



Brighton and Hove

Single Equality and Human Rights Scheme 2010-2013

二零一零年至二零一三年國民保健服務布萊頓及豪富市平等及人權單一計劃

"برنامج المساواة لغير المتزوجين و حقوق الإنسان" التابع لخدمة الصحة القومية (NHS)
لبرايٲون و هوف 2013-2010

এন এইচ এস ব্রাইটন এ্যান্ড হোভ এর 'সিঙ্গেল ইকুয়ালিটি এ্যান্ড হিউম্যান রাইটস স্কীম'
(সমতা এবং মানবিক অধিকার প্রতিষ্ঠার বিষয়ে একক কার্যক্রম) ২০১০ইং - ২০১৩ইং

طرح تساوى فردى و حقوق بشر در خدمات بهداشت همگانى برايٲن و هاو (Brighton and Hove)
در سا لهای 2010 – 2013

Plan Wydziału Publicznej Służby Zdrowia w Brighton i Hove
dot. Ujednolicenia Zasad Równouprawnienia i Praw Człowieka
na lata 2010 - 2013

Esquema Único de Igualdade e Direitos Humanos para 2010-2013
do Serviço Nacional de Saúde de Brighton and Hove.

布萊頓和豪富市國民保健 (NHS) 單一平等及人權計劃 2010-2013

Egalité des chances et Droits de l'homme 2010-2013, programme
unique du NHS Brighton et Hove



NHS Brighton and Hove Single Equality and Human Rights Scheme 2010-2013

<p>This is the NHS Brighton and Hove Single Equality and Human Rights Scheme for 2010-2013. If you need this document translated please tear out this page, tick the box next to your language and then write your name and address (in English) in the box at the bottom right of this page. Please then send it to the address at the bottom of the page. We will send a translation to you as soon as possible.</p>	<p>এটা হচ্ছে ২০১০ইং - ২০১৩ইং এর জন্য এন এইচ এস্ ব্রাইটন হোভ এর 'সিঙ্গেল ইকুয়ালিটি এ্যান্ড হিউম্যান রাইটস স্কীম' (সমতা এবং মানবিক অধিকার প্রতিষ্ঠার বিষয়ে একক কার্যক্রম)। আপনি যদি এই তথ্যপত্রের বাংলায় অনূবাদ পেতে চান তাহলে এই পৃষ্ঠাটি আলাদা করুন, আপনার ভাষার নামের পাশে টিক টিক দিন এবং তারপর পৃষ্ঠাটির ডান পাশে নীচের বক্সটিতে আপনার নাম ও ঠিকানা (ইংরেজীতে) লিখুন। তারপর দয়া করে পৃষ্ঠাটির নীচে উল্লিখিত ঠিকানায় এটা পাঠান। তাহলে আমরা যথাশীঘ্র সম্ভব আপনাকে অনূবাদের একটি কপি পাঠাব। Bengali <input type="checkbox"/></p>
<p>這是二零一零年至二零一三年的國民保健服務布萊頓及豪富市平等及人權單一計劃。 如果你需要這份文件的翻譯本，請撕下本頁，在你的語言旁邊的空格內加劃，然後把你的姓名及地址（以英文）填寫在本頁底部右方的空格內，之後請把它寄交本頁底部的地址。我們會儘快把一份翻譯本送交給你。 Cantonese <input type="checkbox"/></p>	<p>Ceci est le programme 2010-2013 pour l'Égalité des chances et Droits de l'homme du NHS Brighton & Hove. Si vous souhaitez une traduction de ce document, veuillez détacher cette page, cocher la case située à côté de votre langue et indiquer vos nom et adresse (en anglais) dans la case en bas à droite de cette page. Merci de l'envoyer à l'adresse indiquée en bas de cette page. Une traduction vous parviendra dès que possible. French <input type="checkbox"/></p>
<p>این مجموعه، طرح همگانی خدمات درمان و بهداشت دولتی (NHS) Hove و Brighton در رابطه با تساوی و حقوق بشر برای سالهای 2010 و 2013 می باشد. اگر شما به ترجمه آن نیاز دارید، خواهشمندیم این صفحه را جدا کنید، شکل مربع کنار زبانی را که به آن صحبت می کنید، علامت زده و سپس نام و آدرس تان را (به انگلیسی) در شکل مربع موجود در سمت راست پایین این صفحه وارد کنید. پس از آن خواهشمندیم آنرا به آدرس درج شده در این صفحه وارد کنید. پس از آن خواهشمندیم آنرا به آدرس درج شده در پایین صفحه ارسال نمایید. ما در اسرع وقت، ترجمه آنرا برای شما ارسال خواهیم داشت. Farsi <input type="checkbox"/></p>	<p>Dokument ten jest Planem Wydziału Publicznej Służby Zdrowia w Brighton i Hove dotyczącym Ujednolicenia Zasad Równouprawienia i Praw Człowieka na lata 2010 – 2013. Jeżeli potrzebne jest Państwu jego tłumaczenie, proszę o zaznaczenie okienka przy swoim języku ojczystym i wpisanie swojego imienia, nazwiska oraz adresu w okienku, znajdującym się w prawym dolnym rogu tej strony. Następnie, proszę o oderwanie tej strony i wysłanie jej na adres zamieszczony poniżej. Postaramy się wysłać Państwu tłumaczenie tak szybko, jak będzie to możliwe. Polish <input type="checkbox"/></p>
<p>هذا هو المشروع الوحيد للمساواة وحقوق الإنسان للأعوام 2010-2013 التابع لخدمات الصحة القومية ببريطون و هوف. إذا كنت تحتاج إلى ترجمة هذه الوثيقة، يرجى سيق هذه الصفحة والتأشير على الصندوق المجاور للغة ثم كتابة اسمك وعنوانك (بالإنجليزية) في الصندوق أسفل هذه الصفحة على اليمين. الرجاء إرسالها بعد ذلك إلى العنوان أسفل هذه الصفحة. وسوف نرسل إليك الترجمة بالسرعة الممكنة. Arabic <input type="checkbox"/></p>	<p>這是二零一零年至二零一三年的國民保健服務布萊頓及豪富市平等及人權單一計劃。 如果您需要這份文件的翻譯本，請撕下本頁，在您的語言旁邊的空格內畫勾，然後（用英文）把您的姓名及地址填寫在本頁底部右方的空格內，之後請把它寄交本頁底部的地址。我們會儘快把一份翻譯本寄給您。 Mandarin <input type="checkbox"/></p>
<p>Este é o Projecto que vai abranger todas as áreas de Direitos Humanos-Igualdade de Direitos do 'NHS' (Serviço Nacional de Saúde) de Brighton e Hove, para 2010-2013. Caso pretenda a tradução deste documento, destaque esta folha e assinale o seu idioma na respectiva quadrícula, preenchendo com o seu nome e endereço (em inglês), no espaço sito no lado direito, da parte final desta página. Deverá enviá-lo para o endereço indicado no fim da mesma. A tradução ser-lhe-á enviada com a maior brevidade possível. PORTUGUESE <input type="checkbox"/></p>	<p>Name: _____ Address: _____ _____ _____</p>

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Email: phil.seddon@bhcpct.nhs.uk Or Public.Involvement@bhcpct.nhs.uk
Text: 07826 918849

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Foreword

NHS Brighton and Hove is committed to promoting equality, diversity and human rights, and tackling discrimination against the many and diverse communities in our City. Our intention is always to provide excellent healthcare, equal at the point of access, and excellent opportunities for staff and potential staff.

In order to ensure that we are doing just this, NHS Brighton and Hove have created and published this Single Equality and Human Rights Scheme. This Scheme, written in 2010 and updated annually, shows our commitment to these values and our progress. It contains a robust action plan, created and monitored by service users, staff and members of the community, endorsed and supported by our Trust Board.

NHS Brighton and Hove also takes seriously its responsibility to work with other statutory sector partners, including Brighton and Hove City Council and other local NHS Trusts, to ensure a City wide approach to promoting equality, fairness and respect for all.

This scheme will be monitored, reviewed and refreshed in partnership with our many stakeholders – not only other service providers, but also 3rd sector organisations, members of diverse and traditionally excluded communities, patients and the public.

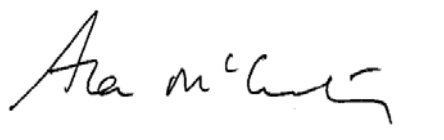
The Single Equality and Human Rights Scheme, is an important element of our commitment to equality and diversity. This will always be a live document and as such the views of individuals are always welcomed to ensure our continual development and progress.

Chief Executive



Darren Grayson

Chair



Alan McCarthy

Introduction

This is NHS Brighton and Hove's first Single Equality and Human Rights Scheme (SEHRS), building on progress made in the Race Equality Scheme 2005-9, The Disability Equality Scheme 2006-9, and the Gender Equality Scheme 2007-10. It extends the Trust's responsibilities and commitments to include the new 'protected characteristics' as outlined in the Equality Bill 2009 – Age; Disability; Gender Reassignment; Marriage and Civil Partnerships; Race; Religion or Belief; Gender; Sexual Orientation; Pregnancy and Maternity. Our obligations also now include Socio-Economic inequalities and Carers.

The scheme will ensure that Human Rights principles are always considered and embedded when we assess the impact of changes to NHS services, commissioning and decision making, via our Equality Impact Assessment (EIA) process. The Trust will refresh and revise the scheme on an annual basis to ensure that it continues to meet changing legislative requirements, and the scheme will be reviewed every 3 years.

The scheme will be regularly updated, with the most current version published on the Trust website at

<http://www.brightonandhove.nhs.uk/about/community/equalityanddiversity/index.asp>

Members of the public may therefore access and download the most up to date version, and hard copies, in alternate formats and languages will be provided on request. The Trust will also be proactively distributing the scheme via local partner statutory sector bodies and 3rd sector organisations to ensure public awareness of the existence of the scheme.

The city of Brighton and Hove is a vibrant place in which to live, work and visit with a population of approximately 255,000. The City has a high proportion of young adults and an unusually and increasingly diverse population compared with other areas on the South East Coast.

Between 2001-2004 Black and Minority Ethnic (BME) groups grew at a rate of 35% compared to only 13% nationally and the City has a BME population of around 21,000 (around 1 in 12 of the population) (*Public Health Department, Brighton and Hove TRUST, 2008*). The City has a very large lesbian, gay, bisexual and transgender (LGBT) community, with around 35,000 (or 1 in 6 adults) LGBT people (*Count Me In Too 2007*).

The 2001 census identified that there were 21,800 carers in Brighton and Hove with 510 young carers under 18 – these figures are likely to be under stated due to under-reporting. In that same Census 1 in 5 of the City's population stated that they had a disability and it is estimated that 1,060 people aged over 18 in the City have a moderate or severe learning disability and 15,480 have a moderate or severe physical disability.

Brighton and Hove City faces substantial socio-economic issues. The Index of Multiple Deprivation 2007 identifies Brighton and Hove City as the 79th most deprived authority in England (out of 354). On the standard Index of Multiple Deprivation 2004 (IMD 2004), the city is the second most deprived district in the South East, after Hastings. It must also be acknowledged that many groups that face social exclusion will also face socio-economic difficulties.

For those facing multiple marginalisation i.e. based on more than one of the characteristics mentioned above, the scheme recognises that there are likely to be even more complex needs. The Single Equality and Human Rights Scheme contains actions that seek to improve equality and eliminate discrimination for all, with actions that are not necessarily targeted at one community only.

Given the diversity of our population and visitors, and the wide range of needs and expectations that people have, it is vital that this Single Equality and Human Rights Scheme focuses on –

- ensuring that people in Brighton and Hove are able to access services on an equitable basis;
- people are treated appropriately and with respect;
- people are given choice and experience a personalised care pathway;
- and that we work to reduce any barriers to NHS services and NHS funded services

Acknowledgements

NHS Brighton and Hove's Single Equality and Human Rights Scheme (SEHRS) has been developed with a wide range of involvement, including local provider Trusts, third sector organisations, patients and the public and specific communities of shared identity. The scheme has also been informed by drawing together existing local and regional research and data.

The Trust would therefore like to acknowledge the contribution that the following people, groups, organisations and processes have made to the creation of this Scheme-

Barbara Harris, Equality, Diversity and Human Rights Manager - Brighton and Sussex University Hospitals Trust

Brighton and Hove City Council

Brighton and Hove Federation of Disabled People

Brighton and Sussex University Hospitals Trust

City Wide Trans Steering Group

David Derrick – Central NPT Inspector - Sussex Police

Men Get Eating Disorders Too

Multi – Faith Health Forum

NHS Brighton and Hove Colleagues of the 3rd Age Staff Network

NHS Brighton and Hove LGBT Staff Network

Peter Wells - The Multi – Faith Health Forum

Spectrum and the University of Brighton Count Me In Too LGBT Community Research

Spectrum Bi and Trans Working Group

Sussex Interpreting Services (community language interpreters)

Sussex Police

The Black and Minority Ethnic Community Partnership – BME Health Forum

The Disability Equality Steering Group

The South East Coast BME Network and the SEC BME Network Review Report

+

Members of the public attending consultation events and commenting via the Trust website

About NHS Brighton and Hove

NHS Brighton and Hove is the working name of Brighton and Hove City Teaching Primary Care Trust (The Trust). Our commissioners buy health services for the residents of Brighton and Hove including GP, dental, pharmacy and optician care (primary care); hospital and emergency care (secondary care); community based services; end of life care and mental health services. We also assess the health needs of the City population via our Public Health team and ensure the delivery of ill health prevention services such as smoking cessation and sexual health advice. We do not provide any services directly.

The Trust contracts with, and manages the performance of, 48 GP practices and 52 dental surgeries, the NHS Trusts who operate the hospitals in the City and Sussex and a wide range of other contractors in the community and voluntary sector (3rd sector), and private providers.

We are funded by the Department of Health via NHS South East Coast strategic health authority (SHA). The SHA sets out the broad framework within which we operate; other priorities and targets are agreed through consultation with local residents, both directly and through partnerships with Brighton and Hove City Council and other statutory and voluntary groups.

We have a dedicated quality and engagement team to ensure the involvement of patients, carers and other stakeholders in everything we do, and a dedicated Equality and Diversity Manager to ensure the Trust is doing all within its power to meet its legal equalities duties.

Our vision, goals and values

Our vision remains that we are passionate about keeping people well and making sure that high quality care is provided when they are not well. NHS Brighton and Hove aspirations for the city continue to be focused on ensuring that world class health services are commissioned and delivered.

We have undertaken an extensive review of our values, informed by a review of how key staff groups perceive the current culture.

Our values are to be:

- Professional
- Focussed on achievement
- Working in partnership
- Driving quality
- Promoting innovation

Our Strategic objectives are:

- Be the leading advocate for health and healthcare in the City
- Improve health and reduce inequalities
- Increase service quality and choice
- Increase confidence in and engagement with the NHS
- Manage resources effectively

(NHS Brighton and Hove Strategic Commissioning Plan 2009-2014)

Governance, Monitoring and Performance Management

The Equality and Diversity sub-committee of the Board has responsibility for assuring the Trust that the Single Equality and Human Rights Scheme 2010-13 is integrated into all core Trust functions, that actions are being carried out and that their outcomes are being monitored and recorded.

Membership of the Equality and Diversity sub-committee:

- Non-Executive Director lead for Equalities
- Executive Director of Strategy (and Executive lead for Equalities)
- Equality and Diversity Manager
- Human Resources Manager
- Assistant Director of Assurance / Risk Manager
- Public Health Programme Manager

Issues are brought to the sub-committee by any of its members, but the Equality and Diversity Manager is the key link between this committee and staff / patients / members of the public.

The sub-committee reports directly to the Trust Board, supplying copies of minutes and annual reports to assure the Board of progress. The sub committee is responsible for ensuring that issues and work programmes are picked up by the relevant and appropriate parts of the organisation, including governance committees, directorates and teams.

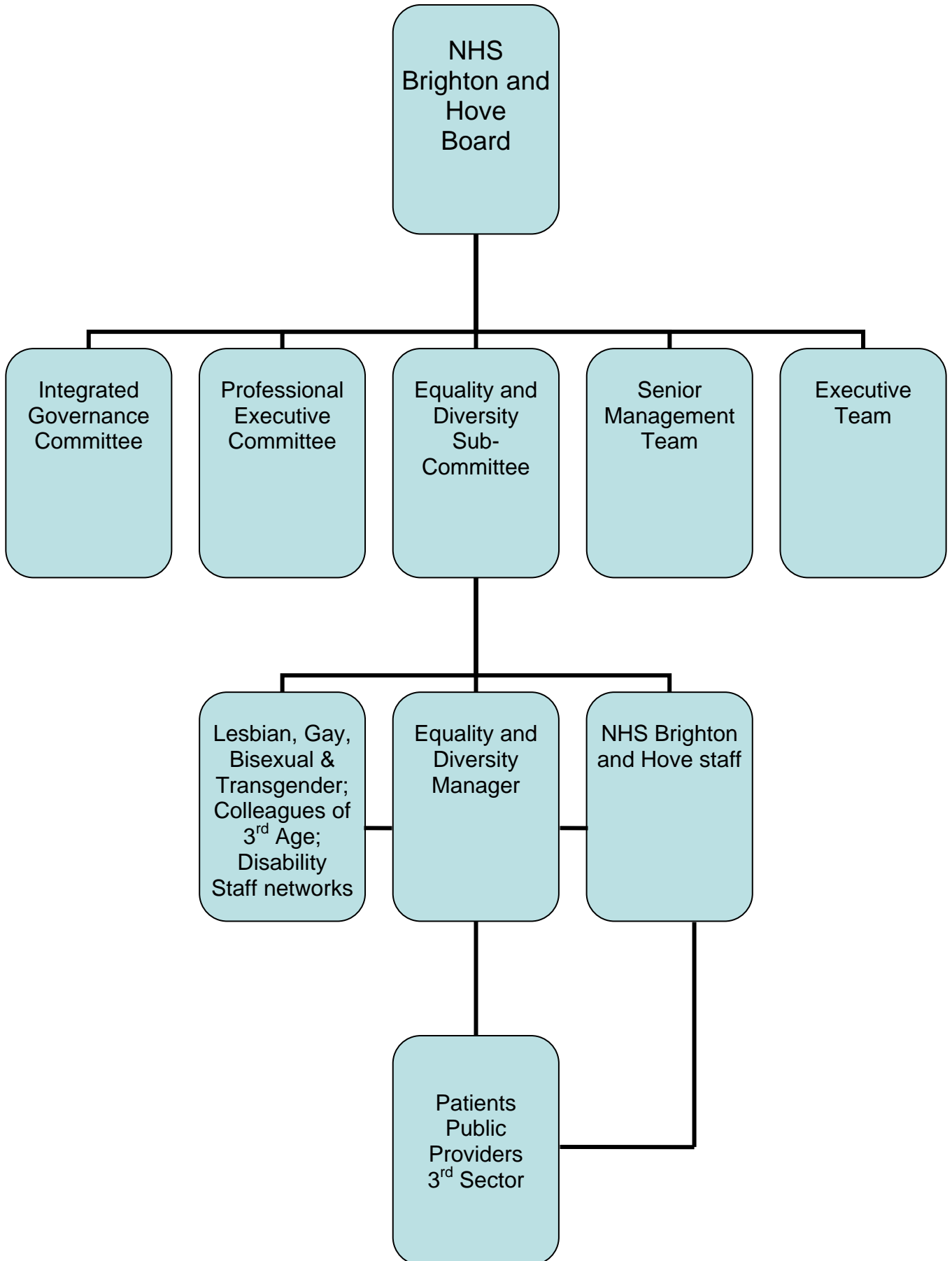
The Equality and Diversity Manager produces an annual report for this sub-committee and the Trust Board which is published on the Trust website. This report examines performance against legal duties and contains plans for the upcoming year promoting equality and tackling discrimination. With the production of the SEHRS, the action plan will be contained within the SEHRS rather than in the Equality and Diversity annual report.

The SEHRS and its action plan will be monitored by stakeholders, the public and patients through internal and external mechanisms. The internal governance mechanisms have already been highlighted, and the Trust will use existing relationships and funding agreements with 3rd sector organisations to continue to engage with service users and members of minority communities to continually assess progress against the action plan.

The Trust also intends to create a stakeholder group specifically to support the work contained in the SEHRS.

The Trust ensures that providers and commissioned services are also meeting their equalities duties through the monitoring of provider contracts, and through ensuring that Quality Board reviews with providers, and the Quality Dashboard currently in development, all include equality and diversity measures and outcomes.

The following table shows the accountability and reporting structures that make up the governance of the Single Equality and Human Rights Scheme.



National, Local and Legal Requirements

As a public body, NHS Brighton and Hove has legal duties (detailed in the tables following) and a legal framework within which it addresses issues of equality, diversity and human rights. The law describes both General Duties (to promote equality) and Specific Duties (particular actions to enable the realisation of the General Duties) for Race, Gender and Disability.

There are no General or Specific Duties for Sexuality, Age or Faith and Religion, but there are legal obligations. It is anticipated that the upcoming Single Equality Bill will expand the General Duties in 2010 to cover all of the previously mentioned protected characteristics, and will expand the Specific Duties from 2011 onwards. This scheme will therefore be refreshed and revised annually to reflect any legislative changes.

Below is a framework of legal duties for public bodies covering the 6 current equality strands:

Key Legislation		
Race	Gender	Disability
The Race Relations (Amendment) Act 2000	The Equality Act 2006	The Disability Discrimination (Amendment) Act 2005
The General Duties		
<ul style="list-style-type: none"> ▪ eliminate unlawful racial discrimination; ▪ promote equality of opportunity; and <ul style="list-style-type: none"> ▪ promote good relations between people of different racial groups. 	<ul style="list-style-type: none"> ▪ Positively promote gender equality for: <ul style="list-style-type: none"> ✓ Men ✓ Women ✓ Trans people ▪ Eliminate unlawful discrimination & harassment ▪ Promote equality of opportunity 	<ul style="list-style-type: none"> ▪ Promote equality of opportunity between disabled people and others ▪ Eliminate unlawful discrimination and harassment ▪ Promote positive attitudes towards disabled people ▪ Increase the participation of disabled people in public life and decision making ▪ Take steps to meet disabled people's needs even if this requires more favourable treatment

Race	Gender	Disability
<p>The Race Relations (Amendment) Act 2000</p>	<p>The Equality Act 2006</p>	<p>The Disability Discrimination (Amendment) Act 2005</p>
The Specific Duties		
<ul style="list-style-type: none"> ▪ Publish a Race Equality Scheme with a 3 year action plan ▪ Carry out race Equality Impact Assessments and publish the results ▪ Monitor access to services ▪ Publish staff ethnic monitoring data annually on: <ul style="list-style-type: none"> ✓ Applicants (successful and unsuccessful) ✓ The overall workforce, including seniority ✓ Staff accessing training & development ✓ Appraisals / promotions and staff development ✓ Grievances / performance reviews & disciplinaries ✓ Staff leaving employment ▪ Ensure information is accessible to all ethnic groups through provision of interpreted services and translated information ▪ Train all staff in understanding their legal duties around race equality 	<ul style="list-style-type: none"> ▪ Publish a Gender Equality Scheme with a 3 year action plan ▪ Monitor access to services ▪ Public gender breakdown of staff ▪ Carry out equal pay reviews between men and woman in the organisation and act on any issues arising ▪ Carry out gender Equality Impact Assessments and publish the results 	<ul style="list-style-type: none"> ▪ Publish a Disability Equality Scheme that details policies, processes and includes a 3 year action plan ▪ Involve disabled people in the formulation and monitoring of the Scheme ▪ Collect and evaluate data/information on disabled access to services and employment ▪ Carry out disability Equality Impact Assessments and publish the results ▪ Engage and involve disabled people in planning and decision making processes

Sexual Orientation	Religion or Belief	Age
<p>Employment Equality (Sexual Orientation) Regulation 2003</p>	<p>Employment Equality (Religion or Belief) Regulation 2003</p>	<p>The Employment Equality (Age) Regulations (2006)</p>
<p>The directive protects against discrimination on the grounds of sexual orientation in employment, vocational training, promotion, and working conditions.</p>	<p>The directive protects against discrimination on the grounds of religion and belief in employment, vocational training, promotion and working conditions.</p>	<p>Gives statutory protection against age based discrimination and harassment in the workplace. This covers:</p> <ul style="list-style-type: none"> • Mandatory retirement, • Dismissal and redundancy, • Statutory sick pay and maternity, • Harassment in the workplace.
<p>Civil Partnerships Act 2004</p>	<p>The Equality Act (2006)</p>	<p>The Equality Act (2006)</p>
<p>Provides legal recognition and parity of treatment for same-sex couples and married couples, including employment benefits and pension rights.</p>	<p>Extends these rights to the provision of goods and services. We have a legal responsibility to ensure that people of faith are not discriminated against in the delivery of services.</p>	<p>Does not cover age discrimination in the provision of goods, facilities and services.</p>
<p>Equality Act (Sexual Orientation) Regulations 2007</p>	<p>Racial and Religious Hatred Act 2006</p>	<p>The Sex Discrimination (Amendment of Legislation) Regulations 2008</p>
<p>Makes it unlawful to discriminate against a person on the ground of their sexuality or assumed sexuality, and includes the provision of goods, services and facilities.</p>	<p>The Act seeks to stop people from intentionally using threatening words or behaviour to stir up hatred against somebody because of what they believe.</p>	<p>Extends the Sex Discrimination Act to make it unlawful to discriminate on grounds of gender reassignment in the provision of goods, facilities and services as well as in employment and vocational training.</p>

Additional provision	
Human Rights Act 1998	
<p>Public authorities in the UK have obligations to promote and protect human rights, and all public authorities must act in a way that is compatible with the European Convention on Human Rights. This means treating individuals fairly, with dignity and respect, while also safeguarding the rights of the wider community.</p> <p>The Human Rights Act 1998 makes it possible for individuals to challenge in the UK courts any actions or decisions of public authorities that they believe have violated their rights. Previously, individuals had to take such a challenge to the European Court of Human Rights. UK courts must take account of human rights in their deliberations.</p> <p>The Act urges public authorities to apply a human rights framework to decision making across public services in order to achieve better service provision.</p>	<p>The following rights are covered by the Human Rights Act:</p> <ul style="list-style-type: none"> ▪ Right to life ▪ Protection from torture ▪ Protection from slavery and forced labour ▪ Right to liberty and security ▪ Right to a fair trial ▪ No punishment without law ▪ Right to respect for private and family life ▪ Freedom of thought, belief and religion ▪ Freedom of expression ▪ Freedom of assembly and association ▪ Right to marry ▪ Protection from discrimination ▪ Protection of property ▪ Right to education ▪ Right to free elections

The NHS Constitution

The NHS Constitution was published on 21 January 2009. It was one of a number of recommendations in Lord Darzi's report 'High Quality Care for All' which was published on the 60th anniversary of the NHS and set out a ten-year plan to provide the highest quality of care and service for patients in England. The NHS Constitution brings together in one place for the first time in the history of the NHS, what staff, patients and public can expect from the NHS

The first key principle of the NHS constitution is:

"The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, religion or sexual orientation. It has a duty to each and every individual that it serves. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population"

Achievements

During 2009 – 2010 the Trust has continued to work to meet its legal and moral obligations to promote equality of opportunity and equality of access for all; to tackle discrimination and remove barriers to services, employment and participation; and to promote greater understanding and awareness between individuals, groups, organisations and communities. We are proud of our achievements this year and will strive to make further progress throughout the lifetime of this SEHRS and beyond. The staff networks mentioned in this scheme have been created at the request of staff, and should staff require networks based on other characteristics not represented here, these networks can be established.

Race For Health

In 2009 NHS Brighton and Hove became one of 24 PCT members of the national Race For Health Programme – a peer review and learning programme to promote the delivery of Race Equality within PCTs up and down the country. The programme brings Trusts together to share learning and best practice and provides learning partners to identify priorities and outcomes to improve the equality of Black and Minority Ethnic staff and patients.

Lesbian, Gay, Bisexual & Transgender Staff Network

The Trust established a staff network for staff who identified as lesbian, gay, bisexual or transgender (LGBT) in April 2009. The network aims to – promote equality and tackle discrimination for LGBT staff; advise the Trust on best practice as an employer and service commissioner; and carry out other activities and work that enhance the experience of LGBT staff members of their employment within the Trust

The Network has been responsible for:

- ✓ the Trust's participation in Brighton LGBT Pride in 2009
- ✓ the Trust's first ever Stonewall Workplace Equality Index submission (see below)
- ✓ organised awareness raising workshops for staff on sexual orientation and gender identity in LGBT history month, February 2010

Disability Staff Network

Similarly the Trust established a network for disabled staff in January 2010. The network aims to not only support disabled staff with their employment in the Trust, but also to provide the Trust with advice and guidance on how policies, practices, training and development can better meet the needs of disabled staff. The network organised its first event – a lunchtime seminar looking at disability in the workplace, making reasonable adjustments and managing disabled staff in March 2010

Stonewall Workplace Equality Index 2010

In 2009 the Trust took part for the first time in the Stonewall Workplace Equality Index – an auditing tool that asks organisations to consider – and provide evidence for – how it treats LGBT staff and deals with LGBT issues. Stonewall produces a Top 100 employers from this audit, then works with organisations to produce action plans and move forward promoting LGBT equality. The LGBT staff network contributed to producing the Stonewall submission, and all Trust staff were asked to complete an anonymous online Stonewall

survey asking how they felt the Trust dealt with issues of sexual orientation for employees. The Trust was ranked outside of the top 100 nationally, and is determined to improve its standing year on year.

As a result of this process the LGBT staff network produced a brief paper for the Trust Board highlighting issues for LGBT staff they felt were important to be addressed, and this has been incorporated into the SEHRS action plan.

City Wide Trans strategy group

In December 2008 the TRUST attended the public launch of the Count Me In Too Bi and Trans report, looking at the experiences of local Bisexual (Bi) and Transgender(Trans) people in Brighton and Hove, including their experiences of local health services. At that event the Trust committed to establishing, with the Trans community, a City Wide Trans Health and Wellbeing Strategy. Despite some initial difficulties a group made up of Trust representatives, members of the Trans community, and members of 3rd sector LGBT organisations has formed to begin the task of identifying ways to improve Trans experiences of local services and Trans health and well being. This group will inform the SEHRS action plan, ensuring that Trans issues are properly addressed within the scheme.

Staff training

The Trust continues to provide mandatory Equality and Diversity Awareness training to all staff and Board members, ensuring that staff have a clear understanding of the diverse local population and how to tackle barriers that excluded communities face. Training must be accessed a minimum of once every 3 years by all staff, Board members etc. Training also explores staff responsibilities within equality legislation and the general and specific duties, enabling staff to understand their role in promoting equality and tackling discrimination. Equality Impact Assessment training is also provided to support staff to carry out EIAs on key Trust functions and policies. The Equality and Diversity Manager organises stakeholder involvement in EIAs, and provides training to those service users and members of the public to be involved.

Internal equalities survey

In November 2009 the Equality and Diversity Manager, in conjunction with colleagues from HR and the Training Team, carried out the first internal equalities survey of staff. A number of staff members had previously raised the issue that the national NHS staff survey didn't collect data on staff across all of the identified equality strands, and staff network members suggested to the Equality and Diversity sub committee that the Trust carry out its own survey.

The survey enabled staff to identify their age, gender identity, sexual orientation, disability, ethnicity and faith, as well as collecting information about caring responsibilities, employment status, pay grade, experiences of training and development, bullying and harassment and equitable treatment. The survey enabled the Trust to identify key staff groups and key actions for the future which have been incorporated in the SEHRS action plan. The results of this survey can be found on the Trust website at

<http://www.brightonandhove.nhs.uk/about/community/equalityanddiversity/index.asp>.

Public events and participation in public life

In August 2009 the Trust organised for NHS Trusts across the South East Coast region to take part in the Brighton LGBT Pride Parade. For many NHS organisations this was the first time they had joined the parade to show their solidarity with local LGBT staff, patients and the community. The Trust provided NHS branded T-Shirts with the slogan "Taking Pride in Your Health" for more than 50 NHS staff who marched alongside our colleagues in the South East Coast Ambulance Trust.

The Trust also participated in a wide variety of public events and activities throughout the year, including The International Day of Disabled People, Brighton and Hove People's Day, the Takepart Sports Festival, Men's Health Day, International Women's Day and the BME Elders' Day. As well as attending and providing information and opportunities for engagement with attendees, the Trust provided funding for a number of City-Wide public events throughout the year in order to provide sign language interpreting and palentypists to enable the participation of deaf people in public activities.

Healthcare Commission (HCC) compliance

The Trust declared compliance with Healthcare Commission Core standards in 2008/9. The key core standards that address, or have elements that include, equality and diversity are C7e, C8b, C16, C17 and C18. The Trust supplied evidence of its compliance with all of these core standards.

Equality Impact Assessments (EIAs)

Throughout 2009 the Trust carried out Equality Impact Assessments of key strategies and policies with an external group of stakeholders and service users. The group were provided with Trust Equality and Diversity training, and Equality Impact Assessment training, and all had experiences of accessing local NHS services, including mental health and drug and alcohol services. Members of the panel identified themselves as being part of a variety of local communities of shared identity, e.g. disabled; carers; older people; BME; LGBT etc. This external panel focused on assessing significant Trust strategies that were felt to have a significant potential impact right across all equality strands and for the majority of the local population. Learning from this process has been used to inform future Trust EIA processes.

The Trust currently holds contracts with a variety of local 3rd sector organisations to provide access to and engagement with local communities. These 'engagement gateway' organisations provide staff, volunteers or service users to participate in Trust EIAs from communities representative of all equalities strands.

For more information on Trust Equality Impact Assessments, please see Appendix 1

Ongoing engagement and consultation

As well as using mechanisms such as the GP Patient Survey, the NHS National Staff Survey, and PALS and Complaints the Trust also ensures that ongoing engagement and consultation with the public ensures that we are aware of levels of patient satisfaction, and key issues to be addressed. The activities, groups and networks referred to in this Single Equality and Human Rights Scheme form part of that process – other methods of engagement and involvement can be found at

<http://www.brightonandhove.nhs.uk/haveyoursay/getinvolved/index.asp>

The Trust ensures that all engagement activities, such as Equality Impact Assessments, community forums, the disability Get Involved Group and public meetings the Trust organises or contributes to, are accessible and inclusive of diverse people representative of all the equality strands by monitoring participants' identities (or encouraging partner organisations to monitor participants)

Employment Monitoring

The Trust annually reports on its workforce profile, publishing this information within the Equality and Diversity Annual report and on the Trust website. This information is drawn from Electronic Staff Records and the National NHS Staff Survey, to provide a picture of the diversity of staff within the Trust, and their experiences of being employees of the Trust. The results of this monitoring are used to inform future work within processes such as the Organisational Development Plan and the Single Equality and Human Rights Scheme Action Plan.

The Trust's "Dignity at work, Bullying and Harassment Policy" highlights "the right of each member of staff to be respected as an individual, to be valued for their contribution to the Trust, and to be treated equally with all other staff without discrimination on grounds of gender, race, ethnicity, belief, sexual orientation, age or disability".

Workforce profile data for the Trust for 2008/9 can be found in Appendix 2, and viewed on the Trust website at

<http://www.brightonandhove.nhs.uk/about/community/equalityanddiversity/index.asp>

Consultation, Involvement and drawing up the Action Plan

Creating the action plan for the Single Equality and Human Rights Scheme has involved bringing together knowledge and information from a variety of sources, both internal and external to the NHS, through a variety of mechanisms. This is in an attempt to ensure that the action plan is wide reaching and reflects issues that are priorities for patients and the public, staff, providers and partners.

For many issues and barriers identified through this process there are solutions that benefit not only those groups directly affected, but all patients, staff and members of the public too.

Therefore, whilst some of the suggestions received in this process identified one community (e.g. disabled people), the scheme has attempted to expand responses and actions to produce wider benefits. This is the true purpose of a Single Equality and Human Rights Scheme – to consider the reality that people cannot be identified solely by a single shared characteristic – but rather that services must be able to provide access and remove barriers for people who have complex identities and individual needs.

Existing Disability, Gender and Race Equality Schemes –

The Trust created Race, Disability and Gender Equality Schemes between 2005 and 2007, all of which contained 3 year action plans. The Race Equality Scheme was extended by a year to ensure it was still in effect whilst this scheme was being created. All schemes were created with stakeholder involvement – staff, patients and the public – and action plans were updated annually.

Outstanding actions from these schemes have been used to inform the SEHRS action plan. Some of these actions have remained specific to the individual communities they originally addressed, but many have been expanded to apply to all of the equality strand groups.

Disability Equality Scheme steering group

This group – a combination of disabled service users, local disability organisations and statutory service providers – was instrumental in creating and then monitoring the Trust's Disability Equality Scheme. The group continued to work with the Trust, City Council and local hospital Trusts to ensure they were meeting their disability duties as laid out in their equality schemes.

In 2008 The PCT and Brighton and Hove City Council jointly provided funding to Brighton and Hove Federation of Disabled People to establish the Get Involved project. This has created a group of disabled people with dedicated involvement workers, engaging with statutory bodies and decision making in the City. The group agrees key issues for local disabled people and holds public bodies accountable for improving disability equality.

The Get Involved Group and the involvement workers have been involved in monitoring the Trust's progress against its DES action plan, and in the consultations to create the SEHRS – therefore disabled patients and members of the public have directly contributed to the creation of this scheme and to the action plan it contains. The Trust continues to fund this work into 2010 to help establish disabled involvement in continually monitoring and developing the SEHRS and the Trust's disability equality duties.

Gender Equality Scheme steering group

Back in September 2007 the Trust formed a steering group to engage stakeholders with both the Trust's and the City Council's Gender Equality Scheme. Members of the group included patients and service users as well as representatives of 3rd sector organisations that provided services and dealt with issues that were either gender specific, or primarily were accessed by members of a specific gender group.

By November 2008 the group was struggling to engage with male patients and service users, and also to establish a balance between the needs of each gender group.

Participants felt that their interaction was not as effective as it could be if meetings didn't address issues relevant to their gender or their services.

It was agreed that the process would be placed on hiatus, to be revisited in light of the development of the SEHRS.

The mechanisms to engage stakeholders with the SEHRS will ensure that there is engagement and representation for all gender groups.

Black and Minority Ethnic Health Forum

In 2008 the TRUST funded the Black and Minority Ethnic Community Partnership to establish a BME Health Forum. This group was a mix of BME individuals and representatives of 3rd sector and public sector organisations. The aim of the group was to establish key health issues for BME communities and provide a way for communities and the Trust to engage with one another to address these issues.

The BME Health Forum participated in the consultation to create the SEHRS by providing feedback and suggestions for how the Trust could improve Race equality through the provision of primary care services. Group members participated in the discussion and submitted suggestions later in writing as well. The BME Health Forum will be invited to continue to monitor and interact with the Trust about the SEHRS.

Race Equality Action Plan

In September 2009 the Trust created a race equality action plan in response to the Race Equality Service Review carried out by the South East Coast BME Network between July and September 2009, and the national NHS staff survey. By combining key issues and data from these sources and examining the Trust's compliance with the Race equality duty, the action plan identified a number of key actions that the Trust would undertake to improve race equality.

These actions included improving the integration and impact of Equality Impact Assessments, and improving processes around recruitment, training and development to address under representation of BME staff. These actions have been included in the SEHRS action plan, expanded in some cases to include other equality strand groups.

Multi-Faith Health Forum

This forum is convened by the Chaplain at Brighton and Sussex University Hospitals Trust, and brings together local Faith leaders and community members with NHS and other public sector staff, to consider key health issues and services from the perspective of Faith communities. As part of the consultation creating the SEHRS this group were asked to consider how primary care services could better respond to the needs of people of Faith.

Public consultation

During October and November 2009 the Trust, in partnership with Brighton and Sussex University Hospital Trust, Brighton and Hove City Council, and Southdowns NHS Health Trust, carried out 3 full day public consultation events. These events took place in different venues across the City and at different times of the day and evening in order to enable as many people as possible to attend.

Members of the public were encouraged to discuss with representatives of each of these organisations the key equality issues as they saw them in the services each organisation provided. The Trust also asked participants to think of possible solutions, actions or ways forward to improve equality and tackle discrimination in primary care services and the NHS.

Issues that were relevant to other providers have been passed on to them, but those ideas, suggestions and pieces of feedback that relate to the services commissioned and managed by the Trust, have formed the basis for the SEHRS action plan. Where the Trust feels that issues or suggestions could be better addressed through other mechanisms than the SEHRS, these have been included in **Appendix 3**

The Trust also carried out targeted consultations with groups to reach members of traditionally excluded communities, such as disabled people, BME people and young men. These included the **Sussex Interpreting Service** interpreters, members of the **Multi-Faith Health Forum**, the **BME Health Forum**, the **Disability Get Involved Group** and the **Men Get Eating Disorders Too** group.

An online survey was carried on the Trust's website throughout December 09 and January 2010 inviting comments and suggestions from the public on how the Trust could improve equality and tackle discrimination through local NHS services. In total the Trust received over 250 suggestions, ideas and comments from members of the public from these activities.

Information regarding the diversity of participants in the public consultation activities is presented in **Appendix 4**

Count Me In Too (CMIT)

A partnership between the University of Brighton and Spectrum (LGBT Community Forum), the CMIT survey of almost 900 LGBT people was funded by the Trust and Brighton and Hove City Council Throughout 2008 and 2009 the findings from CMIT were released, looking at the experiences of local LGBT people, including their health and wellbeing and experiences of health services.. The Trust decided that rather than carrying out a specific piece of consultation for the SEHRS with the LGBT community so soon after this research was completed, that the key recommendations and issues from CMIT would inform the SEHRS action plan. The Trust has also earmarked funding towards the cost of a consultant based with Spectrum to begin the process of creating an LGBT Community Strategy, reflecting the findings of CMIT

City Wide Trans Strategy group

As mentioned previously, recommendations arising from this group will be incorporated into the SEHRS action plan.

Trust staff equalities survey

The equalities survey carried out in 2009 enabled the Trust to look at not only breakdown of staff in terms of identity (e.g. sexual orientation, faith, disability, caring responsibilities), and status (e.g. type of contract, full or part time working, pay grade), but also to investigate experiences of training and development, progression, bullying and harassment and treatment by other colleagues, in order to see if any experiences were common to particular staff groups. The survey enabled the Trust to identify which staff were most likely to feel that they had not received sufficient opportunities for progression or training, and which staff groups were under represented within the Trust. This information has been used to create specific actions within the SEHRS to promote equality for Trust staff.

Staff network reports

As mentioned previously, members of the LGBT staff network produced a paper for the Trust Board with proposals to address issues for LGBT staff which has been incorporated into the SEHRS action plan. Similarly members of the staff network for older staff – Colleagues of the 3rd Age (C3A) – held an event in February 2009 for staff to look at their experiences of aging within the Trust and how the Trust supported older staff and addressed issues such as intergenerational working, skills and knowledge retention and management, and mentoring and skills sharing. The report from this event was submitted to contribute to the Organisational Development Plan, and has also been used within the SEHRS action plan.

Action Planning

The data and information from all of the above sources has been brought together to form the action plan for the SEHRS, meaning the action plan is a direct response to consultation, engagement and feedback from staff, patients, the public and other stakeholders. This is the key part of the scheme, showing exactly what the Trust intends to do over the next 3 years to address the issues we have been made aware of through this process. In order to ensure that the action plan is as robust as possible, and contains actions and outcomes that will have an effect on improving equality and eliminating discrimination, this planning has taken place through a number of stages.

Actions have been formulated by the Trust's Equality and Diversity Manager, the Executive Team and the Senior Management Team. This ensures that the actions are embedded in the core activities of the Trust, and that teams and directorates have direct ownership over their actions and contributions to this scheme.

The first draft of the scheme has been presented to our Equality and Diversity sub-committee, and then presented to the Trust Board in February 2010. Following comments from both those committees, the final version of the SEHRS was submitted to the Trust Board and approved in March 2010.

Therefore the Trust's commitment to this work, and the actions it will carry out, have been understood and endorsed at the most senior levels of the organisation.

The Trust as a commissioner of services.

As NHS Brighton and Hove is a commissioner rather than a provider of health services for Brighton and Hove, it has a responsibility to ensure that commissioned and contracted services are fulfilling their legal duties around equality, diversity and human rights.

The Trust is therefore working to ensure that contracts, commissions and service level agreements are all explicit in highlighting provider's responsibilities in this area. The Trust is also working with providers to develop better monitoring systems to enable greater understanding of how Trusts are promoting equality and tackling discrimination.

Metrics for equality and diversity are being incorporated in quality outcomes and quality measuring mechanisms across the Trust, and this commitment to enhance the Trust's role in commissioning and procuring services that promote equality is reflected in the action plan later in this scheme.

Working in partnership

The Trust works in partnership with a wide range of local organisations, both statutory and 3rd sector, to ensure engagement with people and communities that otherwise may not have a voice. Representatives sit on diverse steering groups, for a, partnerships and working groups, and are involved in a variety of key public activities, in order to ensure that there are constant opportunities to hear key issues from minority communities within the City, and to work in partnership to address those issues and improve equality for all.

In January 2010 NHS Brighton and Hove signed the City's first ever Equality and Human Rights Charter with local statutory sector partners. The charter outlines the City's commitment to promoting equality and diversity through its public sector providers.

Some of the partnerships, groups and activities the Trust is currently involved in include:

- Black & Minority Ethnic Health Forum;
- Brighton & Hove Peoples' Day;
- Change-Up Consortium;
- Community Engagement Framework (CEF)
- City Inclusion Partnership (CIP);
- Community & Voluntary Sector Forum;
- Dialogue 50:50 Partnership;
- International Day of Disabled Persons ;
- International Women's Day;
- LGBT Community Safety Panel;
- LGBT Drug and Alcohol Working Group;
- Local Involvement Networks (LINKs);
- Migrants Working group;
- Pensioners Forum & 60+ Action Group;
- Race4Health;
- Refugee Week ;
- Sussex Police LGBT Reference Group;
- The Carers' Forum;

NHS Brighton and Hove Single Equality and Human Rights Scheme 2010-2013

The Multi-Faith Health Forum;
The Racial Harassment Forum;
The Refugee Forum;
The Stronger Communities Partnership;

Definitions of which groups we refer to within the scheme

Within the action plan we refer to Equalities Groups – some actions identifying particular groups and some actions applying to ALL. Where an action indicates ‘ALL’ this is an attempt to acknowledge that people largely do not fit neatly into boxes based on a single aspect of their identity, and therefore these actions should benefit ALL, based on removing barriers and improving access and equality.

Where an action indicates a particular group, this is based on the information and data used to create the scheme identifying key issues for particular groups. The names we use to identify these groups reflect definitions within legislation. Below is some detail explaining who we mean when we use these group names.

Age – ‘Unlawful age discrimination happens when someone is treated unfavourably because of their age, without justification, or is harassed or victimised because of their age’ (Equality and Human Rights Commission). This group includes people of all ages, younger and older, unless a specific age group is indicated.

Disability – ‘a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities’ (Disability Discrimination Act 2005). This group includes physical disability, chronic illness, sensory impairment, mental health conditions, learning disabilities, drug and alcohol use.

Ethnicity – ‘includes race, colour, nationality or ethnic or national origins’ (Race Relations (Amendment) Act 2001) – This group covers all ethnicities, but may contain specific actions for Black or Minority Ethnic groups within society.

Religion - ‘must be recognised as being cogent, serious, cohesive and compatible with human dignity’ (Equality Act 2006). **Belief** - ‘including philosophical beliefs, such as humanism, which are considered to be similar to a religion’ (Equality Act 2006). This group therefore includes those people who hold or subscribe to a recognised religion or belief.

Gender - The Sex Discrimination Act and Gender Duty refer to ‘Women, men and transsexual people’ when illustrating gender. This scheme considers gender to include a wide spectrum of gender identities by which people may personally define and present themselves. The use of the term Trans therefore indicates this range of personal gender identities.

Sexual Orientation - sexual orientation is defined as: ‘orientation towards persons of the same sex (lesbians and gay men); orientation towards persons of the opposite sex (heterosexual); and orientation towards persons of the same sex and the opposite sex (bisexual)’ (Sexual Orientation Regulations 2003). This group includes all sexual orientations and perceived orientations within and around these definitions.

Carers - The scheme considers a carer to be someone who ‘spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance

misuse problems. (The Carers' Joint Commissioning Strategy 2009-2012 (Brighton and Hove)).

Socio-economic disadvantage – is described in the Index of Multiple Deprivation and often refers to residents in the most deprived parts of the City. The scheme considers factors such as income, employment and education to have a significant effect on people's experiences of health services and their ability to access services.

ALL – as well as capturing actions for people who identify across more than one of the above categories, this grouping includes the new protected characteristics around Gender Reassignment; Pregnancy, Maternity and Breastfeeding; and Marriage or Civil Partnership. The scheme recognises that people may face discrimination based on more than one of the above, or on a combination of these factors, and attempts to address this 'multiple marginalisation' through the action plan

NHS Brighton and Hove Single Equality Action Plan 2010-2013

Issue	Equalities Group
The Trust to meet its legal equality duties, both specific and general	ALL
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Produce, publish and continually monitor the SEHRS and work to complete the actions contained within it (April 2010 onwards – quarterly reviews). ▪ Ensure the actions meet requirements for the specific Race, Gender and Disability duties (April 2010) ▪ Continually carry out and publish Equality Impact Assessments, and provide evidence that EIAs have led to service improvement (ongoing – published on Trust website) ▪ Monitor and publish workforce statistics as required for Race, Gender and Disability (annually in Equality and Diversity Annual report published on Trust website) ▪ Carry out regular Equal Pay Reviews within the Trust, and respond to the findings of these reviews (pay review took place in 2009 – next review in 2012) ▪ Provide mandatory training for Trust staff to be fully aware of their legal and employee obligations around equality and diversity (ongoing training provided – mandatory for all staff to attend at least once every 3 years) ▪ Ensure equality and diversity requirements are reflected in staff appraisals using the Knowledge and Skills Framework to review (April 2010 ongoing – review annually any impact) ▪ Trust to maintain membership in, and partnership working with, organisations to support work to achieve compliance with legal duties, including Race For Health and Stonewall, and others where appropriate (ongoing) ▪ Refresh and revise annually both the SEHRS and the action plan to respond to changing legislation and priority equality and diversity actions (January – March 2011 then annually) 	
Responsible: Chief Executive Officer	Outcomes
E&D Manager	<ul style="list-style-type: none"> • Compliance with equalities legislation, and reporting and auditing mechanisms from external bodies such as EHRC and the South East Coast SHA

Issue	Equalities Group
<p>The Single Equality and Human Rights Scheme action plan addresses all equality strand groups equally, and has measurable actions to demonstrate how it is improving equality for patients and staff.</p>	<p>ALL</p>
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ The Trust will consult with the public and marginalised communities, to identify key issues for local communities, and ways to address those issues. (Oct 09 – January 2010) ▪ From this consultation the Trust will develop the SEHRS action plan (Jan 2010 – March 2010) ▪ The Trust will continue to develop stakeholder relationships and mechanisms for future consultation activities and to monitor progress against the action plan. (April 2010 onwards) ▪ Progress against the action plan will be monitored and reported on, and the scheme updated accordingly (annually starting March 2011) ▪ The Trust will develop mechanisms for local excluded communities and their representatives to regularly and actively review the SEHRS action plan (June 2010 then quarterly for the life of the scheme) 	
<p>Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement</p>	<p>Outcomes</p>
<ul style="list-style-type: none"> ▪ The Equality and Diversity (E&D) manager will lead on the public consultations– with the support of the Engagement Team. ▪ The E&D Manager will write the SES with input from colleagues creating the action plan. ▪ The Board will need to approve the scheme. ▪ The E&D sub committee, ET, the Board and staff will all be responsible for the Trust fulfilling its obligations within the SES. ▪ Engagement and Communications teams will be needed for publicly launching the scheme 	<ul style="list-style-type: none"> ▪ The Trust will have a SEHRS with measurable actions to meet legal requirements. ▪ The SES will prepare the organisation for future equalities legislation. ▪ A stakeholder engagement mechanism that will provide the Trust with the views and experience of less engaged communities

Issue	Equalities Group
Ensuring that Equality Impact Assessments and consultation with stakeholders inform the future development of services and functions.	ALL
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Carry out a policy audit to establish status of Trust functions in relation to EIA process. (Jan- May 2010) ▪ Develop processes for ensuring that EIAs are used as evidence and data for developing new policies and strategies, or reviewing existing ones. (May 2010) ▪ Develop process for ensuring that EIAs are seen and considered by the relevant governance body when policies and strategies are ratified. (May 2010) ▪ Develop clearer guidance within business cases or cases for change as to the need for an EIA with the proposal (April 2010) ▪ Ensure the commissioning cycle includes EIAs and community stakeholder involvement as crucial elements within service review or design (May 2010 – ongoing) ▪ Monitor that functions and strategies have had the anticipated impact as outlined in the EIA (annual review of functions) ▪ Publish EIAs on the Trust website (ongoing as completed) ▪ Improve mechanisms for EIAs where services are jointly commissioned or jointly managed with City Council (▪ Develop more detailed and robust EIA tool, paperwork and training (throughout 2010 to review April 2011) 	
Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement	Outcomes
<ul style="list-style-type: none"> ▪ Assistant Director of Assurance ▪ E&D Manager ▪ Strategic Programme Manager – Delivery ▪ E&D sub committee ▪ all Board / governance committees 	<ul style="list-style-type: none"> ▪ An integrated, rolling process within and across all directorates that ensure Trust functions are EIA'd during their development, and prior to ratification. ▪ Increased public Trust as a result of published EIAs – mitigated risk around exclusion of minority groups from services. ▪ Compliance with legal duties, World Class Commissioning competencies and requirements within the NHS Constitution

Issue	Equalities Group
Monitoring and enforcing the compliance of provider organisations with the legal equalities duties	ALL
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Provider contracts to be reviewed and to include monitoring processes and performance indicators (PIs) around equality targets to ensure transparency around compliance and consistent reporting. (April 2010 – March 2012) ▪ Definitions of health inequalities across the organisation to be expanded to include equality strand groups, and experiences of these groups in provider services to be monitored. 	
Responsible: Director of Delivery	Outcomes
<ul style="list-style-type: none"> ▪ Assistant Director of Finance ▪ E&D Manager ▪ Contract managers ▪ Public Health Programme Manager 	<ul style="list-style-type: none"> ▪ Evidence that the Trust is meeting legal duties within the Single Equality Bill to use procurement to eliminate discrimination ▪ Improved service delivery and access to services to excluded groups ▪ Improved public opinion and Trust in the NHS locally

Issue	Equalities Group
<p>The Trust needs to more proactively improve access to services</p>	<p>Age Disability Ethnicity Religion / Belief Sexual Orientation Trans</p>
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Provide stakeholder input to equality and diversity training for Trust staff to better enable understanding of key issues and barriers for local communities (June 2010 onwards) ▪ Promote positive images and appropriate languages in all publications / information / communication (within Communications Strategy) ▪ Ensure that providers are appropriately communicating with and providing access to communication and support services to patients (review provider communication and communication support by March 2011 – action as a result from April 2011 onwards) ▪ Trust to ensure that commissioned and contracted services make provision for accessible transport and parking needs of disabled patients (ongoing through service specifications / contracts and commissioning – review complaints information and patient / public feedback) ▪ Ensure that GP and Dental practices offer extended appointments with patients who may have communication support needs, learning disabilities or mental health issues (ongoing – review PALS and complaints data and patient / public feedback to identify whether this is happening) ▪ With local stakeholders develop the concept of ‘mystery shoppers’ within NHS services, and evaluate patient experience to inform service design and review April 2011 onwards) ▪ Trust to ensure that disabled people are able to access Out Of Hours GP service, and have access to home visits where necessary ▪ Trust to ensure that disability awareness training is available for primary care staff (including GP practice staff) - focusing on the Social Model of Disability – which includes developmental disabilities, learning disabilities, mental health issues and invisible disabilities (through Protected Learning Scheme – review April 2011 and annually) 	
<p>Responsible: Director of Strategy / Director of Public Health</p>	<p>Outcomes</p>
<p>E&D Manager Engagement team Communications Team Training team</p>	<ul style="list-style-type: none"> ▪ Robust guidance and mechanisms to create and share more accessible information, enabling greater uptake of services from excluded communities. ▪ Compliance with legislation to improve access and equality for all excluded communities. ▪ More robust data identifying the

	communities wishing to access information, and an ability to monitor their experiences of services.
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Issue	Equalities Group
The Trust to look more proactively improve access to services (continued)	Age Disability Ethnicity Religion / Belief Sexual Orientation Trans
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Ensure that GP opening hours enable working people to attend outside of work hours ▪ Work with 3rd sector and mental health providers to ensure that communities are able to access mental health services – including older women, younger men, BME communities, LGBT people ▪ Trust to provide guidance on how to access local NHS services including how to register with or change GP or NHS dental service and how to complain. These to be made available in a variety of accessible formats and languages – targeting minority groups but especially refugee and asylum seekers, BME groups, disabled people and people with learning disabilities ▪ Target appropriate health promotion / sexual health and HIV prevention / screening services at less engaged communities with appropriate messages and services (ongoing) ▪ Improve the monitoring of users of service/analysis of data to better understand who is accessing and using services 	
Responsible: Director of Strategy / Director of Public Health	Outcomes
E&D Manager Engagement team Communications Team Training team	<ul style="list-style-type: none"> ▪ Robust guidance and mechanisms to create and share more accessible information, enabling greater uptake of services from excluded communities. ▪ Compliance with legislation to improve access and equality for all excluded communities. ▪ More robust data identifying the communities wishing to access information, and an ability to monitor their experiences of services.

Issue	Equalities Group
Ensure that all communities have fair and equitable access to services by increasing monitoring of service users across all statutory providers	ALL
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Work jointly with other local statutory providers to develop city-wide approach to monitoring covering all equality strands ▪ Agree joint definitions of equality and diversity and shared language and processes ▪ Improve information sharing across services to enable more accurate and up to date information on key issues and communities across the City ▪ Use data to identify gaps in health services and design or improve services to address these gaps ▪ Develop monitoring mechanisms within PALS and Complaints to identify equality information of service users and any key issues or patterns emerging for local communities ▪ Provide training for frontline staff to be better able to establish if a complaint is in any way a result of a patient's age, disability, gender, ethnicity, transgender status, sexual orientation or religion. ▪ Ensure contracts with providers require that they provide monitoring data for service users across all 6 equality strand communities ▪ PCT to use monitoring data from local providers to inform future commissioning intentions 	
Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement	Outcomes
Equality and Diversity Manager Head of Patient and Public Engagement Communications Team	<ul style="list-style-type: none"> • NHS providers locally collect more robust monitoring data of service users • Quality Dashboard ensures that services are collecting and reporting this data

Issue	Equalities Group
Dedicated or specialist health services for identified communities	Disability (Deaf, Deaf/Blind) Ethnicity Sexual Orientation Trans
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Trust to work with local practices through the ‘Responsive Practice Local Enhanced Scheme’ to develop a ‘Quality Marked’ training programme for practice staff and GPs on a variety of equality and diversity issues ▪ Trust to support opportunities for GP practices to engage and work with local communities to increase understanding of issues and barriers and to promote working together to tackle these issues ▪ Trust to provide information as to which practices have accessed equality and diversity training opportunities to enable patients to make informed choices ▪ Trust to continue to engage with the 3rd sector to provide support services to communities across the City, and to work to build the capacity of the sector to provide services 	
Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement	Outcomes
Primary Care Contracts Manager Patient and Public Engagement Manager Equality and Diversity Manager	<ul style="list-style-type: none"> • Patient satisfaction surveys and local research indicates that service users from equality strand groups have comparable experiences and outcomes to those from the wider population.

Issue	Equalities Group
Involve and engage marginalised local communities in assessing health needs and service experiences, and in consultations on Trust functions and strategies	ALL
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Trust to ensure that all public consultations are accessible to members of minority communities, and that appropriate communities are targeted and engaged with (ongoing) ▪ Trust will hold an annual meeting with deaf and deaf / blind community members to look at experiences of services and community health and mental health needs (Annually) ▪ Trust to carry out a health needs assessment of local BME communities ▪ Continue to develop 'Gateway' contracts with 3rd sector organisations to increase engagement and communication with less engaged communities and representative organisations (throughout 2010, contracts to come into effect Aril 2011) ▪ Continue to work with the local Trans community to create a City Wide Trans Health and Wellbeing Strategy and improve access to NHS services for Trans people (ongoing) ▪ Improve engagement with local for a / structures for older people, younger people, people of different faiths and beliefs ▪ Identify groups where data is scarce and work with statutory partners, providers and public and patients to increase and improve data collection for these groups (April 2010 ongoing) ▪ Improve joint engagement mechanisms by improved partnership working across the statutory sector in line with the Community Engagement Framework – and identify common areas for joint consultation with 3rd sector groups and the public ▪ Trust to evidence where engagement and consultation with patients, the public or minority communities has impacted on service design and delivery, and the outcome of this on equality groups ▪ Develop specialist support services for Carers ▪ Clarify role and recognition of Carers in obtaining consent and information with particular reference to same sex , and unmarried couples and civil partners ▪ Engage with local men, and those facing socio-economic deprivation to identify barriers to local NHS services 	
Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement	Outcomes
	<ul style="list-style-type: none"> • There is effective engagement with local communities and groups, and that this engagement is evidenced through the PCT's response to 'Real Accountability'

Issue	Equalities Group
Improving communication and access to information for service users	ALL Disability
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ The Trust to consulted with local community language interpreters (December 09) to identify potential ways to improve access to information, including – ✓ proactively producing and distributing key information in the main community languages in advance; ✓ advertising services in appropriate BME community settings; ✓ working with interpreters to spread information about services and functions through relevant communities; ✓ involving BME community members and stakeholders in designing and monitoring services. ▪ Develop guidance within the Trust Communications Strategy about the production of accessible information (March 2010) ▪ Provide SEHRS in alternate formats and languages (April 2010) ▪ Review and monitor uptake and requests for information (April 2010 – ongoing, review annually) ▪ Work with local communities to identify appropriate images and languages to be used in all publications / information / communication (within Communications Strategy) ▪ Increase provision of information in formats appropriate to people with learning disabilities 	
Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement	Outcomes
E&D Manager Engagement team Communications Team	<ul style="list-style-type: none"> ▪ Robust guidance and mechanisms to create and share more accessible information, enabling greater uptake of services from excluded communities. ▪ Compliance with legislation to improve access and equality for all excluded communities. ▪ More robust data identifying the communities wishing to access information, and an ability to monitor their experiences of services.

Issue	Equalities Group
Improving communication and access to information for service users (continued)	ALL Disability
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Trust to provide health promotion and prevention and sexual health information which is targeted at people with learning disabilities and other communities experiencing barriers to communication and information (March 2011). ▪ Ensure that practices offer extended appointments with patients who may have communication support needs, learning disabilities or mental health issues ▪ The Trust to be mindful that not all people are able to access the internet and ensure that information and communication is provided in other formats and through other medium too (to be included in Trust Communications Strategy) 	
Responsible: Director of Strategy / Deputy Director for Quality and Public Engagement	Outcomes
E&D Manager Engagement team Communications Team	<ul style="list-style-type: none"> ▪ Robust guidance and mechanisms to create and share more accessible information, enabling greater uptake of services from excluded communities. ▪ Compliance with legislation to improve access and equality for all excluded communities. ▪ More robust data identifying the communities wishing to access information, and an ability to monitor their experiences of services.

Issue	Equalities Group (Trust staff)
Ensuring Trust workforce is representative of the diverse populations it commissions health services for	ALL
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Review and produce recruitment guidelines that ensure an increased diversity of applicants, including how and where vacancies are advertised. (by April 2010) ▪ Review interviewing guidelines to ensure equality of opportunity for all candidates. (by April 2010) ▪ Ensure both internal and external recruitment procedures seek to address gaps in the existing workforce, and promote diversity of staff at all levels of the Trust (review Electronic Staff Records and NHS staff surveys to monitor diversity workforce annually) ▪ The Trust will put measures in place to increase number of male staff under 40 years of age (review from April 2011 annually) ▪ The Trust will put measures in place to increase number of disabled staff at all levels of the Trust (review from April 2011 annually) ▪ The Trust will put measures in place to increase number of women at nationally set Agenda for Change (AfC) pay bands 6, 8a, 8b and 8d (review from April 2011 annually) ▪ The Trust will put measures in place to increase numbers of Black and Minority Ethnic Staff across the Trust and particularly at AfC pay bands 7 and above (review from April 2011 annually) ▪ The Trust will put measures in place to increase numbers of LGBT staff (review from April 2011 annually) 	
Responsible: Director of Assurance and Development / HR Manager	Outcomes
<ul style="list-style-type: none"> ▪ HR Manager ▪ E&D Manager ▪ Staff networks ▪ External stakeholders ▪ E&D sub committee to monitor progress. 	<ul style="list-style-type: none"> ▪ A robust recruitment process that provides the greatest equality of opportunity for minority groups, and enables the Trust to identify the impact of recruitment processes on the diversity of the staff team

Issue	Equalities Group (Trust staff)
Ensuring fair and equitable access to training and development opportunities	ALL Age (All) Disability Ethnicity
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Ensure monitoring forms for training correspond to other monitoring the Trust carries out (April – June 2010) ▪ Training team to monitor uptake of training—particularly to ensure disabled and BME staff are accessing training (review annually comparing data). Monitoring to include breakdown of type of training being accessed e.g. mandatory, statutory, vocational etc ▪ Training team to circulate information for staff about external training and development opportunities (April 2010 onwards) ▪ Ensure that all training (included that provided by external trainers) is accessible to all staff (April 2010 onwards) ▪ Ensure under represented staff have access to mentoring and development programmes from the SHA, particularly BME staff (April 2011) ▪ Develop training and development opportunities for staff underrepresented at senior level and those that report unequal access to training to include intergenerational mentoring and shadowing (July 2011) 	
Responsible: Director of Assurance and Development / HR Manager	Outcomes
<ul style="list-style-type: none"> ▪ Training team ▪ E&D Manager 	<ul style="list-style-type: none"> ▪ Increased access to training opportunities for staff ▪ Increasing skills and development of staff

Issue	Equalities Group (Trust staff)
Ensuring fair and equitable access to career development and progression	Age (Older) Disability Ethnicity
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ The Trust's Organisational Development (OD) plan to identify under representation and lack of development or progression for particular groups of minority staff, including BME staff, and develop action plans to address this. (September 2010) ▪ Mentoring and development programmes specifically to support Trust staff progression through pay grades. (April 2011) ▪ Develop a Trust BME staff network and continue to develop the Trust disability staff network. (September 2010) ▪ Ensure decision making processes that affect opportunities for career progression are clear and transparent, and regularly monitor access to development and progression opportunities (April 2011) ▪ Improve numbers of staff who report within the NHS staff survey that they have received appraisals and have PDPs, and that these are effective and support their development (April 2011 onwards) ▪ Ensure reasonable adjustments are explicitly available for all opportunities for development within the Trust (September 2010) ▪ Target development opportunities at Trust BME staff in AfC pay bands 5 and 7 (April 2011) ▪ Develop guidance around 'reasonable adjustments' for disabled Trust staff and provide support for managers (September 2010) 	
Responsible: Director of Assurance and Development / HR Manager	Outcomes
<ul style="list-style-type: none"> ▪ E&D Manager 	<ul style="list-style-type: none"> ▪ Increased diversity of Trust staff ▪ Improved representation of BME groups at higher pay scales within the Trust ▪ More highly skilled and motivated workforce ▪ Benefits for Trust retaining staff by providing opportunities for progression

Issue	Equalities Group (Trust staff)
Experiences of bullying and harassment from senior staff and colleagues within the Trust	Age (All) Disability Gender Ethnicity Religion / Belief Sexual Orientation
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Provide training for staff and managers, the Executive team and the Trust Board to increase awareness of bullying and harassment and to increase reporting (already in progress). ▪ Monitor reported incidents to identify any patterns (April 2010 onwards) ▪ Ensure there are clear and transparent processes to thoroughly investigate and respond to reported incidents (September 2010) 	
Responsible: Director of Assurance and Development / HR Manager	Outcomes
	<ul style="list-style-type: none"> ▪ Staff and managers are better able to report and address issues of bullying and harassment ▪ Incidences and experiences of bullying and harassment reported through anonymous staff survey mechanisms decrease year on year

Issue	Equalities Group (Trust staff)
Staff experience a lack of equity in how they are treated and how opportunities are made available.	Age (Younger) Gender (Women) Disability Carers
<p>Actions (with timescales):</p> <ul style="list-style-type: none"> ▪ Ensure progression opportunities are addressing identified ‘bottlenecks’ within the staff structure (September 2011) ▪ Increase training for managers—including disability awareness training and awareness training for all minority or under represented groups within the Trust (July 2011) ▪ The Trust will create a Carer’s Policy (April 2011) 	
Responsible: Director of Assurance and Development / HR Manager	Outcomes
	<ul style="list-style-type: none"> ▪ Reporting of less equitable treatment through staff survey mechanisms decreases year on year

Appendix 1 – Equality Impact Assessments

The Trust, like all public bodies, has a legal requirement to carry out Equality Impact Assessments (often referred to as EIAs or EQIAs). These assessments identify the key functions within the Trust that may have a significant impact on enabling the Trust to meet its equality duties.

EIAs engage stakeholders, both internal and external, to review a strategy; policy; business case; service design etc. and attempt to anticipate whether this function could have a disproportionate impact against any of the equality strand communities. The Trust must then show how that function will be amended, or how the Trust will respond, to ensure that the impact is positive and removes discrimination, rather than causing it. Trust functions will have an EIA on them at least once every three years, or annually where a function is seen to be particularly relevant to promoting equality and tackling discrimination.

Diverse, external stakeholders participate in EIAs, and the Trust has a number of contracts and service level agreements with 3rd sector organisations to support the involvement of staff, volunteers and service users in this process. Internal stakeholders are made up of members of the Trust's equality staff networks, and staff members trained in carrying out EIAs.

The Trust has systematically carried out and published its EIAs since 2008, and will be reviewing and improving its processes and tools throughout 2010 to ensure that EIAs are as robust as possible, and can evidence that they have resulted in improved outcomes and experiences for patients. The Trust is beginning this process with a policy audit, as reflected in the SEHRS Action Plan.

The process for carrying out EIAs within the Trust is as follows:

- Equality and Diversity Manager prioritises those policies and functions that are likely to have most relevance in meeting the equality duties to promote equality; tackle discrimination; promote good relations between groups.
- Policy author and Equality and Diversity Manager screen a policy / strategy / function to identify any potential impact (positive or negative) for equality communities. This consideration includes information from any community consultations already undertaken to inform creation of the policy, and other local and national intelligence.
- If agreed that the policy is unlikely to have a disproportionate impact on equality strand communities, and is not intended to have a disproportionate impact on equality strand groups, this is captured on the screening cover sheet, which is then published on the Trust website.
- Policies that have been screened in this manner will be checked annually or whenever they are reviewed or refreshed to ensure that this assessment remains relevant.

- If agreed that this policy should have, or is likely to have a disproportionate impact for any particular communities, the Equality and Diversity Manager will work with the policy owner to identify the key potential issues and key stakeholders to involve.
- A full equality impact assessment is then carried out with internal and external stakeholders, analysing the potential impact of the policy, ensuring it is positive and works to meet the Trust's duties, and agreeing methods by which the Trust will measure and evidence the anticipated impact has happened.
- The policy owner uses all of the information from consultations and the equality impact assessment to complete the EIA cover sheet, which accompanies the policy through the ratification process.
- Once the policy has been ratified the EIA cover sheet is published on the Trust website in order to be accessible to the public and patients.
- Policies that have undergone a full EIA in this was are reviewed annually to ensure they continue to have the anticipated impact, and to ensure that unanticipated outcomes are captured. A full EIA is carried out annually if a policy is significantly changed or is failing to have the desired impact.

Below is a list of key Trust functions that the Trust believes have relevance to its performance of the general equality duties, and their status. This list will be regularly updated as policies and functions are created, reviewed and assessed, with the Equality and Diversity sub-committee reviewing progress annually.

Trust policies not on listed below have been assessed as having no potential impact on the Trust meeting its equality duties. These policies will therefore go through a screening process whenever they are reviewed or amended to ensure that this assessment remains correct. The Trust may decide at any time that a policy has changed significantly enough to warrant a full EIA.

The Trust publishes EIA cover sheets within the Equality and Diversity pages of its website, containing all of the information of each completed EIA. These papers, and more information on Trust EIAs can be found on the Trust website at:

<http://www.brightonandhove.nhs.uk/about/community/equalityanddiversity/index.asp>

List of key policies prioritised for Equality Impact Assessments

The following Trust policies have been assessed as having high priority in enabling the Trust to meet its legal equality duties and obligations:

Name of policy / strategy	Date EIA is expected by
Annual Operating Plan 2009/10	May 2010
Complaints Policy	August 2010
Strategic Commissioning Plan 2008 to 2013	May 2010
Human Rights Statement	August 2010
Primary and Community Care Strategy	May 2010
Standing orders, reservation and delegation of powers and Standing Financial Instructions	September 2010
Guide to tendering / Tendering procedure / Tendering Register	September 2010
Fire Evacuation	September 2010
Equal Opportunities Policy	October 2010
Sickness Absence Policy	October 2010
Maternity, Paternity, Adoption and Parental Support Policy	October 2010
Annual leave policy	October 2010
Flexible working policy	October 2010
Home working policy and guidelines	October 2010
Disciplinary policy	October 2010
Capability Policy	October 2010
Dignity at work, bullying and harassment policy	October 2010
Policy on violence and aggression to staff	October 2010
Lone worker policy	October 2010
Learning & Development policy	October 2010
Secondment policy	October 2010
Supervision policy	October 2010
Development Review (Appraisal) policy	October 2010
Individual Grievance policy	October 2010
Collective grievance and disputes policy	October 2010
Job evaluation policy	October 2010
Organisational change, redeployment and redundancy policy	October 2010
Protection of pay and conditions of service	October 2010
Recruitment and selection policy	October 2010
Retirement policy	October 2010
Policy on underpayment of salaries	October 2010

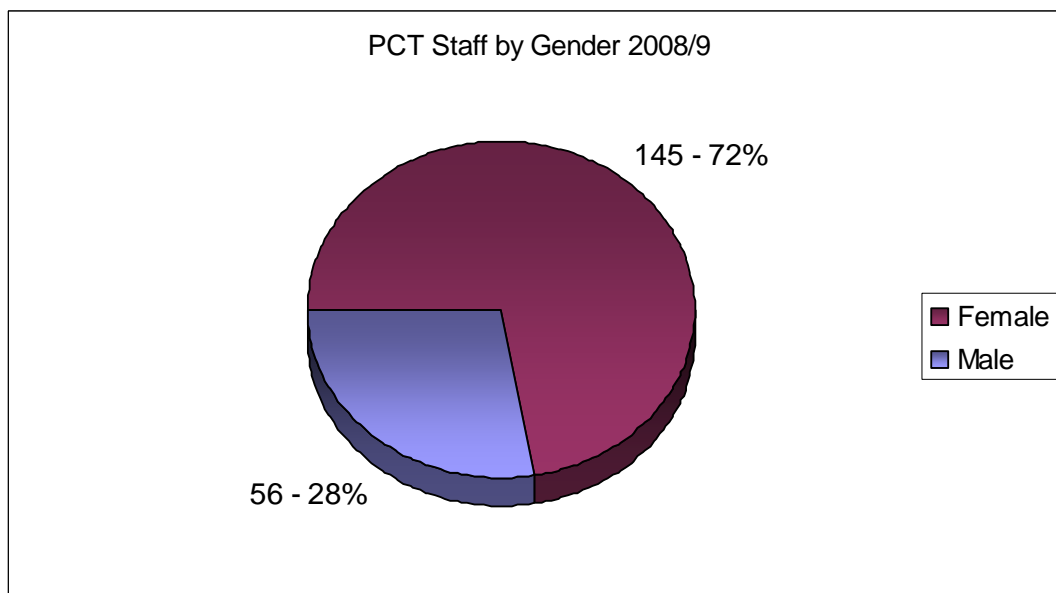
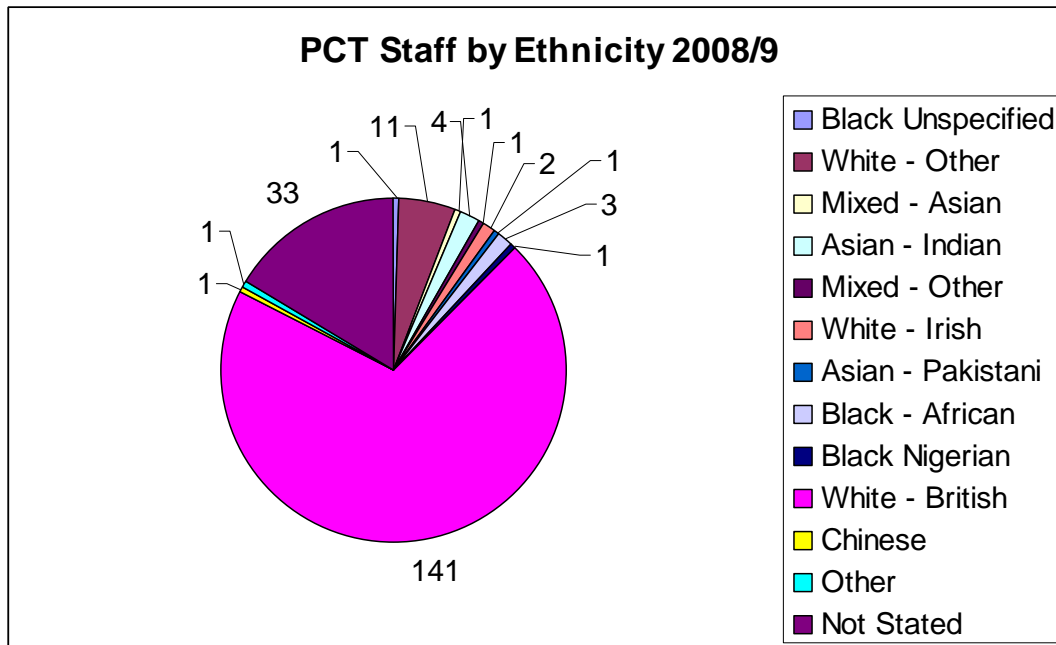
Name of policy / strategy	Date EIA is expected by
Existing mechanisms for consulting with or involving Patients, Carers and the Public	July 2010
PCT Public Meetings Policy 2006	July 2010
Supporting Patient, Carer and Public involvement 2009 (draft)	July 2010
Payments for patient, service user and carer involvement	July 2010
Cosmetic procedures policy	June 2010
Female sterilisation policy	June 2010
Template Criteria for NHS Funded Assisted Conception Treatments for Sub-fertility	June 2010
Assisted reproductive techniques for fertility preservation for patients receiving gonadotoxic treatments	June 2010
Overarching policy for the implementation of the Single Assessment Process	June 2010

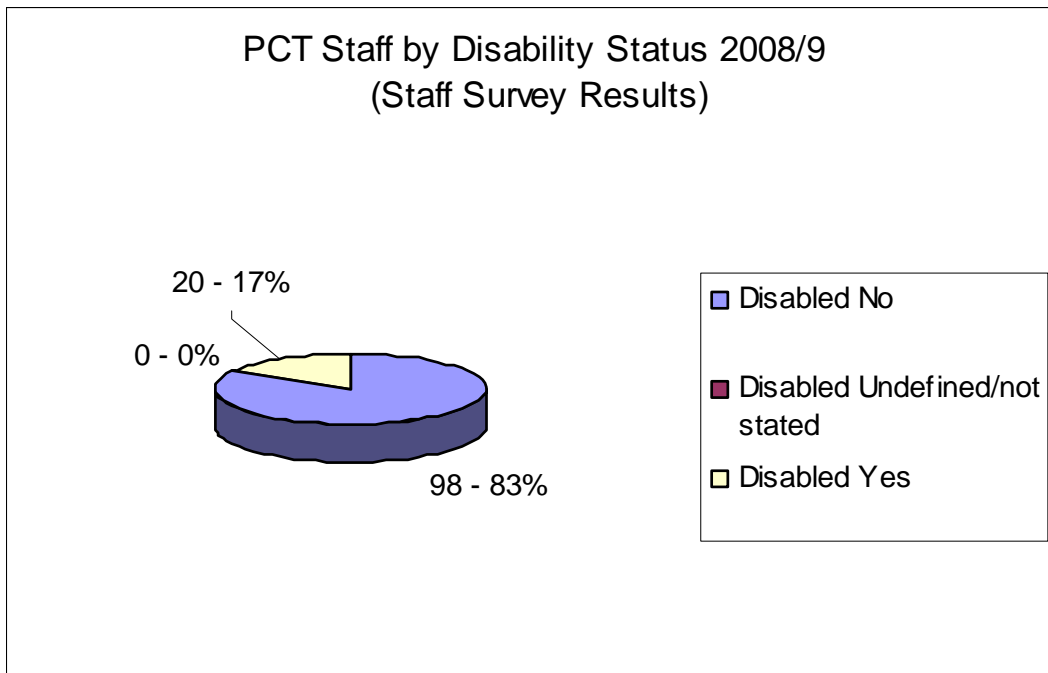
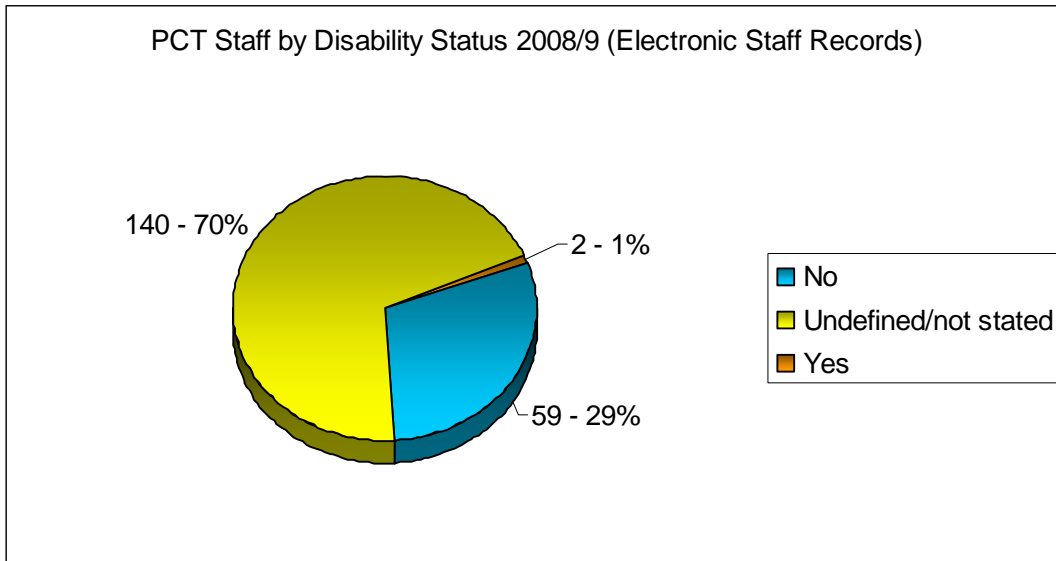
The following policies have been assessed as having some or little impact on enabling the Trust to meet its legal equality duties and obligations:

Name of policy / strategy	Date EIA is expected by
Policy on repayment of salary, travel and subsistence overpayments	January 2011
Claims policy and procedure	January 2011
Policy on Sponsorship and joint working with the Pharmaceutical industry	May 2011
Business Continuity Plan	February 2011
Health & Safety	March 2011
Recognition and Facilities Agreement	April 2011
Disrupted Travel to Work policy	April 2011
Leave of absence and career break policy	April 2011
Alcohol and Substance misuse policy	April 2011
Expenses policy	April 2011
Safer working practice (external organisation)	March 2011
Removal of Benign skin lesions policy	November 2010
Circumcision policy	November 2010
Policy on prescribing and supply of unlicensed medicines or those used off-label	November 2010

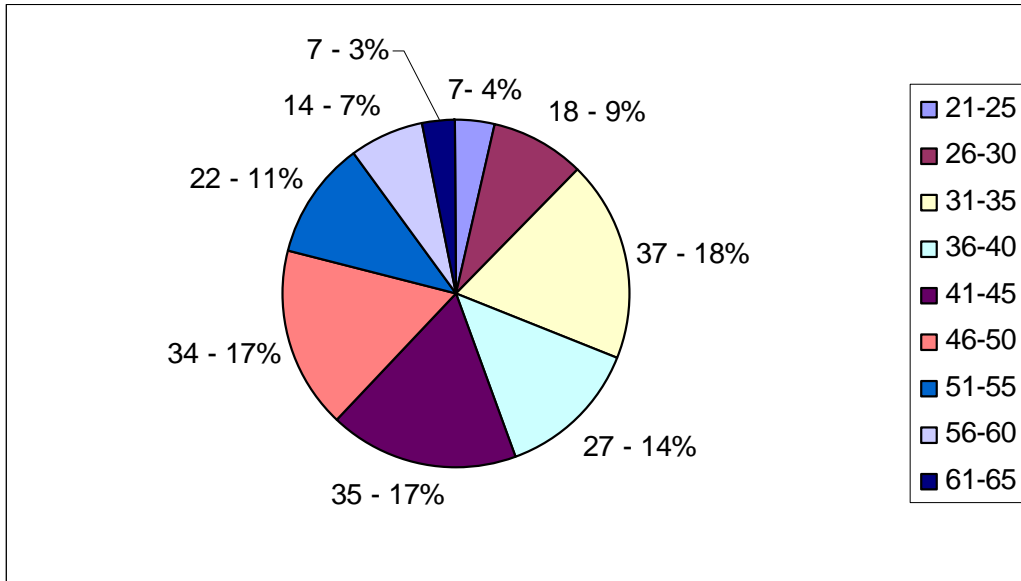
Appendix 2 – Trust Workforce data

Below is information regarding the Trust workforce profile for 2008/9. Data from the National NHS staff survey, and the Trust’s own internal staff equalities survey for 2009/10 will be available from May 2010 and will be published on the Trust’s website.

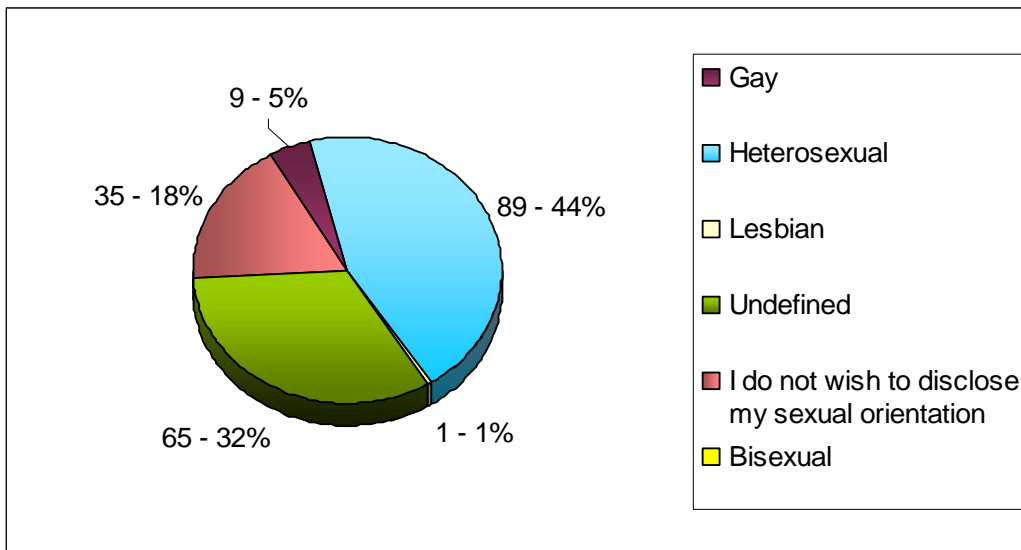


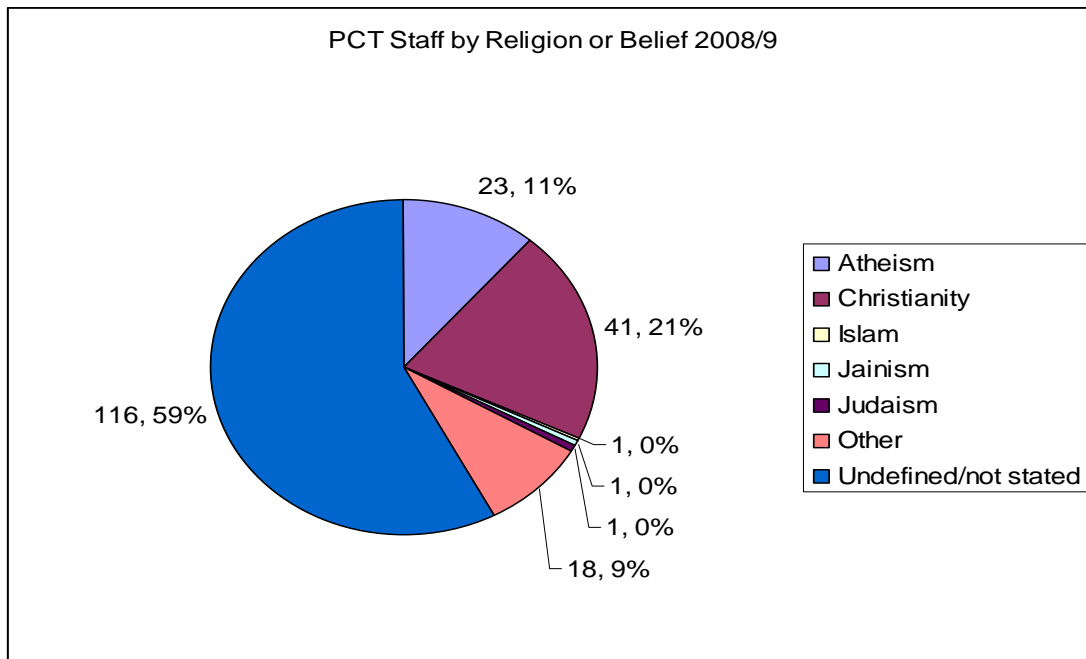


Trust Staff by Age 2008/9



Trust Staff by Sexual Orientation 2008/9





Appendix 3 – Issues from the consultation for the SEHRS not included in the Action Plan

During public consultations and engagement to create the action plan for the SEHRS, a range of issues and suggestions were raised that the Trust felt could be better addressed through other mechanisms rather than within the SEHRS. In order to show how those issues have been responded to and how the Trust will address them in the future, they are included in this table

Key Issues	Actions and outcomes	Timescales	Responsibility
More information about other support services and sources of information about the NHS from GPs and hospitals	To be included in Communications implementation plan Monitor number and breadth of places health information can be accessed Monitor user feedback Actions relevant to this issue are also included in the PCT Long Term Conditions and Urgent Care Commissioning Plans (under the Primary and Community Care Strategy 2010)	End of 2010 then annually review	Communications team, working with primary care
More targeted health promotion and sexual health promotion information particularly for older people, younger people, men, people with disabilities, people with learning disabilities	To be included in Communications implementation plan Monitor number and breadth of places health information can be accessed Monitor user feedback	As defined by targeted campaigns timelines	Communications team, working with health promotion
Communication training for GPs and front line staff around disabilities, deaf people, BME people	To be included in Communications implementation plan Training through GP Protected Learning Scheme Monitor feedback forms	Elements incorporated into all new training by end 2010	Communications team
Training to challenge assumptions of GPs and front line staff particularly around gender, age, sexuality, faith, ethnicity, disability	To be included in Protected Learning Scheme. We will run an Equalities event as part of the PLS so that Primary Care staff are aware of the needs of different groups.	Deadline – April 2011	Head of Primary and Community Care, HR Manager

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<p>Clear information accessible to all about local NHS services – availability and entitlement and how to access them</p>	<p>To be included in Communications implementation plan</p> <p>Monitor number and breadth of places health information can be accessed</p> <p>Monitor user feedback</p> <p>Actions relevant to this issue are also included in the PCT Long Term Conditions and Urgent Care Commissioning Plans (under the Primary and Community Care Strategy 2010)</p>	<p>End of 2010 then annually review</p>	<p>Communications team</p>
<p>Partnership working and clear communication with 3rd sector, supporting provision of services by 3rd sector organisations</p>	<ul style="list-style-type: none"> • NHS Brighton & Hove is committed to ongoing engagement in a number of partnerships with the 3rd sector. These include: <ul style="list-style-type: none"> ✓ the Dialogue 50:50 ‘think tank’ ✓ the ChangeUp Consortium ✓ the Stronger Communities Partnership • NHS Brighton & Hove has commissioned the follow-up research to ‘Taking Account’ via the University of Brighton. This research will show the health impact and value for money of commissioners procuring from the 3rd sector. • NHS Brighton & Hove funds the Community & Voluntary Sector Forum. 	<p>This research should be published in April 2010.</p> <p>Confirmed funding until 31 March 2010 An on-going review of all NHS Brighton & Hove contracts during 2010 may secure funding beyond this.</p>	<p>Patient and Public Engagement Manager</p>
<p>Better working across providers and sectors – esp CYPT / NHS with local authority / and NHS referrals across providers</p>	<p>Joint work programme and agree future areas for review, including potential joint roles</p>		<p>Amanda Fadero/Geraldine Hoban</p>
<p>NHS Brighton and Hove staff - Improved access and availability for occupational health assessments</p>	<p>Included in OH services review</p> <p>A new OH provider will be contracted and part of the procurement process involves improved timescales and access.</p>	<p>Deadline April 2010</p>	<p>HR Manager</p>

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<p>Improved diabetes services and support for young people – including wider availability of services to include psychotherapy and other support service</p>	<p>Is included in the Commissioning of Children’s Services Review</p>	<p>Anita Finlay/Geraldine Hoban</p>
<p>Outreach into communities to provide information and services for isolated people</p>	<ul style="list-style-type: none"> • NHS Brighton & Hove has funded several 3rd sector organisations to be its ‘engagement gateways’ into those communities which are typically less engaged. The funding is to ensure an open, two-way dialogue between NHS Brighton & Hove and the communities involved. To date the mechanisms for doing this have not been prescriptive. The ‘gateways’ funded include: <ul style="list-style-type: none"> ✓ the Black & Minority Ethnic Health Forum (via the Black & Minority Ethnic Community Partnership ✓ various health related subgroups for the Lesbian, gay, Bisexual & Transgender community (via Spectrum) ✓ the Mind Live project for mental health service users (via Mind) ✓ the Carers Forum and Carers drop ins (via the Carers Centre) ✓ a forum for parents of disabled children (via Amaze) ✓ the Get Involved Group for Disabled people (via the Federation of Disabled People) ✓ the 60+ Action Group and Pensioners’ Forum (via Impetus) 	<p>These all have confirmed funding until 31 March 2010 and will form part of the on-going review of all NHS Brighton & Hove contracts during 2010 which may secure funding beyond this.</p> <p>Patient and Public Engagement Manager /Equality and Diversity Manager</p>
<p>Increase out of hours access and home visits particularly for older people and disabled people / full time workers and carers</p>	<p>Included in Primary Care Commissioning plan – targets re: increasing access in and out of hours</p> <p>Part of Long Term Conditions commissioning plan to improve access and reduce variability for people who are housebound, including people in care homes</p>	<p>Head of Primary and Community Care</p>
<p>Robust monitoring of complaints and incidences of discrimination within all</p>	<p>To review contractual arrangements Regular submission on</p>	<p>by April 2010 Claire Quigley/Jane Bolding</p>

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providers	complaints and PALS data to be written into key provider contracts		
Ensure complaints processes are simple and accessible	Review as part of quality framework Review of complaints literature and policies of main providers Training for Independent Contractors on complaints processes	by June 2010 by May 2010	Nick Carter Meadows/ Jane Bolding/Matt Simkin
Better communication about what is being done to improve access (e.g. availability of interpreters / Brighton station practice walk in service)	Not Prioritised		
Use diverse images and language in posters and leaflets / NHS information to better reflect patients	To be included in Communications implementation plan More diverse images used in corporate communications Monitor user feedback	Whenever new publications are commissioned	Communications team
Improve services for domestic violence and rape / sexual assault – provide training for GPs and practice staff to better identify and sign post	To review commissioned services		Nick Carter Meadows
Provision of health services for travellers / migrant workers / homeless	To review JSNA		Lydie Lawrence/Tom Scanlon
Information on Choose and Book and 18 Weeks in simple / accessible / appropriate information for minority communities to understand – also ensure BICS has systems to confirm that patients understand purpose and details of appointments	Not Prioritised		
Investigate provision of services to people with multiple support needs e.g. patients who don't speak English and are deaf or have learning disabilities	to review and include in Physical Disability Strategy		Jo Matthews/Linda Harrington
Ensure same sex accommodation in hospitals	Review as part of quality review Board and dash boards		Nick Carter Meadows/Terry Needle

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Greater awareness amongst GPs of increased mental health needs of particular groups, including refugees and asylum seekers, some BME communities, some LGBT people, some people with disabilities	To be included in PLS. See above action regarding PLS		Head of Primary and Community Care, HR Manager
More targeting at men for primary care services, health checks etc. make NHS environments male friendly and 'father and child friendly' as well as 'mother and child friendly'	To be included in PLS and in Communications Implementation plan		Head of Primary and Community Care, HR Manager
Providing drop in sessions in community settings where people feel comfortable to attend in order to support access to services – targeted for particular groups e.g. men only sessions, community language sessions etc.	<ul style="list-style-type: none"> The NHS Funded Carers engagement gateway provides drop in coffee mornings for carers. NHS Brighton & Hove will be rolling out its community engagement 'bus' across the City from February 2010. The bus will be targeted at key City events and at key communities including men (via popular male sporting events). It will both be a drop-in NHS information point but also a mechanism for people to give their views about the NHS. 	This has confirmed funding until 31 March 2010 and will form part of the on-going review of all NHS Brighton & Hove contracts during 2010 which may secure funding beyond this.	Patient and Public Engagement Manager /Equality and Diversity Manager
Better training for staff to work with patients and their carers together to meet the needs of both	Not Prioritised		
Ensure ongoing patient and public involvement in planning, delivering and assessing services	<p>Review as part of quality framework.</p> <p>Included in Primary and Community Care Strategy – most commissioning plans in this strategy have pledged to establish planning groups that will have users or interest groups representation</p>		Nick Carter Meadows/Geraldine Hoban/Juliet Warburton
Not everyone has access to, or the ability to use, computers and the internet so ensure information is available in other ways as well	<p>To be included in Communications implementation plan</p> <p>Number and breadth of places health information can be accessed</p> <p>Monitor user feedback</p>	Planned into all campaigns	Communications team

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<p>Ensure waiting areas in all providers are accessible and comfortable for people with a variety of physical or sensory impairments – don't focus everything on wheelchair access but think about doors, height and type of seating, lighting etc</p>	<p>Review PEAT Assessments</p>	<p>Claire Quigley/Wendy Carberry</p>
<p>Increase patient awareness of NHS systems and services so they have a better understanding of what to expect from GPs, and ensure there is greater consistency across GPs so all patients get similar standard of care and similar access</p>	<p>To be included in Communications implementation plan</p> <p>Number and breadth of places health information can be accessed</p> <p>Monitor user feedback</p>	<p>Planned into all campaigns</p> <p>Communications team and engagement team</p>
<p>Trust to employ BSL interpreters to provide interpreting support in GP and primary care appointments, hospital appointments etc. rather than providing this service via an external contractor</p>	<p>Review Contract</p>	<p>Claire Quigley/Wendy Carberry</p>
<p>Greater clarity of process for commissioning from 3rd sector, and more commissioning for service provision from the 3rd sector, in order to ensure health and wellbeing of minority communities</p>	<ul style="list-style-type: none"> • NHS Brighton & Hove is a signatory to the Brighton & Hove Compact and Codes of Practice 2009 with its code of practice on funding & commissioning. • NHS Brighton & Hove held a seminar on 16 July 2009 to advise the 3rd sector how it will be commissioning and procuring from then on. Many 3rd sector organisations attended. • NHS Brighton & Hove has also commissioned the follow-up research to 'Taking Account' via the University of Brighton. This research will show the health impact and value for money of commissioners procuring from the 3rd sector. This research should be published in April 2010. 	<p>Processes for commissioning from the 3rd sector will be developed in partnership throughout 2010. A new process will be in place for commissions and contracts from 2011 onwards</p> <p>Patient and Public Engagement Manager</p>
<p>Create patient focus groups around key issues or key communities for commissioners to interact with, rather than service users needing to</p>	<p>To be included in Engagement implementation plan</p>	<p>Engagement team</p>

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chase down commissioners			
Ensure all provider and contracted organisations know how to properly access and provide support services for patients to enable their attendance	Not Prioritised		
Improve monitoring and sharing of complaints and issues of discrimination across the health sector – Trust to monitor patterns and ensure appropriate action is taken	Regular review of complaints and PALS data through Quality Boards and Independent Contractor quarterly submissions	from June 2010	Claire Quigley/Jane Bolding
Ensure that services recognise and support older people who may also be LGBT / BME etc.	Include in Primary and Community Care Strategy and Acute Care Services Strategy		Head of Primary and Community Care, Geraldine Hoban
Trust ensures there are visible role models and champions for all equality strand groups and identities represented at senior positions within the organisation, and within organisational governance and decision making bodies.	Not Prioritised		
Trust to prioritise key community and public events to support and attend to improve communication between itself and excluded communities, to increase visibility and awareness of the Trust and the local NHS, and to demonstrate the Trust's commitment to supporting those communities	<ul style="list-style-type: none"> • NHS Brighton & Hove will be rolling out its community engagement 'bus' across the City. • Include in Organisational Development Plan for BHCPCT and through engagement with the 3rd sector gateway groups • NHS Brighton & Hove has funded several 3rd sector organisations to be its 'engagement gateways' into those communities which are typically less engaged. (as above) 	From February 2010	Andrew Demetriades/ Patient and Public Engagement Manager
		These all have confirmed funding until 31 March 2010 and will form part of the on-going review of all NHS Brighton & Hove contracts during 2010 which may secure funding beyond this	

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<p>The Trust as commissioner of local drug and alcohol, suicide prevention and mental health services to acknowledge different levels of prevalence and different outcomes for key local minority communities, e.g. LGBT, BME communities, and to provide services that are accessible and appropriate for the needs of these communities</p>	<p>Review as part of commissioning</p>	<p>Claire Newman/Geraldine Hoban</p>
<p>Trust to develop succession planning processes that address under representation with in the Trust of all communities, and provide development opportunities for under represented groups</p>	<p>Include in OD plan for BHCTRUST</p>	<p>Andrew Demetriades</p>

Diversity of participants in the public consultation events for the Single Equality Scheme.

Participants at the variety of public events and targeted workshops consulting on the Single Equality and Human Rights Scheme, were asked to provide information on themselves and their identities to ensure that the process was reaching a diverse range of people. Not everyone who participated completed the monitoring forms provided, despite the fact that they were anonymous. Data provided by those that did complete monitoring forms is presented below.

Gender

19% male / 81% female

1 person stated that their gender identity was different to that assigned at birth

Ethnic Origin

3% Indian

3% Any other Asian background – Sri Lankan

3% African

3% Mixed Asian and white

3% Any other mixed background

68% White British

6.5% White Irish

3% Gypsy

6.5% Any other White background

Other ethnic groups added by participants were 'Bahai'; 'British Indian Guyanese' and 'Mixed Asian / African'

Sexual orientation

3% identified as Lesbian

3% identified as Gay

10% identified as Bisexual

68% identified as Heterosexual

9.5% did not wish to disclose

6.5% did not respond to this question

Religion or belief

13% identified Atheism

3% identified Buddhism

39% identified Christianity

3% identified Hinduism

3% identified as 'Other'

3% identified Bahai Faith

6.5% identified Agnostic

3% identified 'undecided'

19% identified "I have no particular faith"

6.5% identified "I do not wish to disclose this"

Disability

28% of respondents identified as having a disability
66 % identified as not having a disability
6% did not respond to this question

29% of respondents indicated they had a physical disability
14% of respondents indicated they had a sensory impairment
7% of respondents indicated they had a learning disability
36% of respondents indicated they had a long standing (long term) illness
14% stated 'Other – Not known' and 'Carer'

Carers

27% of respondents identified as a carer
70% of respondents indicated they were not a carer
3% did not respond

People who responded indicated they cared for –

10% - parent
50% - child
10% - other family member
10% - partner / spouse
20% - friend

Age

The median age of attendees was 46.

Members of community groups and 3rd sector organisations also attended, representing the views of a variety of communities. The following community groups / organisations were represented:

60+ Action Group (older people)
Allsorts (LGBT Youth project)
Amaze (parents and carers of children with disabilities / learning disabilities)
BME workers Forum @ B&H City Council
Black and Minority Ethnic Community Partnership
Brighton Diabetes Voluntary and Support Group
Brighton Housing Trust
Brighton and Hove Federation of Disabled People
Carers Centre
Children's Diabetic Support Group
Cultures Club (Youth theatre and arts)
Diabetes UK
Disability Access Advisory Group
Downlands Housing Disability Panel
Epilepsy Action
Friends, Families and Travellers
Health Users Bank (HUB)

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Mencap (learning disability)
Poets Corner Community Society (residents)
Regard (LGBT / disability)
Rise (women and children/domestic abuse)
Southdowns Health NHS Trust
SPIN (single parents)
Trust For Developing Communities (neighbourhoods)
University of Brighton