yates	Dec 2012	Health Plans and Passports published for use. Transition Panels in place. Good pathways have been developed for moving into Independence.	Multi Agency work in progress for all young people who need Transition plans. Including Looked after children. Looking at pathways for young people with multiple needs Aim to start the transition plans for young people at age 14.	A 	Age Disability
Review Action Plan to deliver recommendations of 'Pushed into the Shadows' ² .	Julie Yates	Dec 2012	Pathways for single diseases in place. For example Learning Disabilities	As above .Service review of School Nursing Service	A 	Age Disability

² DH 2008 addressing needs of 16-18 year olds in CAMHS.

GOAL 2: Improved patient access and experience

2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Transport Review how changes to transport policy are improving access to services. ³	Simon Edwards	ongoing	Patient Transport Survey	Transport policy renewed annually. Still operating successfully and transport to Weston Hospital is included	G 	All
Review results of transport survey from Links Feb 2011 and make amend policy if necessary	Simon Edwards	Dec 2012	Public transport leaflet, response to report from LINKs on transport in Somerset survey	Transport leaflet has been updated to reflect patient need and hours of operation extended. Carers can now travel free on all transport options (including SWAST). It has been built into the service specifications. The eligibility criteria for transport is being examined so that the service to people will be targeted appropriately	A 	Age Disability Carers

³ Agreement 10/09 to invoice healthcare orgs. direct for patient travel costs. This avoids patients on low disposable incomes having to pay up-front – evidence showed patients didn’t attend appointments because of travel costs.

GOAL 2: Improved patient access and experience





2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Mental Health Monitor the number of referrals made by healthcare staff to IMCA services. Mental Capacity issues and consent to treatment are areas for improvement.	E Wilson	Dec 2012	Quarterly Monitoring Reports	Currently meeting 4 week target	A 	Disability
Develop robust performance measures, to check that progress is being made against 4 week targets for access to Talking Therapies (Right Steps) and Secondary Care Mental Health	E Wilson	Dec 2012	Somerset Partnership Contract Review meeting (quarterly)		G 	Disability
Pharmacy Identify action points in Pharmaceutical Needs Assessment regarding online ordering of repeat prescriptions.	A Nation	Dec 2012	Pharmaceutical Needs Assessment Action Plan.	Electronic prescription service is being trailed in different areas across the county, will be rolled out to all 2012	A 	Age Disability
Learning Disability: Review accessibility and suitability of health services for PwLD. ⁴	F Hawker	Ongoing	Annual Self Assessment framework validated by Strategic Health Authority		G 	Disability

⁴ Outcomes to include introduction of Health Action Plans, Health Facilitators provided by Somerset Partnership NHS Foundation Trust and eyesight and hearing checks provided by Taunton and Somerset NHS Foundation Trust (2009).



GOAL 2: Improved patient access and experience

2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Information on Trust website can be translated into alternative languages/formats.	C Brennan	Dec 2012	Web audit. Monitoring requests for info. in other formats.		A 	Age Race Disability
Ensure all primary care staff (including frontline staff) are aware of the interpreting and translation service and understand how to use it	C Lincoln	Dec 2013	Number of staff trained	Promotion of service to all primary care services but insufficient training on how to use. NHS Somerset currently reviewing whether training programme is necessary	A 	Age Race Disability
Ensure all primary care premises have clear signage with good contrasting colours for visually impaired patients	P Osborne	Dec 2016	Premises audit/stocktake	National audit is being planned and await guidance on what it will include	A 	Age Race Disability
Ensure the Trust's home page features clear information about how to obtain information in alternative language and formats	C Brennan	Sept 2013	The Trust home page	An image of a globe is positioned on the home page of NHS Somerset website, this needs to have a more prominent position as currently looks like a logo	A 	Age Race Disability





GOAL 2: Improved patient access and experience

2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Ensure letters (including copy letters) are of an appropriate format for the recipient in all primary care services	K Hudson	March 2013	Current list validation processes; Applied Language Solutions available across primary care	Discussions with LMC on list validation being undertaken. Anticipate the GMS1 form being reissued nationally	R 	Age Race Disability
Monitor the access to primary care for patients, carers and communities from protected groups compared with the access of patients carers and communities as a whole through GP patient survey	P Osborne	March 2016	GP Survey results (questions do not cover gender re-assignment, pregnancy and maternity and marriage & civil partnerships)	Practice level results to be published in summer 2012 for 2011/12 data	R 	Age Disability Race Religion or belief Sex Sexual orientation


GOAL 2: Improved patient access and experience

2.2 Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Ensure letters and publications from Primary Care providers are in an appropriate format for people with visual impairments, dyslexia and a learning disability.	P Osborne	Dec 2012	Increased uptake of learning disability health checks	Training for practices engaged in learning disabilities health checks has been provided in relation to improved communication with learning disability patients which in turn should increase uptake of health checks	A 	Disability
Review if training is necessary for GP practices regarding how to access interpreting and translation services	P Osborne/M Grizzell	Dec 2012	Information on how to access interpreting and translation services is available on the web	Number of staff trained	A 	Disability Race
Review how information about advocacy services is available to patients with learning disabilities and mental health problems.	FHawker	Dec 2012	CQUIN target 45 for Acute services, measured through quarterly monitoring processes	LD Commissioning Manager involved in end of year scrutiny of promotional material and file audit.	G 	Disability
Review availability of accessible leaflets for patients with a learning disability.	FHawker	Dec 2012	Leaflets and CDs available in all services.	Easy Read information is available to all front line staff on www.apictureofhealth.southwest.nhs.uk	G 	Disability







GOAL 2: Improved patient access and experience

2.2 Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment.

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Promotion of NHS Constitution to patients in primary care settings	M Lee	Dec 2012	Minutes from health forums, currently not on NHS Somerset website	NHS Constitution promoted at Health Forums developed in Somerset in five federation areas, all federations to be completed by end of 2012	G 	








GOAL 2: Improved patient access and experience

2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Patients are made aware of the Public Sector Equality Duty and the EDS.	M Grizzell C Brennan	Dec 2012	Leaflets, posters displayed in services.		R 	All
GP Patient Survey data to be analysed by protected characteristic and any issues addressed	P Osborne	March 2016	GP Survey results (questions do not cover gender re-assignment, pregnancy and maternity and marriage & civil partnerships)	Practice level results to be published in summer 2012 for 2011/12 data	R 	Age Disability Race Religion or belief Sex Sexual orientation
Review of GP new patient questionnaire to ensure data on all protected characteristics are collected	P Osborne	March 2013			R 	All
Continue analysis of patient experience clinical audit and address any issues that arise	K Beckett	ongoing	Patient Experience Clinical Audits		G 	Age Disability Gender
Include list of nine protected characteristics on clinical audit cover letter or questionnaire	K Beckett	Dec 2012	Clinical Audit cover letter or patient questionnaire		G 	
Improve experience of patients from BME communities of Primary Care	M Grizzell	Dec	Number of staff	Equality and diversity training currently being	R 	Race


GOAL 2: Improved patient access and experience

2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
by delivering equality and diversity training to all GP surgery staff	P Osborne	2012	trained	developed		
Improve experience of primary care of patients with a disability by delivering equality and diversity training to GP surgery staff	M Grizzell	Dec 2012	Number of staff trained	Equality and diversity training currently being developed	R 	Disability
Improve understanding of Lesbian/gay/bisexual peoples lives by delivering equality and diversity training to GP surgery staff	M Grizzell	Dec 2012	Number of staff trained	Equality and diversity training currently being developed	R 	Sexual Orientation
Encourage representation from all protected groups on Patient and Public Involvement and Communications Steering Group	C Lincoln	Dec 2012	Representatives on the group		A 	All
Encourage representation from all protected groups on Health Forums across Somerset	M Grizzell	Dec 2012	Representatives on the groups		A 	All
Monitor and address issues in primary care through Patient Participation Group Chair Network	C Lincoln	Dec 2012	Minutes of PPG Chair Network		A 	All
Complete work on Gypsy and Traveller accommodation and support strategy	M Grizzell	Dec 2012	Action plan from G&T accom and support strategy		A 	Race
Complete work on Somerset Carers	A	Dec	Action plan from		A 	Age







GOAL 2: Improved patient access and experience

2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Joint Action Plan	Anderson	2012	Somerset Carers Joint Action Plan			
Analysis of PALs and complaints information of protected groups to ensure patient experience is equal across all protected groups	M Grizzell	Dec 2012	Complaints data, quarterly report to board		R 	All


GOAL 2: Improved patient access and experience



2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently



Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Alter and redesign datix to include to include all protected characteristics when logging a complaint	M Lee	Dec 2012	Datix redesigned	In progress	A 	All
Research into possibility of further data collection on protected characteristics of PALS data, best practice in Bristol	M Grizzell	Dec 2012	Equality data collected for PALS		R 	All
Analyse complaints information by protected characteristics to ascertain the level of complaints from protected groups	M Lee	Dec 2012	Datix analysis and reports	In progress	R 	All
Set up reporting mechanisms to include equality data in complaints annual report	M Lee	Dec 2012	Complaints Annual Report	In progress	A 	All
Analyse complaint satisfaction questionnaire, to compare experience of complaint process for patients and carers from protected groups to patients and carers as a whole	C Lincoln	Dec 2012	Results of complaint satisfaction questionnaire	In progress	A 	All
Promote positive view of complaints and allay fears of repercussion from making a complaint	M Grizzell	Dec 2012	Promotional material and PALS and Complaints visits to patient groups	PALS and Complaints staff visited Wellington PPG in February to discuss PALS and Complaints. These	A 	All




GOAL 2: Improved patient access and experience








2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently


Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
				visits will continue to happen		
Update Equality Impact Assessment for PALS and Complaints to include all nine protected groups	M Grizzell	Dec 2012	Updated EIA form		R 	All


GOAL 3: Empowered, engaged and well-supported staff						
3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Analyse and publish updated workforce statistics for all protected groups in future Workforce reports	M Appleby	Dec 2012	Report published on intranet and corporate website.		A 	All
Staff informed of updated reports.	M Appleby	Dec 2012	All PGs in annual report to Board.		A 	All
Write Equality and Diversity Data Monitoring Policy.	M Appleby	Dec 2012	Policy in place and Equality EIA completed.		A 	All








GOAL 3: Empowered, engaged and well-supported staff						
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Collect more data on each staff member to allow greater analysis of pay for the protected groups	M Appleby	Dec 2012	Updated information on Electronic Staff Record (ESR)	Currently limited by fields available in Electronic Staff Record (ESR) – will need to be updated on a national basis first before progress at a local level can be made	A 	All
Produce Reports on levels of pay across the protected groups	M Appleby	Dec 2012	Reports submitted to the Board	Requires updates to reporting as above before Reports can be produced	A 	All

GOAL 3: Empowered, engaged and well-supported staff						
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Deliver equality training for managers, staff, bank staff and independent contractors on the needs of patients and carers from all protected groups.	M King	Dec 2012	Training materials. List of trained staff and Training records	Mandatory training at Induction and management development programme in place.	A 	All
Review if E & D specific training is necessary	M King	Dec 2012	Training Records	Not yet implemented	R 	All
Reinforcement to managers of need to continue to offer training opportunities to pregnant or maternity leave staff.	M King/ R Osment	Dec 2012	List of trained staff and Training records. Appraisal/PDP Records	All training opportunities communicated to all staff	G 	Pregnancy and Maternity

GOAL 3: Empowered, engaged and well-supported staff						
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
The Trust's Bullying and Harassment Policy is updated to reflect legislative changes, including third party harassment for staff on all protected characteristics. Staff aware of updated Bullying and Harassment Policy.	M Appleby	Dec 2012	Updated policy published on intranet.		A 	All
					A 	All
Write guidance for staff on the needs of Transgender staff			Guidance written. Reduced number of grievances/ allegations		G  G 	Gender Re-assignment
Work with community groups to offer joint support for staff and share good practice.			Information published on website. Information included in induction, appraisal	Need to include all PGs. Redesign by Elaine Harris? Currently RECC only: expand?	A 	
					A 	
Work jointly with local organisations and lay users to train staff on E&D issues.	M King	Dec 2012	Self assessment. Lay-user docs and costs.		A 	All






GOAL 3: Empowered, engaged and well-supported staff						
3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Collect data on characteristics of staff taking up flexible working and begin analysis to ensure access is equal.	R Osment	Dec 2012	Reports on Flexible Working	Not enough data on Flexible working currently sent to HR – need to increase this to gain better data	A 	All

GOAL 3: Empowered, engaged and well-supported staff						
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
All staff are supported and have equal access to workplace environments, facilities and opportunities which enables them to: <ul style="list-style-type: none"> • Increase physical activity • Reduce Obesity and maintain healthy weight • Stop smoking • Manage alcohol safely • Maintain and improve mental wellbeing. 	E Harris	Dec 2012	Analyse data on Staff taking part in Health initiatives by protected group		G 	All

GOAL 4: Inclusive leadership at all levels						
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond						
Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Directorate leads are updated about their duties under the Equality Act, EDS and the Data Monitoring policy.	M Appleby	Dec 2012			A 	All
An Equality and Diversity Data Monitoring Policy is in place that is relevant to the workforce and patients.	M Appleby	Dec 2012	Policy published on intranet.		G 	All
Board approves and signs off Equality Delivery System	M Appleby	Dec 2012	Signed documents.		A 	All
CEO makes commitment to EDS	M Appleby	Dec 2012	Letter on intranet and internet.		A 	All
The Board receives quarterly and annual updates on EDS	M Appleby	Dec 2012			A 	All
Equality Impact Assessments (EIAs) have been updated to cover all protected groups.	M King	Dec 2012			G 	All
Policies and practices are assessed using updated EIAs.					G 	All


GOAL 4: Inclusive leadership at all levels

4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Managers are trained to help them manage staff from protected groups.	M King/ R Osment	Dec 2012	Elements within Leadership Programme.	Training programmes in place. Objectives set in Appraisals. Job Descriptions re-written to reflect requirement for managers to manage staff from protected groups	A 	All
Staff understand their rights and responsibilities under the Equality Act and the Public Sector Equality Duty.	M King/ R Osment	Dec 2012	Awareness raised via emails, staff bulletins.	Part of induction programme.	G 	All
			Equality Duty and EDS in induction and appraisal.	Training/team meetings	A 	All
				Include in appraisal objectives.	A 	All
Personal development opportunities are promoted within teams for all staff including those in protected groups.	M King/ R Osment	Dec 2012	Elements within Leadership programme.	Include in appraisal objectives for managers.	A 	All

GOAL 4: Inclusive leadership at all levels

4.3 The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes

Action	Lead	Target Date	Evidence	Progress	R/A/G	Protected Group
Re-write Job Descriptions for managerial roles to encompass all aspects of the Competency Framework for Equality and Diversity Leadership.	M Appleby	Dec 2012	Job Descriptions of Managers	All job descriptions currently have requirement for E & D in place before publication of Competency Framework	A 	All