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| Human Rights, Equality and Diversity Strategy 2014-2018 |
| Stockport NHS Foundation Trust |
| January 2014 |

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1. **Executive Summary**

1.1 The Operating Framework for the NHS in England makes it clear that the Government expects NHS organisations to maintain progress on equality by fulfilling their statutory duties under the Equality Act and to deliver high quality care for patients. Patients’ rights to a comprehensive and fair NHS are also set out within the NHS Constitution guiding principles and makes explicit commitment to equality:-

“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief”

In addition the Health and Social Care Act 2012 enshrines in legislation for the first time, explicit duties on the Secretary of State, NHS Commissioning Board and Clinical Commissioning Groups to have regard to the need to reduce inequalities in the benefits that can be obtained from health services.

1.2 This document sets out the Trust’s strategy for the promotion of Equality, Diversity and Human Rights in our service provision and employment practices. It outlines the approach and actions to be taken to ensure that Stockport NHS Foundation Trust moves beyond mere baseline compliance with Government equalities legislation and becomes an exemplar organisation in reference to Human Rights, Equality & Diversity with clear and visible leadership at Board level.

1.3 The success of the strategy will be measured by the progressive development towards achieving “Excelling” in the Equality Delivery System (EDS) annual audit which is detailed in appendix one.

1. **Background**

2.1 The 2012/13 financial year marked our ninth year as a Foundation Trust and our mission statement created at the outset still holds true today:-

“Provide high quality, accessible and responsive services by putting the patient at the heart of everything we do.”

The equality agenda sits at the very core of this statement and in those nine years the Trust has delivered significant progress in raising awareness of equality, diversity and human rights issues.

2.2 In 2011 we became Equality and Diversity Partners with NHS Employers and the Trust was congratulated on its enormous commitment to embed equality, diversity and human rights into the core business of the organisation. We also became part of the Stonewall Healthy Lives programme, which allowed the Trust a free audit and expert advice around how to improve as an employer and service provider for lesbian, gay and bisexual people.

2.3 The Trust received a letter of congratulations from the Chief Executive of the then PCT in February 2011 which acknowledged the impressive body of work undertaken by the Trust around the equality agenda.

2.4 In 2012 we maintained this commitment by completing the Disability Standard audit with the Employers Forum for Disability and a comprehensive access audit of the site at Stepping Hill was commissioned by the Estates Department to set budget priorities. This was further enhanced by the introduction of a “Way finding” portal on the Trust’s website which enables patients to plan their journeys in advance, see if assistance is required and ensure they leave enough time to make appointments.

2.5 Finally in 2012 the Trust undertook an audit of the website to ensure it complied with accessibility standards, this included focus groups with disabled service users.

2.6 The Trust now provides community services for residents of Tameside, Glossop and Stockport and the Southern Sector review will also mean changes to service provision over the coming months and years. The impact of these changes will become clearer during 2013/14 as work continues across the Southern Sector partnership and the embedding of community services continues ensuring a consistent approach to equality, diversity and human rights across the whole organisation.

2.7 Back in 2009, the Trust developed a Single Equality Scheme which has been invaluable in structuring our actions around equality and diversity to this point. However, the Equality Act 2010, places different duties on public bodies and there was no obligation to refresh the scheme in 2012. Therefore, this strategy will summarise outstanding actions from the scheme together with the action plans from further audits, our duties under the Equality Act (2010) and the Equality Delivery System audit. This strategy will ensure that we deliver on our equality objectives for the next four years and will detail responsible leads and timescales for more detailed actions.

1. **Strategic Aims**

This four year strategy aims to:

3.1 Develop, support and embed Human Rights, Equality and Diversity into all aspects of Trust business in reference to patient services and employment. With clear and visible leadership at Board level, robust governance arrangements and staff who are trained to embrace differences and deliver fair and effective services for all.

3.2 Promote a culture of inclusion throughout the Trust by ensuring all patients access services appropriate to their needs regardless of protected characteristic(s) and that all staff realise their full professional potential in an environment where diversity, dignity and respect are prioritised.

3.3 Ensure Stockport NHS Foundation Trust attains full equalities legal compliance beyond the baseline in reference to all of the equality strands in line with the Equality Act 2010 and progress towards achieving “Excelling” in the Equality Delivery System (EDS) annual audit.

3.4 Enable Stockport NHS Foundation Trust to fulfil its wider role in the community using its leverage to contribute to eradicating discrimination and harassment, to get closer to the communities it serves and be an active and good member of all of these communities. Community consultation, engagement and participation are central to the Trust’s Human Rights, Equality & Diversity activity.

1. **Key Objectives**

4.1 The strategy was developed following the Trust’s Equality Delivery System assessment for 2013 which was informed by focused engagement with business groups across the Trust.

4.2 The strategy identifies the direction and the general approach required to achieve the strategic aims outlined above and to deliver improved performance against the EDS assessment.

4.3 The strategy will be underpinned by the following objectives which will be the main drivers in setting the future approach to Human Rights, Equality & Diversity at Stockport NHS Foundation Trust:

4.3.1 Recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different communities, groups and individuals.

4.3.2 Ensure the Trust uses its influence and resources to actively engage with diverse local communities (and organisations) to improve health outcomes and patient experience.

4.3.3 Improve the way we equality monitor across services, including access, length of stay, DNA’s and outcomes broken down by all protected characteristics.

4.3.4 Ensure the Board of Directors and all senior leaders in the Trust set the example for the delivery of Human Rights, Equality & Diversity throughout the Trust.

1. **Delivering the strategy**

5.1 The successful implementation of this strategy is largely dependent upon organisational drive and commitment. It is therefore crucial that a quality standard for Human Rights, Equality & Diversity is integrated into the Trusts Business Plan.

5.2 It is essential that senior members / managers in the Trust are pro-active visible leaders and champions of Human Rights, Equality & Diversity. With this in mind a new Human Rights Equality and Diversity Steering Group will be introduced with Equality Champions for each business group. The group will be chaired by the Director of Workforce and Organisational Development.

5.3 Progress against this strategy will be reported through the Human Rights, Equality & Diversity Steering Group and included in the 3 monthly reports to the Board of Directors. Risks will be reported to the Assurance Risk Committee on an exception basis.

5.4 The Human Rights, Equality& Diversity Steering Group working with the Head of Communications shall ensure the development of a Human Rights, Equality & Diversity communication drive across the Trust. The aim shall be to ensure high level visibility of Human Rights, Equality & Diversity and enable staff ‘buy-in’ to the agenda. All staff have responsibilities in the context of Human Rights, Equality & Diversity and these responsibilities must be advertised to ensure the optimum adherence.

5.5 The Trust shall continue to develop its Human Rights, Equality & Diversity training portfolio. A key vehicle for implementation of Human Rights, Equality & Diversity training is to deliver a suite of training which may be accessed by a wide diversity of employees across all staff groups and Directorates. To ensure this is achieved both face-to-face and e-learning training will be sourced.

5.6 The Human Rights, Equality & Diversity Manager will work with the Assistant Director Organisational Development and Learning to continue to progress training delivery. Human Rights, Equality and Diversity Training will also be integrated into the Trusts Induction Programme.

5.7 The Trust must now increase its capacity for the collation of data across all of the protected characteristics not only in terms of workforce but also very particularly in patient services. The Trust must ensure any systems which are procured by the Trust have the capability to record all of the equality data information required by law. The Trust must undertake a thorough analysis of its current systems and determine the necessary actions to take to ensure that we are up to speed. The Human Rights, Equality and Diversity Steering Group must take the lead to ensure there is buy-in across the organisation for this process. A Trust Equalities and Data Collection sub-group should be developed to oversee developments.

5.8 Delivery of appropriate, accessible services meeting the different needs of the diverse populations it serves, it is imperative that Equality Impact Assessment are undertaken for all patient services.

5.9 Performance management and appraisal must now be utilised as an effective vehicle for the implementation of Human Rights, Equality and Diversity objectives across all staff disciplines This will be reflected in the ongoing work around the review of the appraisal framework and also in the behavioural framework to be introduced in our recruitment processes.

5.10 Clinical and non-clinical staff champions for Human Rights, Equality & Diversity will be identified who will provide leadership, visibility and facilitate employee engagement in the creation of staff equality networks and Human Rights, Equality and Diversity as a whole.

1. **Measuring Progress**

6.1 The success of the strategy will be measured by the progressive development towards achieving “Excelling” in the Equality Delivery System (EDS) annual audit which is detailed in appendix one.

6.2 Other measures will include:-

* Improved patient and staff experience as measured by the annual patient and staff surveys. These surveys are disaggregated by protected characteristics and any patterns/ signs of discrimination investigated further.
* Reduction in complaints associated to Human Rights, Equality and Diversity.
* The use of recorded patients stories with Trust Board and at essentials training for all staff
* Improved community engagement held in conjunction with wider public engagement events the Trust undertakes.
* Evidence of equal access, experience and outcomes for all protected groups through better monitoring and use of data.
* Reductions leading to elimination of inequalities in all workforce activity reflected in the annual Workforce Report.
* Avoidance of costly litigation; employment tribunals and / or patients seeking legal redress for discrimination
* Reduced reported levels of bullying and harassment.
1. **Roles and responsibilities**

**7.1 Board of Directors**

The Chief Executive is the accountable officer for E&D however the Chairman and other Board Directors all have responsibility for ensuring that Stockport NHS Foundation Trust is compliant with Equality and Human Rights legislation.

**7.2 Director of Workforce and Organisational Development**

The Director has delegated responsibility to ensure the delivery of this Strategy. The Director chairs the Equality and Diversity Steering Group and is responsible for providing senior leadership to the Equalities agenda.

**7.3 Equality and Diversity Lead**

The lead has day to day responsibility for ensuring the development and delivery of the Strategy, identifying the Trust’s legal and statutory obligations and ensuring plans are carried out to meet them.

**7.4 Managers and Staff**

All managers and staff within the organisation have a duty to adhere to the requirements of Equality legislation and ensure the Trust delivers its responsibilities.

1. **Governance**

**8.1 Board of Directors**

The Board of Directors will receive a 3 monthly report on progress against the action plan in appendix 2.

**8.2 Risk Assurance Committee**

The Risk Assurance Committee provides Risk and Quality Assurance to the Board, including clinical and corporate risk governance and patient and public safety. The committee will challenge and provide assurance to the Board that the Trust is meeting its Equality Objectives.

**8.3 The Human Rights Equality and Diversity Steering Group**

The group also has responsibility for ensuring the action plan from this strategy is carried out and highlighting any risks in relation to meeting the deadlines. The EDS audit will be one of the key projects this group works on and progress will be reported by the members on a regular basis.

1. **Conclusion**

9.1 Improving the health and wellbeing of everyone has been a key driver for the NHS, but evidence suggests that there is still a lot of work to do.  The Equality Delivery System is an important tool in delivering better health for all and the Trust will use our audit results to encourage a new commitment for equality across the organisation, including clear leadership, better engagement with local communities and improved collection and use of data.

9.2 This report brings together all outstanding actions and priorities for the Trust around Equality and Diversity. The action plan in the following section which includes our equality objectives will be the key focus for the next 4 years. A more detailed plan with clear responsibilities and timescales will be monitored at the Human Right, Equality and Diversity Steering Group. There is a priority action to set up formal reporting mechanism for progress reports through the new assurance committees.

**Appendix 1**

**The Equality Delivery System Audit 2013**

The Trust sees the Equality Delivery System as an opportunity to look at how well we are doing in our endeavours to eliminate discrimination and make plans to improve equality in Stockport.

Stockport NHS Foundation Trust submitted its first audit results in April 2012. Our 2013 submission has been informed by more focused engagement with the business groups across the Trust and adherence to the scoring guidance provided by the EDS implementation team. Our self rated scores against the four overarching EDS outcomes for 2013 are:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDS Outcome** | **Undeveloped** | **Developing** | **Achieving** | **Excelling** |
| Better Health Outcomes for All |  | cid:image002.jpg@01CE8F6C.4333C7F0 |  |  |
| Improved Patient Access & Experience |  | cid:image002.jpg@01CE8F6C.4333C7F0 |  |  |
| Empowered, Engaged & Included Staff |  |  | cid:image006.jpg@01CE8F6C.4333C7F0 |  |
| Inclusive Leadership |  | cid:image004.jpg@01CE8F6C.4333C7F0 |  |  |

Our submission shows that access to healthcare services is good, and local data shows that some minority groups have similar patterns of access. However, there are gaps in our data and we know that there are still barriers for some people. Similarly, patient experience is positive for most of Stockport’s community groups, but a lack of data means we are still developing our efforts to ensure this is the same for everybody.

Stockport NHS Foundation Trust has strong policies and processes in place to ensure that staff are treated fairly. The majority of our staff feel confident that they have equal opportunities to progress their careers according to skills alone. Equality is a key issue for the Board of Directors and moving forward our priorities will be shaped by the gaps identified in this audit and views expressed by local people as part of our work to develop our submission for 2013/14.

**Key actions from this review**

| **Outcome** | **Action** |
| --- | --- |
| 1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities | Improved and more consistent equality monitoring across all services and analysis around around access, treatment and outcomes.Identifying gaps in the representation of protected groups in local surveys and use other engagement methods to plug the gaps.Engage with Trust members more specifically around equality.Integrate the EIA process within business planning.Further integrate equality objectives within mainstream business including quality accounts. |
| 1.2 Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways | Improved and more consistent equality monitoring across all services and analysis around access, treatment and outcomes.Identifying gaps in the representation of protected groups in local surveys and use other engagement methods to plug the gaps. |
| 1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly | More specific questions in our patient experience surveys around service changes and transitions. This evidence can then inform the development of joint organisational plans for continual improvement and patient satisfaction.  |
| 1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all |  Ensure that local patient experience questionnaires include questions around safety. Include equality monitoring data on patient incident reports. |
| 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups | Improved equality monitoring with emphasis on access, treatment and outcomes will deliver a better understanding of how to improve vaccination and screening processes. |
| 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds | Further patient experience surveys needed to confirm satisfaction by all protected groups |
| 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment | Further patient experience surveys needed to confirm satisfaction by all protected groups |
| 2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised | More detailed evaluation of patient experience by protected groups is required to give assurance against this outcome. Improvements in equality monitoring and targeted engagement will help deliver more complete data sets. |
| 2.4 Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently  | More detailed evaluation on complaints handling through the patient experience surveys by protected groups is required to give assurance against this outcome. |
| 3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades | Further detailed analysis to understand the dropout rates during the recruitment process. Better attendance at recruitment and selection training. |
| 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay | Nationally determined. |
| 3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately | Review training strategy for E&D to ensure staff adequately trained. Plug gap in engagement to reflect all protected groups. |
| 3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all | More detailed and consistent monitoring of harassment cases and staff survey results. |
| 3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.) | Continue to monitor flexible working by protected characteristics. |
| 3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population | Action plan in place as a result of the staff survey. |
| 4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond | Set out the priorities and actions to be taken over the next four years to encourage leadership from the Trust to be more visible in relation to diversity and equality. Further integration of the Equality Impact Assessments into the service redesign and development.  |
| 4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination | Further develop cultural competency training as part of the updated training strategy. |
| 4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes | Trust to decide whether to translate this framework into comprehensive training for Board and senior managers over next four years. |

**Priorities for the Future**

A number of areas emerged from the EDS audit process, which will become the focus of Equality & Diversity work at Stockport NHS Foundation Trust over the next four years and are reflected in our revised equality objectives below which will be approved by the Board of Directors in preparation for consultation with Health Watch Stockport.

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| **Objective One: Improved equality monitoring for all services** |
| **Context:** Demonstrating that the Trust is delivering a fair service for all the community can only be achieved by improving the way we equality monitor across services. Including access to services, length of stays, DNA’s and outcomes broken down by age, gender, race, disability, religion, sexual orientation, gender re-assignment, pregnancy and maternity. |
| **Measures:*** + **Standardised equality monitoring across all services agreed and supported by the Board of Directors.**
	+ **Business Groups analyse access to service, outcomes and other relevant factors for their services by protected characteristics.**
 |
| **Timescale: 2014-2018** |
| **Mainstreamed:** This objective will be taken forward and progress will be reported through the Human Rights, Equality & Diversity Steering Group and included in the 3 monthly reports to the Board of Directors. Risks will be reported to the Assurance Risk Committee on an exception basis. |
| **Transparent Reporting:** The organisationwill report on progress to deliver this objective through its annual Equality and Diversity Report and in annual information published to demonstrate compliance with the public sector equality duty. |

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| **Objective Two: Improved patient, community and staff engagement** |
| **Context:** Genuine engagement with local interests and the effective use of evidence lie at the heart of the public sector equality duties and the NHS reforms. Without them NHS organisations will not be able to focus on the matters that are most important to patients, communities and staff in an informed, consistent and robust way. Engagement refers to the process of getting people- patients, community members and staff involved in decisions about them in a sustained way. This includes planning, developing and managing services, as well as activities that aim to improve health or reduce health inequalities. For staff engagement this also means helping to plan, develop and manage working environments and activities that aim to improve working lives.Engagement should go beyond consultation and should be sustained, informed and meaningful. Care should be taken to ensure seldom heard interests are as engaged and are supported to participate. So that these people can be enabled and empowered, support and financial assistance will need to be considered. NHS Foundation trusts are well placed to engage with local interests because they are accountable to members drawn from local and wider communities. The new local Health Watch, also have an important role to play in supporting local statutory agencies to engage with and hear the views of local people. |
| **Measures:*** **New Trust Patent Engagement Strategy to recognise vulnerable groups.**
* **Gaps in patient experience highlighted for protected groups and face to face engagement implemented.**
* **Involve Health Watch to locate and support hard to reach communities in engagement activities.**
* **Specific engagement with Trust members around EDS and equality objectives.**
* **Specific engagement with Trust staff around EDS and equality objectives.**
* **Patient stories used to aid training and awareness raising.**
 |
| **Timescale: 2014-2018** |
| **Mainstreamed:** This objective will be taken forward and progress will be reported through the Human Rights, Equality & Diversity Steering Group and included in the 3 monthly reports to the Board of Directors. Risks will be reported to the Assurance Risk Committee on an exception basis. |
| **Transparent Reporting:** The organisationwill report on progress to deliver this objective through its annual Equality and Diversity Report and in annual information published to demonstrate compliance with the public sector equality duty |

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| **Objective Three: A revised training strategy for Equality and Diversity** |
| **Context:** **Why do we need an Equality Training Strategy?** * To meet our responsibilities within the Equality Act 2010
* To link into the Patient & Family Experience Strategy
* To prevent and improve in the light of patient complaints
* To improve our scores in the NHS staff and patient survey
* To respond to consultation with patients’ groups
* To assure our commissioners that we take equality seriously
* To demonstrate our compliance with the Care Quality Commission standards
* To deliver compliance with Monitors governance indicators
* To deliver services in line with the Operating Framework for the NHS
* To improve performance against the EDS

In 2012, we continued to embed the Equality and Diversity training in existing courses. Modules are now included in:-* + The Ward Leadership Programme
	+ Introduction to Management Course
	+ Certificate in Management Skills
	+ Interviewing Skills
	+ HCA Pool training

Equality and Diversity still features at induction and mandatory training but the mandatory aspect of e learning is not enforced.. This has been enhanced by quarterly sessions in the lecture theatre using the new interactive technology to simulate the e learning exercises and also using the bite size DVD’s to demonstrate patient experiences. However attendance has currently been limited to Estates, Facilities and Tameside community staff. |
| **Measures:** * **A full review of current Equality and Diversity training including attendance levels and e learning completion rates will be undertaken and inform the revised training strategy.**
* **Comparisons will be made with the training strategies of local NHS Trusts.**
* **Engagement with the Board of Directors and senior managers to agree methods of delivering equality and diversity training and gain commitment to release staff.**
* **Review complaints to determine specific training needs for staff.**
 |
| **Timescale: 2014-2018** |
| **Mainstreamed:** This objective will be taken forward and progress will be reported through the Human Rights, Equality & Diversity Steering Group and included in the 3 monthly reports to the Board of Directors. Risks will be reported to the Assurance Risk Committee on an exception basis. |
| **Transparent Reporting:** The organisationwill report on progress to deliver this objective through its annual Equality and Diversity Report and in annual information published to demonstrate compliance with the public sector equality duty |

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| **Objective Four: Enhanced visibility of Board leadership in relation to equality and diversity** |
| **Context:** Priorities and actions need to be taken to enhance leadership from the Trust to be more visible in relation to diversity and equality. Whilst our EDS assessment shows commitment to the agenda we need to show a more sustainable progression of change. High-level leadership on Equality and Diversity issues is apparent, but this needs to be more visible to the rest of the Trust, giving staff the confidence to get involved in equality initiatives. It is essential that senior managers are more proactive in promoting Equality and Diversity in their areas. As a result this will create a culture for real change, and not merely ‘ticking the boxes’.The integration of Equality Impact Assessments into the service development strategy is not complete. Information about the potential impacts of decisions and actions for reducing inequalities are not always considered in decision making. |
| **Measures:*** **Training session with the Board of Directors to agree priorities around equality and diversity and their role in promoting these.**
* **Competency framework in place for Board and Senior Managers.**
* **Representation from Board and all business groups on the E&D Employment Service Group.**
* **Reference to equality, diversity and human rights in the business planning process.**
* **Equality, diversity and human rights issues embedded into the quality accounts for the Trust.**
 |
| **Timescale: 2014-2018** |
| **Mainstreamed:** This objective will be taken forward and progress will be reported through the Human Rights, Equality & Diversity Steering Group and included in the 3 monthly reports to the Board of Directors. Risks will be reported to the Assurance Risk Committee on an exception basis. |
| **Transparent Reporting:** The organisationwill report on progress to deliver this objective through its annual Equality and Diversity Report and in annual information published to demonstrate compliance with the public sector equality duty. |

Appendix 2

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| --- | --- | --- | --- | --- | --- |
| Outstanding Objectives | Actions | Lead person/ Team | Completion date | Success criteria | Progress |
| Training session with Trust Board of Directors to agree priorities around Equality and Diversity and their role in promoting these. | Agree training session with Chief Exec | Jayne Shaw |  | Date agreed and facilitator in place |  |
| Improved data collection by all 9 protected characteristics including:-* access to services
* patient experience levels
* Complaints and patient incident reports
 | Develop fields on PAS Equality Monitor patient experience surveysEquality Monitor complaints | Ken BrennanCarol SparkesCathy Marsland |  | All protected characteristics recorded for service users Annual service report shows disaggregated data patient experienceAnnual service report shows disaggregated data for patient complaints and incident reports |   |
| To improve the level of satisfaction of patients with complex needs and their carers. Develop better systems for recording and acting upon information with a joined-up approach to with support mechanisms for carers. | Use improved equality monitoring and flagging system to track patients with complex needs and ensure reasonable adjustments are in placeWork with community services to ensure information related to complex needs is effectively communicated across service boundaries | Ken BrennanAD’s in target areas (Pre-op, Outpatients, ED, MAU, SAU) |  | All protected characteristics recorded for service users Effective system in place to communicate complex needs across servicesImproved level of satisfaction from patients | Risk Assessment to be completed |
| Further embed Equality Impact Assessment (EIA) as a key tool for decision-making, policy development and service redesign and improve the accessibility of our physical environment.  | Incorporate EIA compliance into the reporting structure for policies. Audit the use of the TCS template.Maintain links with Estates to set priority action plan following site audit.Draw up list of all ward and department areas for access audit. Prioritise one audit per month. Feed actions back to estates to incorporate into action plan. | Sue ClarkSue ClarkBob EdwardsSue Clark |  | Compliance for all policies and service redesignAudit completePriority action plan developedList complete and access audits commenced. Actions incorporated into priority action plan |  |
| Implement actions from the workforce equality monitoring report 2012 | Using recommendations from the workforce report investigate trends/ patternsDocument process of investigation and publish evidence in the 2014 report | Sue Clark/ AD’s HR |  | Trends/ patterns investigated and results documented to publish in 2014 report |  |
| A full review of E&D training including attendance levels and e learning rates | Obtain figures from training | Sue Clark |  | Training figures analysed and reported to HR Director |  |
| Implement actions from the service equality monitoring report 2012 | Using recommendations from the service report investigate trends/ patternsDocument process of investigation and publish evidence in the 2014 report | Sue Clark/Business Group AD’s  |  | Trends/ patterns investigated and results documented to publish in 2014 report |  |
| New engagement strategy to recognise vulnerable groups. Identify local and national bodies as part of the strategy | New strategy to be written and agreed at Board | Carole Sparks |  | Strategy agreed and EIA complete |  |