



**Brighton and Hove**

# Single Equality and Human Rights Scheme 2010-2013

## Update May 2011.

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 برايتن و هاو (Brighton and Hove)  
در سالهاى 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



race for health



<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 ট্রাইটন গ্র্যান্ড হোভ এর 'সিঙ্গেল ইকুয়ালিটি গ্র্যান্ড হিউম্যান রাইটস স্কিম' (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 চিহ্ন 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 &amp; 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>
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<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鉤，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](mailto:phil.seddon@bhcpct.nhs.uk) Or [Public.Involvement@bhcpct.nhs.uk](mailto:Public.Involvement@bhcpct.nhs.uk)  
Text: 07826 918849

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## Introduction

This first annual update of NHS Brighton and Hove's Single Equality and Human Rights Scheme 2010-13, highlights progress made in the last 12 months, and clearly identifies future actions to ensure that as a Trust we continue to demonstrate our commitment to promoting equality; eliminating discrimination; and promoting good relations between groups.

This summary update provides an overview of the key achievements for 2010 and the priority next steps for 2011. A detailed update of the SEHRS Action Plan can be found in Appendix A of this report on page 13.

2010 has been a year of significant change, not only for the Trust but for the entire NHS. The Government's White Paper "Equity and Excellence: Liberating the NHS" published in June 2010 proposed the most radical redesign of the NHS in its history, with the intention of placing clinicians at the heart of NHS decision making. As part of this reform Strategic Health Authorities and Primary Care Trusts are to be abolished and GPs, working in consortia and with key clinical stakeholders, will take responsibility for the majority of the NHS budget and for commissioning health services for the local population.

These proposals, and the role of PCTs to help develop these new structures, have understandably been a major focus for the Trust during the last 12 months. The Trust itself has restructured in order to better work with partners in developing these new NHS structures and to work in 'clusters' locally.

This has meant that activities and priorities for the Trust have changed during the year that this update covers, and some key intentions within the action plan have not been addressed during this transitional period. The PCT has not lost sight of its commitment to equality and diversity during this time and The Trust, like many other public bodies, has faced challenges in looking at how it embeds equality principles and practices in a time of conflicting priorities and financial pressures. These pressures have provided us with opportunities to consider how equality and diversity supports and improves all we do, and the focus for the Trust throughout 2011 will be on creating robust cluster wide systems to not only deliver on equality and diversity, but to also provide transparent evidence of outcomes and improved experience for patients and the public.

There are a number of new mechanisms and processes currently in development, led by the NHS Equality and Diversity Council. These include an Equality Delivery System with robust, measurable outcomes for E&D delivery, and an Equality and Diversity Competency Framework. NHS Brighton and Hove has participated in the creation of these new mechanisms throughout the last year, and is now working with local PCTs, providers and the SHA to ensure these systems are embedded as new NHS structures develop.

## Brighton and Hove

The city of Brighton and Hove is a vibrant place in which to live, work and visit with a population of approximately 256,000. 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. 2007 ONS estimates suggest that the City has a Black and Minority Ethnic population of around 16%, and local estimates suggest that 1 in 6 people identify as Lesbian, Gay, Bisexual or Transgender.

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 79<sup>th</sup> 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.

All of these groups are likely to be affected by health issues in different ways and may have specific needs and issues when accessing health services.

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

## National, Local and Legal Requirements

As a public body, NHS Brighton and Hove has legal duties and a legal framework within which it addresses issues of equality, diversity and human rights. These duties are captured not only in legislation, but within the NHS Constitution as well. 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”.

When the Single Equality and Human Rights Scheme 2010-13 was first created, it reflected not only the current legislative requirements at the time, but also anticipated the implementation of the Equality Act 2010 and its associated General and Specific Public Sector Duties. The intention was for the Scheme to meet and go beyond legal requirements.

The Equality Act 2010 replaced previous anti-discrimination legislation and came into force on 1<sup>st</sup> October 2010. It simplified and strengthened the law, removing inconsistencies and making it easier for people and organisations to comply with it.

The public sector Equality Duty came into force on 5<sup>th</sup> April 2011, replacing previous duties covering race, disability and gender and expanding protection to cover the following protected characteristics:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The Equality Duty has three aims. It requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it

Section 153 of the Act gives Ministers powers to impose specific duties on certain public bodies to enable them to deliver the Equality Duty more effectively. A policy review paper outlining draft specific duties was published in March 2011, and it is anticipated that these specific duties will become clearer in June or July of 2011.

Once again the Trust's scheme has sought to anticipate these requirements and to ensure that as a public body we focus on removing barriers to services; removing discrimination and inequalities faced by patients; and meeting the needs of our population rather than meeting minimum legal requirements.

<b>Additional provision</b>	
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"> <li>▪ Right to life</li> <li>▪ Protection from torture</li> <li>▪ Protection from slavery and forced labour</li> <li>▪ Right to liberty and security</li> <li>▪ Right to a fair trial</li> <li>▪ No punishment without law</li> <li>▪ Right to respect for private and family life</li> <li>▪ Freedom of thought, belief and religion</li> <li>▪ Freedom of expression</li> <li>▪ Freedom of assembly and association</li> <li>▪ Right to marry</li> <li>▪ Protection from discrimination</li> <li>▪ Protection of property</li> <li>▪ Right to education</li> <li>▪ Right to free elections</li> </ul>

## Key Achievements in 2010

### *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 Trust maintained its membership throughout 2010, working with thinking partner Theresa Edmans to learn from best practice around Race equality in other NHS Trusts.

### *Stonewall*

The Trust maintained its membership in Stonewall this year, and advertised in the 2010 Stonewall Recruitment Guide, ensuring that potential LGB applicants for employment knew that the Trust was committed to LGB equality.

### *Staff training*

44% of PCT staff attended mandatory Equality and Diversity awareness training during the year, provided by the Trust's Equality and Diversity Manager. All staff must attend this training at least once every 3 years.

### *Public events and participation in public life*

In August 2010 members of staff from the Trust joined other NHS staff from across the South East Coast region to take part in the Brighton LGBT Pride Parade. With the support of the Strategic Health Authority staff marched in NHS branded T-Shirts with the slogan "Taking Pride in Your Health".

### *Equality Impact Assessments (EIAs)*

Equality Impact Assessments (EIAs) are the mechanism by which the Trust analyses the potential impact of its policies and decisions on local protected characteristic communities, and are key in evidencing that we have in fact paid due regard to the legal duties placed upon us. EIAs also enable us to ensure that services are designed and commissioned in a way which meets the various needs of local population groups.

The Trust continued to carry out and publish EIAs throughout the year, involving external stakeholders where relevant from the 'Gateway' groups (see below) and beyond. Key functions that received an EIA during this period include the Trust's Complaints Policy; Annual Operating Plan; and the Sexual Health Strategy. PCT EIAs are published on the Trust website at <http://www.brightonandhove.nhs.uk/about/community/eiapolicies/index.asp>

The Trust developed a new EIA toolkit in 2010 to ensure not only more robust assessments, but also to reflect the expanded public sector duties in the Equality Act 2010.

### *Ongoing engagement and consultation*

As well as using mechanisms such as the GP Patient Survey, the NHS National Staff Survey, and PALS and Complaints intelligence, 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 provides funding for a variety of voluntary sector organisations to develop and facilitate ongoing engagement opportunities with key protected characteristic communities across the City. These organisations (known as ‘Gateways’) not only participate in Trust run consultations and Equality Impact Assessments, but also facilitate members of the public and service users to decide and feedback their key issues around health services in the City.

The following organisations were funded throughout 2010 to provide this ‘Gateway’ function:

- Mind – Mind Live – mental health service users
- Mind – Mindout – LGBT mental health service users
- Mind – substance misuse service users
- Black and Minority Ethnic Community Partnership – Health Forum – BME
- Impetus – 60+ Action Group – older people
- Impetus – Pensioner’s Forum – older people
- Carers Centre – carers
- Amaze – parent carers
- Brighton and Hove Federation of Disabled – Get Involved Group – disabled people

The above organisations have formed an **Equality Engagement Consortium (EEC)** that meets regularly to consider strategic activity to ensure that the engagement and involvement of local people from protected characteristic groups continues to shape NHS decision making throughout this period of transition and reform.

During 2010 the Trust worked with local organisations to develop 2 new ‘Gateway’ contracts. The first of these was for LGBT engagement in the City and was developed in partnership with Brighton and Hove LGBT Switchboard, Terrence Higgins Trust, Allsorts LGBT Youth Project, Mindout and The Clare Project. A project worker was recruited during this period and begins work in May 2011. This contract replaces a previous contract for LGBT engagement that ran up until 2010.

The second new ‘Gateway’ contract was developed with Speakout to provide engagement and involvement mechanisms for local people with Learning Disabilities.

Whilst not providing funding for a ‘Gateway’ contract, the Trust has supported the newly established Men’s Network by participating in events and conferences that sought to better understand the health and social care needs of local men and boys. The Chair of this network also participated in the Trust’s EIA around IVF procedures for men locally.

### *Improving Accessibility*

The PCT continued to fund both advocacy services and communication support for patients and the public to improve access to health and social care services in the City. These contracts with local providers including Speakout; Interact; Mind; Sussex Interpreting Services; DeafBlind UK; and Neal Communications ensure that those who may face barriers to accessing services are not only supported to do so, but also receive the appropriate communication support.

PCT produced information can be provided upon request in a variety of community languages and alternate formats.

The Trust also works to ensure that public information events, consultations, and Trust meetings are accessible to the public and external stakeholders by choosing accessible venues; holding events at a variety of different times and locations; starting public events after 10am; providing sign language interpreters and hearing loops when required; and by asking participants if they have any access or dietary needs in advance of activities.

### *Employment Monitoring*

The Trust annually reports on its workforce profile and the results of the annual NHS staff survey, publishing this information on the Trust website. This information provides a picture of the diversity of staff within the Trust, and their experiences of being employees of the Trust and is used to inform relevant actions within the Single Equality and Human Rights Scheme.

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 can be viewed on the Trust website.

### *Working in partnership*

The Trust works in partnership with a wide range of local organisations, both statutory and voluntary and community sector, to ensure engagement with and involvement of people and communities that otherwise may not have a voice. Representatives sit on diverse steering groups, fora, 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.

Some of the partnerships, groups and activities the Trust was actively involved in during 2010 include:

Black & Minority Ethnic Health Forum;  
Community Engagement Framework (CEF)  
City Inclusion Partnership (CIP);

Community & Voluntary Sector Forum;  
Dialogue 50:50 Partnership;  
LGBT Community Safety Panel;  
Local Involvement Networks (LINKs);  
Migrants Working group;  
Pensioners Forum & 60+ Action Group;  
Sussex Police LGBT Reference Group;  
The Carers' Forum;  
The Multi-Faith Health Forum;  
The Racial Harassment Forum;  
The Refugee Forum;  
The Stronger Communities Partnership;  
The Equality Engagement Consortium;  
The Federation of Disabled People's 'Get Involved Group' Steering Group

### *Supporting Equality and Diversity in Primary Care*

The Trust's Equality and Diversity Manager provided Equality and Diversity Awareness training sessions for staff at 3 GP practices in Brighton and Hove during 2010. These sessions followed a presentation at the local Practice Manager's Forum in July 2010 highlighting some of the key equality and diversity issues for communities in the City and offering PCT support to engage with patients from local protected characteristic communities in order to improve access to primary care services.

The E&D Manager also supported the Trust to resolve enquiries from patients relating to E&D issues in GP and dental practices, supporting staff to respond and, where necessary, to improve practice and access training or other support. This support included commissioning the Federation of Disabled People to work with a patient to review access issues at a local practice and to work with that practice to respond to the issues and recommendations.

### *Regional networking*

The Trust has remained an active member of the South East Coast Equality and Diversity Leadership Network, facilitated by the Strategic Health Authority, contributing to the development of best practice across the region and participating in strategic discussions and planning sessions around the NHS Equality Delivery System; development of staff networks; and embedding E&D functions during this time of transition.

## Next Steps

2011/12 will continue to be a year of change and transformation for the trust and local NHS services. With the inevitable demise of the SHA and the development of Clinical Commissioning Groups and county-wide PCT clustering arrangements, the PCT will need to consider the SEHRS Action Plan and how we deliver our responsibilities around Equality and Diversity in light of these new structures.

Key areas to focus on throughout the year will include:

- Embedding processes to not only deliver on equality duties, but to also clearly evidence the benefits and outcomes of this activity
- Rationalising systems across local NHS structures to provide consistency of approach and outcome to E&D
- Ensuring continual engagement and involvement of stakeholders and the public as structures develop and evolve
- Supporting Clinical Commissioning Groups to fully understand obligations and responsibilities around E&D and to develop mechanisms to deliver on the Duties and evidence delivery
- Working with providers and commissioners to agree systematic, consistent approaches to E&D across the NHS locally in order to better meet the needs of all patients
- Transparently reporting on progress and achievements, and reconsidering and reprioritising activity as new structures develop

The PCT will therefore use the SEHRS Action Plan as a framework for delivering on equality and diversity, and also ensure that other developments such as the NHS Equality Delivery System and Clinical Commissioning Groups are integrated and supported to produce the best outcomes for our patients and the public. The Trust is proud of its achievements in this field to date and fully intends to maintain momentum and uphold our commitments for the year ahead by ensuring that current priorities and commitments within this scheme and the detailed SEHRS Action Plan will be migrated into any new mechanisms and structures.

To request a copy of this scheme in an alternate format or language please contact

Phil Seddon, Equality and Diversity Manager, NHS Brighton and Hove  
Level 4, Lanchester House, Trafalgar Place, Brighton BN1 4FU  
Telephone 01273 574650; email [phil.seddon@bhcpct.nhs.uk](mailto:phil.seddon@bhcpct.nhs.uk)  
Text 07826 918849

*Phil Seddon, Equality and Diversity Manager, NHS Brighton and Hove, May 2011*

## Appendix A

<b>NHS Brighton and Hove Single Equality and Human Rights Scheme 2010-13. Annual update April 2011</b>					
<b>Issue</b>	<b>Protected Characteristic</b>	<b>Actions</b>	<b>Progress (March 2011)</b>	<b>Responsible</b>	<b>Expected Outcome</b>
The Trust to meet its legal equality duties, both specific and general	ALL	1. Produce, publish and continually monitor the SEHRS and work to complete the actions contained within it (April 2010 onwards – quarterly reviews).	<b>The SEHRS is monitored internally with progress updated every 6 months. The plan has been shared with external voluntary sector organisations supporting protected characteristic communities, and published on the Trust website. Comments and questions are invited to ensure the plan remains live. Annual progress is reported to the Trust Board. The SEHRS Action plan will form the basis of the Trust's future Equality Objectives as described in the Equality Act 2010.</b>	Chief Executive Officer; Equality and Diversity Manager	Compliance with equalities legislation, and reporting and auditing mechanisms from external bodies such as EHRC and the South East Coast SHA
		2. Ensure the actions meet requirements for the specific Race, Gender and Disability duties (April 2010)	<b>Actions within the scheme have been designed to address the needs and issues raised during consultation with all protected characteristic communities, and to support the Trust's delivery against general and specific equality duties.</b>		

		<p>3. Continually carry out and publish Equality Impact Assessments, and provide evidence that EIAs have led to service improvement (ongoing – published on Trust website)</p>	<p><b>The Trust publishes its Equality Impact Assessments - carried out where appropriate with internal and external stakeholders - on its website at <a href="http://www.brightonandhove.nhs.uk/about/community/eiapolicies/index.asp">http://www.brightonandhove.nhs.uk/about/community/eiapolicies/index.asp</a>. The Trust has redesigned its EIA toolkit in December 2010 to respond to the Equality Act 2010, the anticipated public sector specific duties, and to be more explicit in capturing actions and progress made to ensure the EIA results in improved outcomes and service improvement</b></p>	
		<p>5. 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)</p>	<p><b>The findings of the equal pay review in 2009 indicated no significant difference in pay experienced by staff based on gender. A further review will be carried out in 2012.</b></p>	
		<p>6. Provide mandatory training for Trust staff to be fully aware of their legal and employee obligations around equality and diversity (ongoing training provided –</p>	<p><b>44% of Trust staff indicated they had attended mandatory Equality and Diversity training in 2010. As a result of management cost savings and restructuring / clustering arrangements the Trust is reviewing how it provides training for staff in the future.</b></p>	

		mandatory for all staff to attend at least once every 3 years)		
		7. 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)	<b>All staff are expected to attend mandatory Equality and Diversity training. Annual staff appraisals include reference to statutory and mandatory training, and it should be evident within the appraisal process if E&amp;D training has been completed or not, and if not, how this would be achieved/ actioned. Trust staff at bands 4-7 are expected to evidence E&amp;D competency at level 2 and staff at bands 8 and above at level 3. Any development needs which may be directly linked to E&amp;D are captured within the appraisal process and documented on the Personal Development Plan. At present the Trust is able to access the Oracle Learning Management Database to provide a report on E&amp;D competencies of staff. The Trust is considering implementing eKSF (an electronic database for the appraisal process) which would allow for a structured appraisal system that is based on the KSF, with ability to draw reports on E&amp;D competencies.</b>	

		<p>8. 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)</p>	<p><b>The Trust has maintained its membership in both Race For Health and Stonewall throughout 2010, benefiting from the knowledge and experience of both organisations and peer working with members to support progress on Equality and Diversity. The Trust also remains an active member of the City Inclusion Partnership sharing best practice locally around E&amp;D issues and processes with other public sector providers.</b></p>		
		<p>9. 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)</p>	<p><b>The update of the SEHRS Action Plan will be presented to the PCT Board to show progress and to check priority areas to be addressed. The Action Plan will form the basis of the Trust's Equality Objectives from April 2012 onwards as required by the Equality Act 2010. The Trust will work with local and regional stakeholders throughout 2011 to begin the migration of this scheme to Equality Objectives.</b></p>	<p>Compliance with equalities legislation, and reporting and auditing mechanisms from external bodies such as EHRC and the South East Coast SHA</p>	

<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>1. 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)</p>	<p><b>The SEHRS and Action Plan were developed following extensive public and targeted consultation. Details can be found within the scheme itself</b></p>	<p>Director of Strategy; Deputy Director for Quality and Public Engagement; Equality and Diversity Manager</p>	<p>The Trust will have a SEHRS with measurable actions to meet legal requirements.</p>
		<p>2. From this consultation the Trust will develop the SEHRS action plan (Jan 2010 – March 2010)</p>			<p>The SES will prepare the organisation for future equalities legislation.</p>
		<p>3. The Trust will continue to develop stakeholder relationships and mechanisms for future consultation activities and to monitor</p>	<p><b>Throughout 2010 the Trust contracted from and worked with a variety of local voluntary sector organisations through Gateway Engagement Contracts – a mechanism whereby local organisations are funded to provide representation and engagement opportunities for the PCT with local protected characteristic communities. These contracts encompassed Disability; Age; Carers; Sexual Orientation; Gender Reassignment and Ethnicity. The Trust is developing a similar mechanism to address engagement of people with learning disabilities for 2011/12</b></p>		<p>A stakeholder engagement mechanism that will provide the Trust with the views and experience of less engaged communities</p>

		progress against the action plan. (April 2010 onwards)			
		4. Progress against the action plan will be monitored and reported on, and the scheme updated accordingly (annually starting March 2011)	<b>This is the first annual update of the scheme, and will be used to inform future equalities activities and Equality Objectives as described in the Equality Act 2010 and the NHS Equality Delivery System</b>		
		5. 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)	<b>The Trust worked with local 'Gateway' organisations (as described above) to establish mechanisms to regularly review the action plan throughout the year. Formal processes to review the action plan were not established during this period, due to a variety of factors including capacity and time pressures for stakeholders and the changing landscape of both the public sector and equality legislation. Therefore the scheme and the action plan was circulated to 'Gateway' organisations, published on the Trust website and circulated via City Inclusion Partnership member organisations, with a clear invitation to comment or ask questions in order to keep the action plan 'live'</b>		

Ensuring that Equality Impact Assessments and consultation with stakeholders inform the future development of services and functions.	ALL	1. Carry out a policy audit to establish status of Trust functions in relation to EIA process. (Jan-May 2010)	<b>The PCT's Equality and Diversity Manager and Assistant Director of Assurance carried out a policy audit between January and April of 2010, identifying over 140 Trust policies. The audit established the status of all (draft; due for updating; ratified; due an EIA; EIA complete and published), and created a priority order for carrying out EIAs based on the significance of the policy in supporting the Trust to meet its general equality duty.</b>	Director of Strategy; Deputy Director for Quality and Public Engagement	An integrated, rolling process within and across all directorates that ensure Trust functions are EIA'd during their development, and prior to ratification.
		2. Develop processes for ensuring that EIAs are used as evidence and data for developing new policies and strategies, or reviewing existing ones. (May 2010)	<b>The Assistant Director of Assurance participated in an EIA on the Trust's 'Policy for Procedural Documents' and as a result drafted the 'Policy for the Development and Management of Policies and Procedures' which is awaiting ratification. This policy included an updated EIA tool, and emphasised the need to use existing evidence, consultation of stakeholders, and previous EIA's to inform the development of Trust policies and procedures.</b>		Increased public Trust as a result of published EIAs – mitigated risk around exclusion of minority groups from services.
		3. Develop process for ensuring that EIAs are seen and considered by the relevant governance body when policies and strategies are ratified. (May 2010)	<b>Both the 'Policy for the Development and Management of Policies and Procedures' and the Trust's EIA toolkit (updated in January 2011 to reflect changing legislation) highlight the need to provide the completed EIA alongside all other papers when presenting a policy or procedure for ratification. The Trust Equality and Diversity Manager attended the May 2010 Trust Board, presenting the Equality and Diversity Annual Report for 09/10 and the new Single Equality and Human Rights Scheme 2010-13. Minutes of the meeting note that the Equality and Diversity focus of the Trust throughout 2010 will be "concentrating on embedding equality impact assessments into PCT governance processes"</b>		Compliance with legal duties, World Class Commissioning competencies and requirements within the NHS Constitution

		4. Develop clearer guidance within business cases or cases for change as to the need for an EIA with the proposal (April 2010)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
		5. Ensure the commissioning cycle includes EIAs and community stakeholder involvement as crucial elements within service review or design (May 2010 – ongoing)	<b>The Equality Impact Assessment toolkit asks commissioners and policy owners / authors to give details of all appropriate engagement and consultation that has taken place with internal and external stakeholders, to reflect the issues and priorities raised through this process and to indicate how these issues have been addressed. The draft 'Policy for the Development and Management of Policies and Procedures' also includes the requirement to detail all engagement and consultation activity that has informed the policy or service design.</b>		
		6. Monitor that functions and strategies have had the anticipated impact as outlined in the EIA (annual review of functions)	<b>The EIA toolkit includes the requirement for policy owners to include details of the mechanisms they will use to monitor that policies have had the desired impact, and an action plan to show how impact will be achieved and measured.</b>		
		7. Publish EIAs on the Trust website (ongoing as completed)	<b>The Trust publishes EIAs on its website at <a href="http://www.brightonandhove.nhs.uk/about/community/eiapolicies/index.asp">http://www.brightonandhove.nhs.uk/about/community/eiapolicies/index.asp</a></b>		

		8. Improve mechanisms for EIAs where services are jointly commissioned or jointly managed with City Council	<b>Where services are jointly commissioned between the PCT and the City Council agreement is reached as to the lead responsible organisation, and EIAs are carried out by the responsible organisation.</b>		
		9. Develop more detailed and robust EIA tool, paperwork and training (throughout 2010 to review April 2011)	<b>The Trust EIA toolkit has been redeveloped and enhanced to reflect changing legislative requirements within the Equality Act 2010. Guidance on the Act and the new EIA toolkit has been circulated to staff via the staff electronic bulletin. Training for staff on carrying out EIAs will be considered as part of clustering arrangements between April and September 2011.</b>		
Monitoring and enforcing the compliance of provider organisations with the legal equalities duties	ALL	1. 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)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>	Director of Delivery	Evidence that the Trust is meeting legal duties within the Single Equality Bill to use procurement to eliminate discrimination

		2. 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	<b>Local NHS provider Trusts have been part of the City Inclusion Partnership's work agreeing joint definitions for monitoring protected characteristics of staff and service users. As part of the CIP action plan for 2011, members will be rolling out and evaluating the success of these definitions.</b>		Improved service delivery and access to services to excluded groups
					Improved public opinion and Trust in the NHS locally
The Trust needs to more proactively improve access to services	Age; Disability; Ethnicity; Religion / Belief; Sexual Orientation; Trans	1. 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)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>	Director of Strategy / Director of Public Health	Robust guidance and mechanisms to create and share more accessible information, enabling greater uptake of services from excluded communities.
		2. Promote positive images and appropriate languages in all publications / information / communication (within Communications Strategy)	<b>Positive images were used in the PCT Annual Report 2010 and in an awareness raising campaign around dental services. The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011.</b>		Compliance with legislation to improve access and equality for all excluded communities.

		<p>3. 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)</p>	<p><b>The Trust holds contracts for communication support in NHS settings, and works to ensure that primary care providers have the relevant information and knowledge to ensure that communication support is provided for patients when necessary. A review of communication support provider by other local NHS Trusts / providers has not been undertaken as of this time, and will be addressed whilst developing Sussex wide clustering arrangements.</b></p>		<p>More robust data identifying the communities wishing to access information, and an ability to monitor their experiences of services.</p>
		<p>4. 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</p>	<p><b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b></p>		

		information and patient / public feedback)			
		5. 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)	<p><b>The PALS and Complaints team review patient feedback and PALS / Complaints data to ensure this is happening, and address with individual practices where necessary. PALS and Complaints contacts are also monitored for issues relating to communication needs and these are flagged up with the Trust Equality and Diversity Manager where appropriate.</b></p>		

		<p>6. 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)</p>	<p><b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b></p>		
		<p>7. Trust to ensure that disabled people are able to access Out Of Hours GP service, and have access to home visits where necessary</p>	<p><b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b></p>		

		<p>8. 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>	<p><b>Disability awareness training has not been blanket offered to primary care but as independent contractors, some GP practices have chosen to access this training independently or with advice from the training team. The Training team have provided mental health training and awareness to GP practices within the Protected Learning Scheme which includes out-of-hours provision. The Training team have worked with the voluntary sector to enable awareness training events on travellers and gypsies. Future training provision will be addressed whilst developing Sussex wide clustering arrangements</b></p>		
		<p>9. Ensure that GP opening hours enable working people to attend outside of work hours</p>	<p><b>A Direct Enhanced Scheme that incentivises practices to open either before or after core opening hours (8-6:30) has had sign up from 34 local practices (70%) during 2010. 1 practice also offers Saturday appointments. The Brighton Station Health Centre offers walk in appointments outside of core opening hours.</b></p>		

		<p>10. 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</p>	<p><b>The Trust has continued to provide funding for 2 BME Community Development Workers aimed at improving access for BME communities into local mental health services. These workers are based within the Sussex Partnership Foundation Trust and the Black and Minority Ethnic Community Partnership, using their knowledge of services to sign post and support BME patients, and providing drop in services and low level advocacy services. The Trust also engages with the Mind Live project where service users from across all protected characteristics are supported to engage with local mental health commissioners and providers to address experiences and barriers in services and influence future mental health service design and delivery. The Trust's Primary Care Mental Health Strategy based on stakeholder engagement throughout 2010 aims to restructure primary care access to mental health services, providing some alternate, community based access routes into mental health services for those communities that traditionally do not access these services through GP referrals.</b></p>		
		<p>11. 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 –</p>	<p><b>PALS information is provided in a range of community languages, which represents a gateway to information on raising issues and making a complaint. A PALS leaflet for people with learning disabilities has been produced in partnership with appropriate stakeholders</b></p>		

		targeting minority groups but especially refugee and asylum seekers, BME groups, disabled people and people with learning disabilities		
		12. Target appropriate health promotion / sexual health and HIV prevention / screening services at less engaged communities with appropriate messages and services (ongoing)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>	

		13. Improve the monitoring of users of service/analysis of data to better understand who is accessing and using services	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
Ensure that all communities have fair and equitable access to services by increasing monitoring of service users across all statutory providers	ALL	1. Work jointly with other local statutory providers to develop city-wide approach to monitoring covering all equality strands	<b>As a member of the City Inclusion Partnership the PCT led the working group establishing cross sector definitions and language for equality and diversity monitoring in 2009. The terminology and categories were consulted on during joint consultation activities with B&amp;H Council and BSUH, and a monitoring form developed as a result in early 2010. CIP members then agreed to trial the monitoring form and collect feedback throughout 2010. Members of the CIP will begin to trial this monitoring across some services and evaluate its effectiveness throughout 2011</b>	Director of Strategy / Deputy Director for Quality and Public Engagement	NHS service providers locally are required to collect robust equalities monitoring data of service users
		2. Agree joint definitions of equality and diversity and shared language and processes			Quality Dashboard ensures that services are collecting and reporting this data

		3. Improve information sharing across services to enable more accurate and up to date information on key issues and communities across the City	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
		4. Use data to identify gaps in health services and design or improve services to address these gaps	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
		5. Develop monitoring mechanisms within PALS and Complaints to identify equality information of service users and any key issues or patterns emerging for local communities	<b>The Trust aimed to send PALS and Complaints contacts an evaluation (where appropriate), which includes equalities monitoring information However, due to ongoing capacity issues within the service, evaluations have not been sent or collated for some months. This will need to be addressed by the new corporate and consortium structures</b>		

		6. 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.	<b>Handling Complaints Positively training is offered to frontline staff in GP and dental practices. Whilst this does not explicitly mention the above, staff are trained to consider the reasons for, and presentation of, the patient's complaint and to take appropriate action at the time to defuse the situation or resolve the issues</b>		
		7. Ensure contracts with providers require that they provide monitoring data for service users across all 6 equality strand communities	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
		8. PCT to use monitoring data from local providers to inform future commissioning intentions	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		

<p>Dedicated or specialist health services for identified communities</p>	<p>Disability (Deaf, Deaf/Blind); Ethnicity; Sexual Orientation; Trans</p>	<p>1. 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</p>	<p><b>The Trust's Equality and Diversity Manager, and the Complaints and Engagement Manager gave a presentation to the Practice Managers Forum on engagement and equality and diversity, offering E &amp; D training to local practice staff. As a result, 3 local practices accessed specific Equality and Diversity Awareness training in November 2010 and January 2011. A quality mark training programme has not yet been designed.</b></p>	<p>Director of Strategy / Deputy Director for Quality and Public Engagement</p>	<p>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.</p>
		<p>2. 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</p>	<p><b>The Trust's Complaints and Engagement Manager gave a presentation to the PBC Operational Board, covering engagement, equalities and the community and the role of the voluntary sector in supporting patient and public engagement. The role of Engagement and Experience lead has been developed within the Transitional Consortium to include raising GP awareness of how to engage appropriately and work with local communities. The Trust intends to investigate mechanisms to support GP Commissioning Consortia to effectively engage with local communities through the development of clustering arrangements and structures.</b></p>		

		<p>3. Trust to provide information as to which practices have accessed equality and diversity training opportunities to enable patients to make informed choices</p>	<p><b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b></p>		
		<p>4. 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</p>	<p><b>The PCT continues to provide funding for the Novas Scarman Healthy Neighbourhoods and Can Do programmes providing funding and development support to community initiatives. The Trust provides infrastructure support to the 3rd sector with funding for organisations such as the Volunteer Centre, the Community and Voluntary Sector Forum, and Impetus, as well as developing a</b></p>		

<p>Involve and engage marginalised local communities in assessing health needs and service experiences, and in consultations on Trust functions and strategies</p>	<p>ALL</p>	<p>1. Trust to ensure that all public consultations are accessible to members of minority communities, and that appropriate communities are targeted and engaged with (ongoing)</p>	<p><b>The PCT promotes consultation opportunities via the local Equality Engagement Consortium - voluntary sector organisations contracted to provide engagement mechanisms for local protected characteristic groups - and through the Community and Voluntary Sector Forum membership email group, as well as through other traditional outlets to ensure awareness and access for minority groups. Support and accessibility are proactively asked about to meet the needs of participants and communication support is offered. The Engagement Team consciously tries to use accessible community venues and holds major consultation events in a variety of venues and at a variety of times to increase access (e.g. events do not start before 10am and are often duplicated in the east and west of the City as well as being held centrally). Information can be provided in a variety of formats on request. The Engagement Team also supports the use of social media for excluded groups through funding and support for this mechanism - and through this has enabled the public to participate in consultations and events via methods such as Twitter.</b></p>	<p>Director of Strategy / Deputy Director for Quality and Public Engagement</p>	<p>There is effective engagement with local communities and groups, and that this engagement is evidenced through the PCT's response to 'Real Accountability' including ensuring that there has been equalities monitoring of those patients, cares and public who have been engaged with.</p>
		<p>2. 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)</p>	<p><b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b></p>		

		<p>3. Trust to carry out a health needs assessment of local BME communities</p>	<p><b>Throughout 2010 the Trust carried out a BME Mental Health Needs Assessment in conjunction with the Black and Minority Ethnic Community Partnership, and local BME Community Development Workers funded to provide increased access and signposting for BME communities for mental health services. The aim of the study was to examine the level and quality of mental health services being accessed by people from BME groups in Brighton and Hove, with the goal of improving access to these services and the quality of treatment within them</b></p>		
		<p>4. 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)</p>	<p><b>The Trust has continued throughout 2010 to fund 'Gateway' engagement contracts with The Federation of Disabled People; Amaze; The Carers Centre; BMECP; Mind; Interact; and Pensioners Action. These organisations meet as the Equality Engagement Consortium to strategically ensure the NHS decision making involves and engages members of protected characteristic communities. The PCT has developed new 'Gateway' contracts for 2011 with Speakout and a consortium of local LGBT organisations.</b></p>		

		<p>5. 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)</p>	<p><b>Throughout 2010 the Trust consulted with local Lesbian, Gay, Bisexual and Transgender voluntary sector organisations to develop a service specification for local LGBT engagement activities. A consortium of these organisations successfully then worked with the Trust to develop an action plan to address priority LGBT engagement needs and to ensure that Trust decision making and commissioning was informed by local LGBT experiences and engagement. As part of this action plan the consortium agreed a focus on Trans engagement with the aim of providing intelligence for both the PCT and local GP Consortium around the priority health needs and particular barriers to services for this community. This project will be delivered during 2011/12</b></p>		
		<p>6. Improve engagement with local fora / structures for older people, younger people, people of different faiths and beliefs</p>	<p><b>The 60+ Action Group and the Pensioner's Forum have been supported by the PCT to merge and become Pensioner's Action which is funded to provide engagement with local older people. Allsorts Youth Project is a member of the LGBT engagement consortium. The PCT has provided some funding in 2010 to the Multi-Faith Health Forum based at BSUH to enable local faith communities to meet with service providers and commissioners to discuss issues of faith and healthcare.</b></p>		
		<p>7. 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)</p>	<p><b>As a member of the City Inclusion Partnership the PCT led the working group establishing cross sector definitions and language for equality and diversity monitoring in 2009. The Trust began trialing monitoring forms using these definitions throughout 2010 for public events and consultations. A CQUIN with Sussex Community Trust requires the provider to carry out equality monitoring of service users across all protected characteristics. In 2011 the CIP will support partner organisations to further improve monitoring and to improve data sharing.</b></p>		

		<p>8. 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</p>	<p><b>The PCT is a member of the Stronger Communities Partnership and the City Inclusion Partnership, both of which aim to improve partnership working. The Trust is also signerd up to the Community Engagement Framework and the CIP Equality Charter for Brighton and Hove, both developed with local statutory partners. Whilst 2010 has been a period of change for much of the public sector there have been fewer opportunities to carry out joint consultations. however the Primary Care Mental Health Strategy was developed from joint partnership and engagement work with the local authority and voluntary sector stakeholders and service users.</b></p>		
		<p>9. 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</p>	<p><b>The Trust has carried out and published Equality Impact Assessments on key policies and strategies throughout 2010, with the involvement of internal and external stakeholders. Published EIA cover sheets include details of where stakeholders have identified potential impact for local excluded communities and how the Trust has amended these functions to ensure positive impact and outcomes for these communities and to improve access to services. Through 'Real Accountability' the PCT also records how and when consultation and engagement activities influence local policy and decision making. Recently public engagement around Long Term Conditions significantly impacted upon the design of service level agreements in a variety of areas including type 1 diabetes, expanded the DESMOND self care system to include type 2 diabetes and developed new work with clinicians.</b></p>		

		10. Develop specialist support services for Carers	<b>The Trust continues to fund both the Carers Centre and Amaze to provide support services for carers and parent carers across the City</b>		
		11. Clarify role and recognition of Carers in obtaining consent and information with particular reference to same sex , and unmarried couples and civil partners	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
		12. Engage with local men, and those facing socio-economic deprivation to identify barriers to local NHS services	<b>Throughout 2010 the Trust supported the emerging Men's Health Network locally, participating in network activities and promoting to this organisation and its members key public health activities and health improvement programmes, in an attempt to address the low uptake of men in particular health services. Representatives of the network also participated in the Trust's EIA process around male fertility procedures. The Trust has developed partnership working with this organisation which it will continue.</b>		
Improving communication and access to information for service users	ALL; Disability	1. The Trust consulted with local community language interpreters (December 09) to identify potential ways to improve access to information, including –		Director of Strategy / Deputy Director for Quality and Public Engagement	Robust guidance and mechanisms to create and share more accessible information, enabling greater uptake of services from excluded communities.

	<ul style="list-style-type: none"> <li>proactively producing and distributing key information in the main community languages in advance;</li> </ul>	<p><b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b></p>		<p>Compliance with legislation to improve access and equality for all excluded communities.</p>
	<ul style="list-style-type: none"> <li>advertising services in appropriate BME community settings;</li> </ul>	<p><b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b></p>		<p>More robust data identifying the communities wishing to access information, and an ability to monitor their experiences of services.</p>
	<ul style="list-style-type: none"> <li>working with interpreters to spread information about services and functions through relevant communities;</li> </ul>	<p><b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b></p>		<p>Routine offer of alternative formats on all key documents and information.</p>
	<ul style="list-style-type: none"> <li>involving BME community members and stakeholders in designing and monitoring services.</li> </ul>	<p><b>The Trust provides funding to the Black and Minority Ethnic Community Partnership to facilitate a health forum. Members of both the BMECP and the health forum have participated in Trust EIAs within 2010/11.</b></p>		

	2. Develop guidance within the Trust Communications Strategy about the production of accessible information (March 2010)	<b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b>		
	3. Provide SEHRS in alternate formats and languages (April 2010)	<b>The front cover of the Trust's SEHRS is written in the 8 languages most requested through the local interpreting services, and the inside cover has information in a variety of languages on how to request alternate formats of the scheme and action plan.</b>		
	4. Review and monitor uptake and requests for information (April 2010 – ongoing, review annually)	<b>NHS Brighton and Hove holds contracts with local providers for language and sign language interpreting, translation and deaf/blind interpreting. Trust information is available upon request in a variety of formats. The Trust does not have a formal mechanism to monitor uptake of these materials but does have monitoring of interpreting services. A mechanism for monitoring requests and uptake of alternative formats and providing information proactively needs to be included in the Trust's Communication Strategy when this is developed</b>		
	5. Work with local communities to identify appropriate images and languages to be used in all publications / information / communication (within	<b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b>		

		Communication s Strategy)			
		6. Increase provision of information in formats appropriate to people with learning disabilities	<b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b>		
		7. 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).	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		

		<p>8. Ensure that practices offer extended appointments with patients who may have communication support needs, learning disabilities or mental health issues</p>	<p><b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b></p>		
		<p>9. 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)</p>	<p><b>The PCT Communications Strategy has not been developed during this period, but will be developed as part of clustering arrangements in 2011</b></p>		

<p>Ensuring Trust workforce is representative of the diverse populations it commissions health services for</p>	<p>ALL</p>	<p>1. Review and produce recruitment guidelines that ensure an increased diversity of applicants, including how and where vacancies are advertised. (by April 2010)</p>	<p><b>A long term recruitment freeze and the reduction in workforce numbers as a result of the need to make significant management cost savings has meant that the Trust has not been able to advertise any positions externally. Therefore there has not been an opportunity to increase numbers of under-represented groups in the PCT. The Trust has committed to evaluating the outcome of our restructure and appointment process on the diversity make-up of the organisation once all restructuring processes are completed</b></p>	<p>Director of Assurance and Development; HR Manager</p>	<p>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</p>
		<p>2. Review interviewing guidelines to ensure equality of opportunity for all candidates. (by April 2010)</p>			
		<p>3. 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</p>	<p><b>The Trust carried out an EIA on all stages of the recent restructuring process, including the consultation mechanisms used. Staff and Union representatives participated in order to ensure that the restructuring process did not disproportionately impact negatively on any protected characteristic staff groups. In 2011/12 the Trust will review the equality profile of all staff in the new structure to establish any areas where protected characteristic groups are under-represented. Any gaps, and the actions described below, will then be addressed in the context of county wide clustering arrangements.</b></p>		

		NHS staff surveys to monitor diversity workforce annually)			
		4. The Trust will put measures in place to increase number of male staff under 40 years of age (review from April 2011 annually)	<p><b>A long term recruitment freeze and the reduction in workforce numbers as a result of the need to make significant management cost savings has meant that the Trust has not been able to advertise any positions externally. Therefore there has not been an opportunity to increase numbers of under-represented groups in the PCT. The Trust has committed to evaluating the outcome of our restructure and appointment process on the diversity make-up of the organisation once all restructuring processes are completed</b></p>		
		5. The Trust will put measures in place to increase number of disabled staff at all levels of the Trust (review from April 2011 annually)			

		6. 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)			
		7. 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)			
		8. The Trust will put measures in place to increase numbers of LGBT staff			

		(review from April 2011 annually)			
Ensuring fair and equitable access to training and development opportunities	ALL; Age (All); Disability; Ethnicity	1. Ensure monitoring forms for training correspond to other monitoring the Trust carries out (April – June 2010)	<b>E&amp;D monitoring can be easily reported on re training attendance using ESR reports and the information currently stored on ethnicity, sexual orientation etc. E&amp;D monitoring can be reported on relating to mandatory, statutory and other training when required, again using information stored on ESR and OLM for course information.</b>	Director of Assurance and Development / HR Manager	Increased access to training opportunities for staff
		2. 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	<b>E&amp;D monitoring can be easily reported on re training attendance using ESR reports and the information currently stored on ethnicity, sexual orientation etc. E&amp;D monitoring can be reported on relating to mandatory, statutory and other training when required, again using information stored on ESR and OLM for course information.</b>		Increasing skills and development of staff

		3. Training team to circulate information for staff about external training and development opportunities (April 2010 onwards)	<p><b>The PCT has actively advertised and promoted E&amp;D training and development opportunities to all staff e.g. Breaking Through programme. Identified a review in the booking process to enable staff to feel more supported and potentially remain anonymous (when booking on to external training targeted at particular protected characteristics such as sexual orientation). Individual Coaching sessions have been offered to all staff, at all levels to provide 1:1 coaching or mentoring as appropriate</b></p>		
		4. Ensure that all training (included that provided by external trainers) is accessible to all staff (April 2010 onwards)			
		5. Ensure under represented staff have access to mentoring and development programmes from the SHA, particularly BME staff (April 2011)			

		6. 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)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		
Ensuring fair and equitable access to career development and progression	Age (Older); Disability; Ethnicity	1. 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)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>	Director of Assurance and Development / HR Manager	Increased diversity of Trust staff

	2. Mentoring and development programmes specifically to support Trust staff progression through pay grades. (April 2011)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		Improved representation of BME groups at higher pay scales within the Trust
	3. Develop a Trust BME staff network and continue to develop the Trust disability staff network. (September 2010)	<b>This action is outstanding and will be addressed during 2011/12 whilst developing Sussex wide clustering arrangements.</b>		More highly skilled and motivated workforce
	4. 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)	<b>Career development opportunities have been extremely limited as a result of the restructuring and redundancy exercise as redeployment efforts are made at the employees current band or one below. However, the PCT did take the opportunity to create 3 wte band 6 posts in the new structure in order to provide development opportunities for lower grade staff (bands 4 and 5) and these are yet to be recruited to.</b>		Benefits for Trust retaining staff by providing opportunities for progression

		5. 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)	<b>There has been a slight increase in 2010 in the numbers of staff reorting through the staff survey that they have recieved appraisals and have PDPs, and that these are effective and support their development (from 60% to 64%)</b>		
		6. Ensure reasonable adjustments are explicitly available for all opportunities for development within the Trust (September 2010)	<b>The Trust has made it explicitly clear in all letters to staff that reasonable adjustments to the appointment process during restructuring are available upon request</b>		
		7. Target development opportunities at Trust BME staff in AfC pay bands 5 and 7 (April 2011)	<b>In Oct 2010 the Trust encouraged BME staff to apply for the SEC Building Blocks for Success- a development programme for BME staff at Bands 6-7 in NHS South East Coast and again in Feb 2011 for the SEC 'Access to Breaking Through Masterclass'. This was open to applications from BME staff at band 7.</b>		

		8. Develop guidance around 'reasonable adjustments' for disabled Trust staff and provide support for managers (September 2010)	<b>Guidance around reasonable adjustments will be picked up as part of cluster wide arrangements</b>		
Experiences of bullying and harassment from senior staff and colleagues within the Trust	Age (All); Disability; Gender; Ethnicity; Religion / Belief; Sexual Orientation	1. 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).	<b>Bullying &amp; harassment training was carried out for all staff and managers in 2010. No formal reports of bullying and harassment were received (with one informal report received) and therefore it has not been possible to identify any patterns. The Dignity at Work policy was revised and updated in 2010 to ensure procedures are clear and easy to follow. The staff survey 2010 results show that incidents of bullying and harassment are below the national average for similar organisations (a year on year comparison was not possible as the format of the question had changed)</b>	Director of Assurance and Development / HR Manager	Staff and managers are better able to report and address issues of bullying and harassment
		2. Monitor reported incidents to identify any patterns (April 2010 onwards)			Incidences and experiences of bullying and harassment reported through anonymous staff survey mechanisms decrease year on year

		3. Ensure there are clear and transparent processes to thoroughly investigate and respond to reported incidents (September 2010)			
Staff experience a lack of equity in how they are treated and how opportunities are made available.	Age (Younger); Gender (Women); Disability; Carers	1. Ensure progression opportunities are addressing identified 'bottlenecks' within the staff structure (September 2011)	<b>These actions will be carried forward to be completed through Sussex clustering arrangements</b>	Director of Assurance and Development / HR Manager	Reporting of less equitable treatment through staff survey mechanisms decreases year on year
		2. Increase training for managers—including disability awareness training and awareness training for all minority or under represented groups within the Trust (July 2011)			

	3. The Trust will create a Carer's Policy (April 2011)		
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