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| Title: EQUALITY & DIVERSITY POLICY – incorporating SINGLE EQUALITY SCHEME (SES) | |
| Author: Equality & Diversity Lead and Deputy Director of Human Resources | Implementation date: April 2010 |
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1.0 PURPOSE

- 1.1 The Western Sussex Hospitals NHS Trust is committed to delivering the very highest standards of access and care to patients from a diversity of cultures, different age groups and with a wide range of abilities and needs. We want to lead in the field of equality, diversity and human rights within the local healthcare economy and the community that we serve to become the health care provider of choice. We are equally committed to being the employer of choice for existing employees and those wishing to work for us, enabling every individual working within the Trust to maximise their potential and contribution to the organisation.
- 1.2 This scheme underpins the individual policies that are in place to support these commitments and to ensure that we proactively develop a culture which is diverse; where individual differences are valued and respected; and to develop our services and workforce to reflect the communities that we serve.
- 1.3 We will take all reasonable steps to ensure there is no unlawful or unfair discrimination, on the grounds of gender, sexual orientation, marital status, race, colour, nationality, ethnic origin, disability, religion or age, and in the case of employees or potential employees, trade union activity. This commitment applies to our patients, their carers, visitors to the Trust, existing or potential employees, and bank or contract workers, and is based on the following legislation and statutory instruments:
- Equal Pay Act 1970 and 1983
 - Sex Discrimination Act 1975 as amended by the Equality Act 2006
 - Race Relations Act 1976 and Race Relations (Amendment) Act 2000
 - Human Rights Act 1998
 - Employment Act - Religion or Belief Regulations December 2003
 - Employment Act - Sexual Orientation Regulations December 2003
 - Gender Recognition Act 2004
 - Disability Discrimination Act 2005
 - Age Discrimination Act 2006

- Statutory Codes of Practice on sex discrimination, equal pay, race discrimination and disability discrimination
- Single Equality Bill 2010 (published in April 2009, but not yet legislation)

1.4 The Trust's Single Equality Scheme (Appendix A) sets out how the Trust will meet its statutory duties under the Race Relations Amendment Act 2000; the Disability Discrimination Act 2005 and the Sex Discrimination Act 1975 as amended by the Equality Act 2006 and the requirements of the Single Equality Bill 2010 (yet to be enacted).

2.0 PRINCIPLES

2.1 It is recognised that in serving diverse communities, the Trust needs to recruit and retain the right people with the right skills to deliver high quality care. This can best be achieved through a workforce that reflects the community that we serve. The Trust's values are centred on people:

- People at the heart of all we do
- Excellence in all we deliver
- Openness and honesty at every level
- Promises delivered
- Listen and learn
- Equal treatment, Equal access and Equality of opportunity

Our aim is to engender an organisational culture that is good for all people, treating everybody with respect and dignity, promoting fairness, ensuring that our core standards of behaviour are reflected in all of our dealings with those who come into contact with the Trust.

2.2 We are committed to the principles of the Equality and Human Rights Commission (EHRC).

2.3 We believe that you can achieve your full potential in an environment where all staff, regardless of their role, are valued and treated with dignity and respect. This is embedded in the Trust's values as detailed above. You are also expected to abide by the Nolan Committees Standards on Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

2.4 Your diversity will be viewed positively and, in recognising that everyone is different, the Trust will value equally the unique contribution that individuals from different backgrounds can make. Support is available for BME staff through the Trust's BME network and more widely through the SEC (South East Coast) BME network.

2.5 We are committed to equal opportunities for all. Our aim is to ensure that no patient, carer or visitor to the Trust, job applicant or member of staff, is discriminated against on the grounds of:

- gender, sexual orientation or gender reassignment
- part time working
- marital status
- pregnancy, maternity or paternity
- race, colour, nationality, national or ethnic origin
- disability
- religion or belief
- age
- membership/non membership of a trade union

- 2.6 Selection for employment, training and promotion will be based solely on objective and job related criteria.
- 2.7 If you have a disability or develop a disability during your time working with the Trust, we will make reasonable adjustments to prevent you from being placed at a substantial disadvantage in all aspects of employment including recruitment and selection, training, transfer, career development, retention.
- 2.8 Developing a diverse culture within the organisation will enable us to improve our understanding of the service needs of our communities. This will facilitate us in becoming the first choice provider of high quality health care services to the people and the communities that we serve.
- 2.9 We are keen to resolve concerns raised by staff at an early stage. If you believe that you have been discriminated against, victimised or harassed, by staff or patients, on the grounds of your gender, sexual orientation, race, age or disability you should speak to your line manager in the first instance. The HR Directorate, Occupational Health or your staff or trade union representative will also be able to support you and help you to understand the options available through the appropriate Trust policy.
- 2.10 Equality and Diversity is implicit within all of the Trust's employment policies and these are all Equality Impact Assessed and regularly reviewed.

3.0 RESPONSIBILITIES

3.1 Members of Staff

- 3.1.1 You are expected to observe this policy, regardless of your role or employment status and to manage your behaviour towards other staff members and members of the public. In particular, you are expected to:
- support and implement the principles of equity and fairness
 - report any incident or behaviour which contravenes this policy and not indirectly support unfair treatment by ignoring what is happening around you
 - treat all staff, managers, patients, visitors and members of the public with dignity and respect.

3.2 Diversity Matters Group

- 3.2.1 The Diversity Matters Group will be responsible for overseeing the effective implementation of this policy and will report to the Trust Board. The group, chaired by the Chief Executive, will meet quarterly and will:
- develop the strategy and policy for equality and diversity
 - produce an annual diversity report and plan
 - drive the implementation of the Equalities Framework and associated project streams
 - ensure managers receive practical training and support to help them turn policy into practice
 - involve staff through focus and support groups
 - support programmes designed to encourage the development of staff from minority groups.
- 3.2.2 Monitoring of equal opportunities data is central to the effective implementation of equal opportunities. Regular monitoring will be undertaken in respect of:
- Ethnic Group

- Gender
- Disability
- Marital Status
- Full or part-time working
- Age
- Sexual orientation
- Pay band

3.2.3 This statistical data will be used to build a clear picture of what is actually happening within the employment structure of the Trust. Information about individuals will be kept strictly confidential in line with the Data Protection Acts 1984 and 1998, and used only for the monitoring of equal opportunities. The results of the monitoring will be reviewed quarterly by the Diversity Matters group to assess what progress is being made in implementing the equal opportunities policy. A report will be provided to the Trust Board on an annual basis and will be available on the Trust's internet and intranet sites.

3.3 Managers

3.3.1 Your manager has a responsibility for ensuring this policy is fairly and consistently applied by you. They should ensure that:

- You are made aware of the contents and importance of observing the principles of Equality and Diversity
- They eliminate any unfair practices of which they are aware, whether or not a complaint has been made.
- Any allegations of discriminatory behaviour or practices are properly investigated, all relevant documentation retained and, disciplinary action taken (where appropriate) in a non-discriminatory manner.
- They are good role models of best practice for their staff.

3.4 Human Resources Staff

3.4.1 Human Resources staff are responsible for providing advice and guidance to you or your manager on the application and effective implementation of the policy. They also have responsibility for ensuring that the duty to promote is observed and actioned where necessary and the general duties of the equality legislation are observed.

3.5 Legal Liability

3.5.1 Individual members of staff can be held personally liable for acts of unlawful discrimination.

3.5.2 The Trust, as an employer, may be liable for any act of unlawful discrimination committed by you during the course of your employment, unless it can be proved that all reasonable and practicable steps had been taken to prevent such an act from occurring. This also extends to a social setting, where staff are together because of their connection to work, for example, a leaving function.

3.5.3 The Trust has a primary legal and moral responsibility for ensuring that discrimination does not occur.

SINGLE EQUALITY SCHEME

2010-2013



RACE
RACE
DISABILITY
DISABILITY
GENDER
GENDER
SEXUAL ORIENTATION
SEXUAL ORIENTATION
AGE
AGE

FOREWORD

We are pleased to introduce the Western Sussex Hospitals NHS Trust's Single Equality Scheme. This is the first Single Equality Scheme to be produced by the merged Trust and builds upon the success of our previous equality schemes (race, disability and gender). It also extends to ensuring that all equality issues including sexual orientation and age are identified and effectively addressed.

The Trust recognises that good equality practice will only be delivered when it is embedded in a culture of equal opportunity for all.

Ensuring that equality is at the heart of our organisation is essential if we are to successfully fulfil our responsibilities and duties as an employer and health care provider of choice.

To support us in achieving this, our Single Equality Scheme signifies a change in the way we think about and deliver our work throughout the Trust. It sets out our commitment to equality and our determination to ensure that our policies meet the needs of all our staff as well as those who use our services.

The Single Equality Scheme also sets out how we will meet our obligations under equality legislation over the next three years. We can make the necessary changes by ensuring that we systematically set out how we are going to do this and hold ourselves accountable for our delivery.

We are committed to a full review of our SES every 3 years and progress against actions will be incorporated into an annual Workforce Equality Diversity Report. The SES Action Plan is intended to be a working document with actions identified and acted upon as a result of regular review through our Integrated Governance Committee, Diversity Matters Group, through changes in legislation or for any other substantial reason that causes or requires change. Full Consultation will take place for the 3-yearly review. Action Plan changes that do not affect groups in all of the diversity strands will be consulted with as appropriate ie a change that affects only disabled people will be taken to the Disability Equality Forums. For a change affecting only those from a minority ethnic group, we will consult the BME groups.

It is the responsibility of all of us to proactively promote the Trust's approach to the implementation of the Single Equality Scheme.



INVESTOR IN PEOPLE

1.0 INTRODUCTION

- 1.1 The Western Sussex Hospitals NHS Trust is an acute Trust providing high quality health care for the community that we serve. We exist as a result of the merger between the Royal West Sussex NHS Trust and Worthing and Southlands NHS Trust. We provide services from three major sites across West Sussex: in Chichester from St Richards Hospital; in Worthing from Worthing Hospital and in Shoreham from Southlands Hospital.
- 1.2 We have around 1,000 in-patient beds and provide a full range of general acute services, medicine, surgery, orthopaedics, trauma, paediatrics, obstetrics and accident and emergency (A&E). We are receiving national recognition for our work in Bariatrics and fluid optimisation techniques for enhanced recovery following surgery, and our Diabetes Team has received many national awards, the latest being the Nursing in Practice Award for Diabetes for Innovative Service Re-design.
- 1.3 The Trust employs a total of 6,270 full and part time staff and in 2009/10 treated:
- 10,811 inpatients
 - 40,894 day cases
 - 394,067 outpatients attended
 - 16,890 outpatient procedures were carried out
 - 122,732 A&E attendees
 - 5,715 babies were born to 5,613 mothers between April 2008 and March 09. Between April and December 2009, we have delivered 4,252 babies to 4,193 mothers
- 1.4 Western Sussex Hospitals NHS Trust provides a full range of acute healthcare from its hospitals at Chichester and Worthing, and some in-patient and out-patient services at Shoreham (Southlands Hospital). Out-patient services are provided at all three hospitals as well as from outreach clinics in various locations around the county. There is also a significant flow of patients from the bordering areas of Hampshire, East Sussex and Brighton and Hove.

The Trust serves a population of around 450,000 people stretching along the south coast from East Hampshire across to Shoreham and north up to Midhurst, Billingshurst and Storrington. The majority of the catchment population live in the county's south coast towns and villages with relatively good travel links and services to the Trust's hospitals. However, there are significant numbers who live in the rural areas to the north of the catchment area and to the south of Chichester in the Selsey area where travel services are limited and easy access to healthcare is compromised.

Although West Sussex is a relatively healthy and affluent area compared to the average in England, this overall social and economic profile conceals pockets of deprivation. Several of West Sussex's poorest wards lie within the Adur, Arun and Worthing districts and important health issues include heart disease, teenage pregnancy and substance misuse. -

- Wards in the Adur and Arun areas have significantly more children living in poverty than the rest of the county
- Overall deprivation in Adur is worse than the regional average
- Statutory homelessness in Adur is significantly worse than the regional average and only marginally better than the England average
- There are high levels of hospital admissions for alcohol related harm across the catchment
- Eastern European groups settling in the Bognor area – and particularly the women and children - are demonstrating higher than average demands on local healthcare

The 2007 Index of Deprivation shows that those poorest areas are becoming relatively more deprived over time.

To meet these challenges, the Trust works in partnership with other NHS organisations in the local health economy area.

The Trust recognises the need to reach residents across the whole catchment area to support awareness and equality of access to the full range of our services.

1.5 The total number of people we serve is estimated to be around 438,000 people of the total West Sussex population of 750,000. The area has one of the fittest populations in the country, but this is balanced by there being double the national average of people over the age of 65 (24%) and those over 80 years (8%).

1.6 Our vision is simple. We aim to deliver high quality care for all and be the health care provider of choice. We will achieve this by ensuring patient safety is at the forefront of everything we do; that the rates of avoidable healthcare associated infections are reduced; that we listen to and actively engage with our service users and stakeholders; develop wider user involvement to influence care delivery and improve clinical effectiveness facilitated by using national benchmarks. This vision is supported by values embedded within the Trust's philosophy:

- People at the heart of all we do
- Excellence in all we deliver
- Openness and honesty at every level
- Promises delivered
- Listen and learn
- Equal treatment, Equal access and Equality of opportunity

1.7 To deliver this, it is important that we ensure that the needs of patients, users and staff are met when designing and delivering our services. Our workforce strategy clearly outlines the Trust's commitment to developing a culture which is proactively diverse, where individual differences are valued and respected, and to further develop a workforce at all levels in the Trust including the Trust Board which reflects the community we serve.

2.0 PURPOSE

2.1 The Trust has a number of statutory public duties to promote equality. These duties consist of general duties and specific duties. The purpose of the specific duties is to help the Trust to meet our obligations under the general duties.

2.2 The purpose of this Scheme is to set out the way in which the Trust will meet these duties under the:

- Race Relations Amendment Act 2000
- Disability Discrimination Act 2005 and Disability Equality Duty 2006
- Sex Discrimination Act 1975 as amended by the Equality Act 2006; Gender Equality Duty 2007
- Human Rights Act 1998

- The aim is to develop measures and actions that ensure discrimination on the grounds of race, disability and gender does not occur and to positively promote equality. (An action plan to deliver the Single Equality Scheme is attached at Appendix 1).

2.3 In addition to addressing the general duties as outlined above, the Trust will progress action to meet the requirements of the Equality Bill on religion or belief, sexual orientation and age.

2.4 Equality ACT 2010

The Equality Bill was published in April 2009, received Royal Assent in April 2010 and will be implemented on the 1st October 2010. The aim of the Act is to ensure that everybody is offered a fair chance in life. The Act will promote equality, fight all forms of discrimination, including age discrimination, and introduce transparency in the workplace, which is key to addressing the gender pay gap. The Act will promote fairness and equality of opportunity, tackling discrimination and disadvantage. It will modernise the law in order to ensure it will be fit to meet the challenges that people within our society face now and in the future. The key elements of the Act are:

- Reducing 9 major pieces of legislation and around 100 statutory instruments into a single Act, making the law more accessible and more easily understood so that everyone is clear on their rights and responsibilities.
- Using public procurement to improve equality
- Banning age discrimination in the provision of goods, facilities or services and public functions
- Increase transparency in the workplace otherwise inequalities will remain hidden and not measureable.
- A new single equality duty, which will require the Trust to consider the diverse needs and requirements of our workforce and the communities we serve when developing policies, and planning services.
- Taking positive action measures to allow us to make our organisation more representative

The Act supports the Trust in achieving its statutory duties and ensuring equality and diversity is at the heart of everything we do and the services we deliver; the way we care for patients and the way we support and develop our staff.

3.0 **WHAT IS A SINGLE EQUALITY SCHEME?**

3.1 A Single Equality Scheme is a plan that outlines the action we will take over a period of time, aiming to address aspects of the general duty as outlined in the equalities legislation. The general duty is a positive duty that builds equality into the beginning of the process of policy making rather than making adjustments at the end of the process. It represents a change from a legal framework where the onus is on the individual to bring a complaint of discrimination to one where the onus is on us as an organisation, to seek out actual or potential discrimination and address it.

3.2 In the past, we have developed equality schemes to address specific equality duties such as race, disability and gender. There are many similarities in the requirements under each of these duties. For example, shared duties to assess and consult on the impact of proposed policies, monitoring existing policies and monitoring key employment processes. We decided to bring these duties together and address them in one Single Equality Scheme.

4.0 EQUALITY LEGISLATION AND THE GENERAL STATUTORY DUTIES

4.1 There are three general duties that underpin the Single Equality Scheme. There are also specific duties required under the general duties, which we will adhere to. The general duties are:

4.2 The Race Relations Amendment Act 2000: Race Equality Duty

4.2.1 The Trust has a statutory duty to promote race equality with due regard to the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Promote good relations between people of different racial groups

This general duty also applies to the Trust in our work with partner organisations (whether they are public, private or voluntary).

The Trust must also meet the following specific duties:

- Prepare and publish a Race Equality Scheme or Policy which states how it will meet the general duty in the areas of policy and service delivery; and
- Monitor specific employment procedures by racial group

4.3 The Disability Discrimination Act 2005: Disability Equality Duty

4.3.1 Section 49a of the Disability Discrimination Act has a General Duty which requires the Trust to have due regard to the need to:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Disability Discrimination Act
- Eliminate harassment of disabled people that is related to their disability in line with the Trust's Dignity at Work Policy
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life; and
- Take steps to meet disabled people's needs, even if this requires treatment that is more favourable

The Trust must also meet its specific duties which include:

- Prepare and publish a Disability Equality Scheme or policy which states how it will meet the general duty in the areas of policy and service delivery
- Involve disabled people

The Disability Equality Duty requires the Trust to formally involve disabled people in the development of the Single Equality Scheme. We will achieve this through engagement of disabled stakeholders. The Disability Discrimination Act 1995 defines a disabled person as a person with 'a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day functions'. It is this legal definition that we use in our Scheme, although we recognise that people with a mental health or learning disability would not necessarily use the term 'disabled' to describe themselves.

The law provides protection from discrimination for people of all ages who have mobility and sensory impairments; learning disabilities; mental health conditions and progressive conditions. It can also cover those with heart disease, diabetes, severe disfigurement, depression, schizophrenia, dyslexia, epilepsy and Down's syndrome.

4.4 The Sex Discrimination Act 1975 as amended by the Gender Equality Act 2006

4.4.1 The Trust has a statutory general duty to promote gender equality with due regard to the need to:

- Eliminate unlawful sex discrimination and harassment that is unlawful under the Sex Discrimination Act 1975 (SDA) and in relation to employment and vocational training (including further and higher education), eliminate discrimination and harassment against transsexual individuals
- Eliminate discrimination that is unlawful under the Equal Pay Act 1970 and 1983
- To promote equality of opportunity between women and men
- Prepare and publish a Gender Equality Scheme or policy, which states how it aims to meet the general duty in the areas of policy and service delivery

The requirements to eliminate unlawful sex discrimination and harassment include discrimination and harassment on the basis of gender reassignment.

These duties apply to services, employment, policy development, procurement, performance management, organisational design and delivery and any corporate activity not explicitly exempt from the Acts.

4.5 The Trust will also progress action on age, religion or belief and sexual orientation. Although there is no legal protection covering these strands, there is a need to address discrimination. Current legislation covers employment and service delivery (except for age, where only employment is covered). We will identify these areas within our action plan to ensure we proactively address spiritual and religious needs and:

- Eliminate discrimination on the grounds of age, religion or belief and sexual orientation
- Promote equality of opportunity

Age Equality Regulations 2006

The Age Equality Regulations 2006 outlaw discrimination in employment and vocational training on the grounds of age or perceived age.

Employment Equality (Sexual Orientation) Regulations 2003 / Equality Act 2006

The Employment Equality (Sexual Orientation) Regulations 2003 outlaw discrimination in employment and vocational training on the grounds of sexual orientation. The Equality Act 2006 makes it unlawful to discriminate on grounds of sexual orientation in the provisions of goods, facilities and services.

Employment Equality (Religion or Belief) Regulations 2003 / Equality Act 2006

The Employment Equality (Religion or Belief) Regulations 2003 outlaw discrimination in employment and vocational training on the grounds of religion and belief. The Equality Act 2006 makes it unlawful to discriminate on grounds of religion and belief in the provisions of goods, facilities and services.

4.6 The statutory duties, as outlined above, are intended to assist public authorities to promote equality and thereby adhere to the terms of the equality legislation. The core requirements of this statutory duty are:

- The preparation of an equality scheme(s)
- Implementation of the equality scheme (via an action plan in the scheme)
- Annual reporting on progress

4.8 The scheme aims to help the Trust to achieve a number of objectives. These are:

- Meet the requirements of the Equality legislation stated above and set out our plans to improve minority groups' access to employment and services
- Make sure that the needs and views of minority groups are taken into account when we design or deliver services, make access improvements or develop policies through our Equality Impact Assessments (see Appendix 3)
- Continually monitor and improve the ways we deliver services to minority groups and provide access to employment (see Appendix 2)
- Continue to adhere to the Social Model of Disability and meet its principles (see below).

Social Model of Disability

The Social Model of Disability has been developed by disabled people in response to the medical model and the impact it has had on their lives. The social model takes the approach of focusing on structures and their barriers that disabled people experience (for example, inaccessible transport, housing and education provision), and provides tools for dismantling and preventing these. Adopting the social model approach challenges authorities to move from a solely medical approach to disability, which concentrates on medical impairments as the main reason for the difficulties experienced by disabled people, to a social model approach which recognises the negative impact on disabled people of a society designed for non-disabled people, and takes active steps to promote equality for disabled people.

4.9 The Human Rights Act 1998

Every person in the world is entitled to basic human rights and freedoms. They are based on core principles such as dignity, fairness, equality, respect and autonomy and are relevant to everything we do in our day to day lives. Human rights protect our freedom to control and take part in decisions taken by public bodies which impact on our rights and help us to get fair and equal services and outcomes from public bodies.

The Human Rights Act came into force in the UK in October 2000 and has two key aims:

- *To bring most of the human rights contained in the European Convention on Human Rights into UK law.* This basically makes it possible for people to raise or claim their human rights within the complaints and legal systems operating in the UK.
- *To bring about a new culture of respect for human rights in the UK.* The Act was intended to place human rights at the heart of public service delivery, and because of this, to make rights a reality for everybody in the UK.

The Human Rights Articles are:

- The right to life
- The right not to be tortured or treated in an inhuman or degrading way
- The right to be free from slavery or enforced labour
- The right to liberty
- The right to a fair trial
- The right to no punishment without law
- The right to respect for private and family life, home and correspondence
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right to freedom of assembly and association
- The right to marry and found a family
- The right not to be discriminated against in relation to any of the rights contained in the European Convention
- The right to peaceful enjoyment of possessions
- The right to education
- The right to free elections

5.0 OUR FRAMEWORK FOR EQUALITY

5.1 The Trust's Single Equality Scheme (SES) is based on eight core areas. The areas are:

- **Leadership and Corporate commitment** - Board level commitment to equality which champions the core diversity strands and supports our corporate aim to become the care giver of choice for the community we serve.
- **Strategy and Service** – To include making better use of technology and to look at solutions to ensure there is equitable access to services for everyone.
- **Patient and Public Involvement** - Involve Trust representatives and members of minority groups including local disability and BME forums and hard to reach groups, to advise and steer the direction of involvement initiatives.
- **Health and Assessment** – By engaging with hard to reach groups, the Trust becomes more knowledgeable about the health and inequalities of minority groups and can build on and modernise the service we deliver.
- **Workforce & training** – To include the recruitment and retention of minority groups. Ongoing-targeted training and information for all staff for the provision of a better service and ensure that staff fully understand their responsibilities in relation to Equality Legislation and the SES. Targeted training and development will be made available for BME staff.
- **ICT Information and Monitoring** - Gather and analyse qualitative data about patients experience in relation to Equality.
- **Partnership** - Strengthen existing partnership working with other organisations to develop an outward looking and inclusive approach to everything that we do.
- **Finance and Procurement** - The Trust will invest to promote equality and through this investment, will meet the requirements of the new Equality Bill and support our corporate aims to achieve Foundation Trust status.

6.0 RESPONSIBILITIES FOR EMPLOYERS UNDER THE EQUALITY LEGISLATION

6.1 The Equality Legislation makes it unlawful to discriminate against employees or job applicants on the grounds of their disability, sex, race, marital status, ethnic origin, sexual orientation, religion or age. It is unlawful to discriminate against people in relation to:

- Recruitment
- Terms and conditions
- Training
- Promotion
- Benefits
- Dismissal

6.2 Under the Disability Discrimination Act 2005, we have a responsibility to make reasonable adjustments including:

- Re-allocation of duties
- Transfer
- Altering hours/place of work
- Time off for treatment
- Modifying equipment
- Training
- Providing assistance, reader, personal assistant or interpreter
- Adjustments to premises

7.0 RESPONSIBILITIES FOR SERVICE PROVIDERS UNDER EQUALITY LEGISLATION

7.1 The UK anti-discrimination legislation covers six key equality strands: gender and gender identity; disability; race; sexual orientation; age; religion and belief, with the additional area of Human Rights. It has been recognised that some progress has been made within the public sector, but this has been slow. Sometimes action to remedy inequalities is only taken as a result of time consuming and costly legislative action, taken against an organisation to seek redress to inequality.

Under Equality legislation it is unlawful to discriminate against people by: refusing to provide a service without justification; refusing to provide services which meet the needs of the BME communities; providing a service to a lesser standard without justification; providing a service on worse terms without justification; failing to make reasonable adjustments to the way services are provided for disabled people and failing to make reasonable adjustments to the physical features of service premises, to overcome physical barriers to access.

The public sector equality duties take a fundamentally different approach. Public authorities are now legally obliged to promote equality of opportunity and to eliminate discrimination for service users and staff. This is a positive and proactive approach and enhances and underpins our vision to ensure inclusivity and see equality at the heart of everything we do, rather than waiting for a complaint before we take action.

8. HOW WE WILL MEET THE EQUALITY DUTIES

8.1 Equality Impact Assessments

8.1.1 It is a statutory duty under the Race Relation (Amendment) Act 2000, the Disability Discrimination Act 2005 and The Sex Discrimination Act, as amended by The Equality Act 2006, for public authorities to undertake Equality Impact Assessments to assess whether the policies and procedures that guide our day-to-day practices are likely to have a positive or negative impact on different groups within our diverse community. We are responsible for publicising the assessments that have been undertaken.

A Negative or Adverse Impact: is any impact that could disadvantage one or more of the equality groups. This could be proportional and may mean that one equality group could be more disadvantaged than another.

A Positive Impact: is an impact that may have a positive effect on one or more of the equality groups. An example of this could be of a specific training programme designed to develop BME staff. This could have a positive impact for this group of people, but it would not necessarily mean a negative impact for non BME staff. This would need to be monitored.

8.1.2 An impact assessment will guide changes in practice and will be used specifically for:

- Developing a new strategy or function
- Starting a project
- Writing or revising policies
- Commissioning or procuring services

An action plan will be developed to address any gaps i.e. where we are now, where we want to be and how we will get there.

8.1.3 The Trust will co-ordinate and monitor it's Equality Impact Assessments (Appendix 3) through the Integrated Governance Committee.

8.2 Access to Information

8.2.1 We will publish and release all information using language appropriate to the intended audience and ensure that our information is available in different formats. Standard information will make it clear whom to contact to get different information in different formats. We will ensure that requests for this can be made in various ways and not just by telephone, so that those who have a hearing impairment can contact us. Information wherever possible will be distributed through front line staff and therefore given to patients and users.

8.3 Monitoring for Equality

8.3.1 Employment Monitoring: We currently monitor recruitment statistics by ethnic group, gender and disability. The action plan identifies the need for significant work in this area to look in more detail at monitoring statistics for training opportunities, promotion, grievances, performance management and pay by race, age, gender and disability.

8.3.2 Service Planning Monitoring: We also monitor patient activity by ethnic group and this information can be taken into account in developing our services. We are developing the use of patient data to better inform consideration of equality issues.

8.4 Training

- 8.4.1 We will develop an Equality Training Strategy, which will identify our strategic equality training needs.
- 8.4.2 In line with the NHS Knowledge and Skills Framework (KSF) we will identify how staff members can show that they are meeting the Equality and Diversity requirements outlined for their role. The KSF level attained is logged onto the OLM system (Oracle Learning Management), which is a part of the Trust's Payroll system. This enables us to identify who has undertaken the training and when they are required to complete their mandatory 3-yearly update for Equality and Diversity.
- 8.4.3 All staff are required to update their knowledge by attending Equality training within three years of employment and/or by completing the Trust's e-learning training. This will be monitored annually. Information on those completing their training through e-learning is used to populate OLM so that we build and have available a comprehensive database that supports our reporting processes.
- 8.4.4 A proposal has been developed to provide training for staff in the religious and spiritual needs of patients

8.5 Procurement and Partnerships

- 8.5.1 The Western Sussex Hospitals NHS Trust has various contracts with other private, voluntary and statutory organisations for goods works, services and staff.
- 8.5.2 As part of the procurement arrangement, the Trust will ensure that organisations contracted comply with all aspects of equality legislations and the Trust's policies and practices.

8.6 Consultation and Involvement

- 8.6.1 The Trust recognises the importance of consultation in the development and implementation of the scheme and in creating a culture of equality of opportunity, is committed to a continued, full and effective consultation on its Single Equality Scheme (SES). The development of this Scheme is intended to ensure equal opportunities for all our staff and to improve service delivery of health care by minimising health inequalities for patients. The draft version of the SES has been circulated to staff within the hospital and to groups and organisations within the community we serve.
- 8.6.2 A programme of consultation and involvement with external stakeholders has taken place and continues to be developed at a strategic level. This involved initial consultation of the SES to invite feedback on our plans, which aim to provide equality of opportunity and eliminate discrimination of any kind. It is essential that we seek and listen to the views of both our staff and the community that we serve before we agree and sign off the SES. The SES incorporates a working and evolving action plan setting out how we will fulfill our duties and meet the needs of our communities. It is therefore essential that we consider how we continue to engage with established local groups and how we can identify and engage with hard to reach groups in helping us to identify the impact of the SES. Working in partnership with all stakeholders will enable us to amend the SES accordingly and to monitor the implementation of our action plan.
- 8.6.3 The Trust commits to publishing the results of consultation on the SES and on any subsequent consultations that are undertaken, both as a result of action being taken by the Trust in meeting its equalities duties or for functions or services that are identified as affecting a minority group.

8.7 Involving the Communities

8.7.1 As part of the Trust's ongoing commitment to consult and engage with the diversity of groups within the communities that we serve, the Trust has developed an Action Plan to help us identify and reach traditionally 'hard to reach' groups. We are keen to seek regular feedback from our community groups with regard to our equality and diversity plans. The Action Plan is initially to support consultation on the SES, but will be used for the regular cycle of feedback and review.

Groups to be involved include:

- Disability Forums
- Access Groups
- Staff side
- Volunteers
- Black and Minority Ethnic staff network
- Representatives from local BME communities
- Gender specific groups (ie new or expectant mothers, single parents, gay and lesbian groups etc)
- Representatives from other established minority groups and communities
- Representatives from areas of social deprivation which may currently be under-represented at Trust forums
- West Sussex Equalities Forum

8.7.2 Involving Staff

The Trust has established various staff involvement groups to support our commitment to being both an employer of choice and healthcare provider of choice. We recognise that we can achieve this through acknowledging and embracing diversity. Our equality steering group is the 'Diversity Matters Group'. The purpose of the group is to oversee the effective implementation of the SES. It is led and chaired by the Trust's Chief Executive, reporting to the Board and is supported by two of our Non-Executive Directors who both have a special interest in diversity and are keen to provide leadership and direction in this area.

The Trust has well established Disability Equality and BME forums and is keen to continue to work in partnership with these groups to identify and take action to address inequalities. It is important that we work closely with colleagues representing minority groups to gain an understanding and insight from their perspective around issues that affect them at work. Other minority group forums and networks will be established to ensure we engage fully and enhance the diversity agenda.

We ensure that we reach consensus on matters that have an impact or affect on all groups of staff through our Employee Partnership Forum which meets monthly. This group is led by Human Resources and membership includes both management and staff side officials, representing the full cross section of staff employed by the Trust.

8.7.3 Governance

The Trust's Internal Governance Group (IGG) is responsible for ensuring that we meet our statutory duties. This includes the general and specific equality and diversity duties that are required to meet legislative duties, as well as NHS specific duties such as: Care Quality Commission and NHSLA. The group is responsible for final ratification and sign-off of all Trust policies and procedures and as part of the process, scrutinises documents presented and checks the quality of Equality Impact Assessments.

8.8 Publication of the Single Equality Scheme

8.8.1 The Trust will make this Scheme and its associated action plan available to all service users, carers and staff. Equality Impact Assessments (EIA's) will also be published on the Western Sussex Hospitals NHS Trust staffnet site. For all ratified new or amended Policies, EIA's can already be found within the body of the Policy when published on the staffnet. The Internet and staffnet sites will be used to promote the Scheme and associated activities. The Diversity Matters Group will promote the scheme across the Trust via management teams, Senior Manager Briefings, team briefings and within staff newsletter such as 'Headlines' and 'The Wire'. There will be an annual summary report of all assessments, monitoring and evaluations and this will be similarly made available. The Trust will also ensure that any information published is made available in a range of accessible formats.

8.9 Performance Management

8.9.1 The objectives and targets relating to the statutory duties will be integrated into the Trust's strategic and operational plans, the workforce strategy and the appraisal and Performance Development Review (PDR) process.

8.9.2 A commitment to the statutory duties will be included in all new senior management job descriptions.

8.9.3 Progress on meeting the range of performance objectives will be monitored and reported via the Equal Opportunities Steering Group on an annual basis; Divisional Business Meetings and other forums as detailed in the Action Plan.

9.0 **COMPLAINTS OR CONCERNS ABOUT NON-COMPLIANCE WITH THE SINGLE EQUALITY SCHEME**

9.1 Where complaints are received from users or communities (external complaints) about the implementation of our SES, our complaints procedure will apply. The complainant is encouraged to raise their concern with the person or the service they are dealing with, so their concern can be resolved quickly. If this is not possible or the complainant remains unsatisfied, they should make a formal complaint. Complaints about the Trust's services should be made to:

Chief Executive
Western Sussex Hospitals NHS Trust
1st Floor, Stillman House
St Richard's Hospital
Spitalfield Lane
Chichester
West Sussex PO19 6SE

9.2 Complaints can be made in person or by telephone, letter or email. If an individual is unable to pursue the complaint individually, someone else can communicate the complaint on his / her behalf.

9.3 Individuals can also obtain advice and support from PALS (Patient Advisory and Liaison Service) if they wish to make a complaint.

9.4 Staff complaints: where a complaint is made internally, staff should use the Grievance Policy, which is available on the intranet or from their HR department.

9.5 From October 2007 the new Equality and Human Rights Commission (EHRC) established by the Equality Act 2006 has responsibility to enforce all six strands of discrimination law, namely: race, age, gender, disability, religion and belief and sexual orientation.

10.0 MONITORING AND REVIEW

10.1 The Single Equality Scheme is a 'living' document and will be constantly reviewed by the HR department. The implementation of this scheme will be monitored within mainstream business planning processes and Divisional Reviews.

10.2 An Equality and Diversity report will be presented to Trust Board on an annual basis.

11.0 CONCLUSION

11.1 The Trust will continue to be sensitive to the needs of the communities we serve, and the staff who work hard to deliver our services. We will continue to develop and improve our services by taking actions to eliminate discrimination and promote good relationships.

11.2 We welcome suggestions and comments for improving the scheme. If you wish to make any comments please contact:

Organisational Development and Learning Directorate
Western Sussex Hospitals NHS Trust
Stillman House
St Richard's Hospital
Spitalfield Lane
Chichester
West Sussex PO19 6SE

If you require the Single Equality Scheme in a different format or in a different language please contact 01243 788122

單一平等方案設有其他格式及語言譯本, 如有需要請聯絡
01243 788122

Jesli potrzeba Poszczegolnych Schematow Rownouprawniena w innym formacie albo innym jezyku prosze zadzwonic pod numer 01243 788122

SINGLE EQUALITY SCHEME ACTION PLANS: 2010-2013

LEADERSHIP AND CORPORATE COMMITMENT

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|--|--|---|---|-------------------------|--------|------|------------|
| The Board individually and together systemically identifies and then eliminates any discriminatory practice (in employment or service provision) and positively promotes equality of opportunity | The Board and Trust Executive Group receive equality updates including gender, race and disability and other equality legislative obligations | All equality obligations are met | Director of OD & Leadership Divisional Management Teams | Every 6 months | √ | √ | √ |
| | | Statistics are collected for all patients to reflect their gender and ethnicity | Head of Information | Apr 2010 | √ | √ | |
| | The Equality and Diversity dimension under KSF is set at a minimum of level 2 for the whole organisation and development opportunities to ensure ability to meet it are identified | Staff are aware of the needs of minority groups including cultural and religious needs, and the specific needs of individuals with a disability, and they work positively to ensure these are addressed | Head of Learning Directors of Clinical Service Chiefs of Service | March 2010 | √ | √ | √ |
| The Board individually and together ensures equality is part of the main business of the Trust at all levels and across all relevant activities | Equality and diversity training is delivered at induction for all new staff | Equality and diversity becomes part of core business | Dir of Operations Directors of Clinical Service Chiefs of Service | March 2010 | √ | √ | √ |
| | All staff attend equality and diversity training | Through Equality Impact Assessments, new and amended policies and services meet the equality and diversity needs of our staff and service users | Divisional Management Teams All policy writers and policy approvers | Implemented and ongoing | √ | √ | √ |

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|--------------|--|--|---|-----------------|--------|------|------------|
| | An equality and diversity lead for each division is identified | The Single Equality Scheme is effectively implemented, evaluated and reviewed annually | Divisional Management Teams | Jun 2010 | √ | √ | √ |
| | Equality Impact Assessments for all new and amended policies and services are effectively completed, gaps identified and action plans developed to meet the gaps | | Integrated Governance Group | March 2010 | √ | √ | √ |
| | Equality Impact Assessment and monitoring reports for each Division are presented to the Integrated Governance Group on a quarterly basis identifying any actions required | Agenda items and minutes reflect areas of significance | Directors of Clinical Service | Quarterly | √ | √ | √ |
| | A report on the Single Equality Scheme action plan is presented to Trust Board on an annual basis | | Chief Executive Director of OD and Leadership Chief Operating Officer | July 2010 | √ | √ | √ |

STRATEGY AND SERVICE

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|---|---|--|---|---|---|------------|------------|
| There are equitable and accessible services for all minority groups and other sections of the community | Analyse gender, ethnicity and data to identify gaps | Access of minority groups to services is improved | Director of Strategy | Ongoing | √ | √ | √ |
| | Identify policies and functions relevant to disability equality | Policies and functions reviewed and adjustments made as required | Head of Governance | Ongoing | | | |
| Services are experienced by all sections of the community as: <ul style="list-style-type: none"> • Fair • Meeting their needs • Respecting their cultural identity • Providing choice | Establish an action plan to address how we can improve access to services eg. nursery facilities, car parking, outreach | Patient surveys demonstrate year on year improvement | Director of Strategy Directors of Clinical Service Chiefs of Service | Ongoing July 2010 | √ | √ | √ |
| | Discuss service needs with community groups to establish the impact of our policies to help influence the action plan | All groups are able to access our services equitably | Head of Governance Directors of Clinical Service Chief Executive | Ongoing | √ | √ | √ |
| | Action plan is reviewed at Integrated Governance and Diversity Matters groups and reported annually to Trust Board as part of the SES review | Experience of our services improves | Company Secretary | Quarterly July 2010 | √ | √ | √ |
| | All sections of the community find the complaints system transparent, straightforward and easy to use and their concerns are addressed appropriately. | Code complaints by gender, ethnicity and disability to identify patterns / incidents specifically citing harassment / biased treatment. Analyse data and establish action plan to address any issues arising from the data | All sections of the community are able to follow the complaints process Concerns are addressed appropriately | Company Secretary Deputy Director of Nursing | Quarterly July 2010 July 2010 | √ √ | √ √ |

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|---|---|--|--|-----------------|--------|------|------------|
| Outcomes of treatment are similar across all groups regardless of gender or ethnicity | Ensure any changes in services are the subject of an Equality Impact Assessment | Services are appropriate to the needs of all sections of the community | Chief Operating Officer Director of Nursing Director of Strategy | Ongoing | √ | √ | √ |

PUBLIC AND PATIENT INVOLVEMENT

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|--|--|---|--|----------------------|--------|------|------------|
| Local people, from all minority groups, know what is available from the local health service | Equality and diversity is embedded in PPI strategies and plans | PPI strategies and action plans are met | Head of Governance PALS Manager Head of Engagement and External Relations | Ongoing July 2010 | √ | √ | √ |
| Local people from all minority groups have similar levels of satisfaction with services and consider that services work with their needs in mind | Staff, local community and voluntary groups are actively engaged and involved in service planning and changes to services, taking into account information gathered as to how Trust policies and practices affect equality in the workplace and the delivery of our services | The requirements of the Care Quality Commission 'Essential Standards for Quality & Safety' continue to be met and are further developed | Director of Nursing Chief Operating Officer Head of Governance Directors of Clinical Service Head of Engagement and External Relations | July 2010 | √ | √ | √ |
| | Equality is embedded in all strategies and plans including the annual report | | Chief Operating Officer Head of Governance | | √ | √ | √ |
| Local people from all groups know about and actively use | The Community consultation arrangements are accessible to | | Head of Engagement and External Relations | Quarterly | √ | √ | √ |

| | | | | | | | |
|---|---|--|--|----------------|----------|----------|----------|
| <p>opportunities available to influence the development, delivery and monitoring of health services</p> | <p>all</p> <p>Action Plan for Engagement with Hard to Reach Groups is implemented, regularly reviewed and revised to include new minority groups as they become known to the Trust</p> <p>Reports to Integrated Governance and Diversity Matters groups include activities and updates on action plans and progress in the engagement and involvement of groups</p> | <p>The Trust will be able to design and reconfigure services to take account of the needs of minority groups and modernise / ensure our approach meets specific needs to ensure that the full range of health care provision can be given - i.e. How to reach and ensure that we can meet the needs of our local Gypsy and Traveller communities, where life expectancy is between 50 – 53 for a male and where infant mortality rates are 3 times higher than the rest of the population.</p> | <p>Head of Engagement and External Relations</p> | | <p>√</p> | <p>√</p> | <p>√</p> |
| <p>The Trust has systems in place to ensure that staff treat patients with dignity and respect</p> | <p>Incidents relating to gender, ethnicity or disability are recorded and reported by a risk form or by following the relevant policy</p> | <p>Agenda items and minutes reflect areas of significance Appropriate actions taken</p> | <p>Chief Operating Officer Directors of Clinical Service Chiefs of Service Divisional Management Teams</p> | <p>Ongoing</p> | <p>√</p> | <p>√</p> | <p>√</p> |

| | | | | | | | |
|--|--|--|---|------------------------------|---|---|---|
| <p>The Trust makes information available to patients and the public on their services, providing patients with suitable and accessible information on the care and treatment they receive and where appropriate, inform patients on what to expect during treatment, care and after care</p> | <p>Policies are regularly reviewed and Equality Impact Assessments undertaken Incidents are reported and acted upon</p> | <p>Policies are up to date and relevant Patient and staff surveys demonstrate improved satisfaction year on year</p> | <p>Director of Nursing Head of Governance Director of OD and Leadership PALS Manager Head of Governance Director of Facilities and Estates Head of Learning Directors of Clinical Service</p> | <p>Ongoing July 2010</p> | √ | √ | √ |
| | <p>Information is available in different formats and languages</p> | <p>Patients receive suitable and accessible information</p> | <p>Head of Communications</p> | <p>Ongoing</p> | √ | √ | √ |
| | <p>An interpreting and translation service is provided on request</p> | <p>Patients are able to access services more effectively</p> | | <p>Ongoing</p> | √ | √ | √ |
| | <p>Provide more signs to direct patients/visitors</p> | <p>Users are more satisfied with the services provided</p> | <p>Director of Facilities and Estates</p> | <p>April 2010</p> | √ | √ | √ |
| | <p>Train staff to be aware of individual communication needs and to ask questions not make assumptions</p> | | <p>Directors of Clinical Service Director of Nursing Head of Learning Director of Facilities and Estates</p> | <p>Summer 2010</p> | √ | √ | √ |
| | <p>Staff communicate face to face to appropriately inform patients of what to expect during treatment, care and after care</p> | | <p>Director of Nursing Chiefs of Service</p> | <p>Ongoing</p> | √ | √ | √ |

HEALTH AND ASSESSMENT

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|---|--|---|--|------------------|----------|----------|------------|
| <p>The Trust is knowledgeable about the health and inequalities experienced by the local people of all minority groups and particularly in relation to gender, ethnicity and disability</p> <p>Priorities are influenced by the health needs of the local community</p> | <p>Monitor and analyse changes in the population and health experienced by ethnicity</p> | <p>Implementation plans to take account of diversity of the local population are developed, implemented, reviewed and evaluated</p> | <p>Head of Commissioning Head of Strategy</p> | <p>July 2010</p> | <p>√</p> | <p>√</p> | <p>√</p> |
| | <p>Ensure specific issues highlighted in the National Service Frameworks are clearly identified and an action plan to meet them developed</p> | <p>NSFs are inclusive of equality issues</p> | <p>Chief Operating Officer</p> | <p>July 2010</p> | <p>√</p> | <p>√</p> | <p>√</p> |
| | <p>Identify priorities as having most relevance to gender, race and disability equality</p> | <p>A co-ordinated service across the Trust for those with specific needs is identified</p> | <p>Directors of Clinical Service Equality and Diversity Lead</p> | <p>Ongoing</p> | <p>√</p> | <p>√</p> | <p>√</p> |
| | <ul style="list-style-type: none"> • long term conditions • mental health • NSF's • Muscular skeletal framework • Diabetes • Coronary health disease • Older people services • Renal services • Maternity services • Paediatrics • Stroke | <p>Equality mainstreamed into service priorities and Plans</p> | | | | | |

| | | | | | | | |
|---|---|---|---|---------|---|---|---|
| Evidence based strategies and action plans are used to reduce health inequalities | Identify trends in health inequalities Trust enhances access to communications | Access to effective service is available to all Resources effectively targeted to reduce health inequalities Evidence of better access and information to equality groups | Head of Strategy Chief Operating Officer | Ongoing | √ | √ | √ |
|---|---|---|---|---------|---|---|---|

WORKFORCE AND TRAINING

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|---|--|--|--|-----------------|------------|------|------------|
| Staff from all backgrounds experience the Trust as a fair and rewarding place to work and want to stay; Staff will be proud to work at Western Sussex Hospitals NHS Trust | Use existing frameworks to support diversity eg. HR strategy, HR Policy Framework | Policies support and promote equality and diversity Performance management arrangements reflect embedding equality and diversity in core business | Director of OD and Leadership | Ongoing | √ | √ | √ |
| | Evaluate and review relevant HR policies and undertake Equality Impact Assessments for all new and reviewed policies Ensure the Equality Impact Assessment Policy identifies transsexuals as a minority group to ensure their needs are considered when reviewing policies and services | Staff survey results demonstrate year on year improvement | Director of OD and Leadership Trust Equality & Diversity Lead | Ongoing | √ √ | √ | √ |

| | | | | | | | |
|--|--|---|---|------------------|---|---|---|
| <p>Staff reflect the community they serve at all levels in the organisation where the skills can be obtained, and nationally where posts are recruited from national media</p> | <p>Promote services, employment, work experience and volunteering amongst local communities</p> | | | | √ | √ | √ |
| | <p>Review workforce data collection to ensure ability to monitor diversity of staff</p> | <p>Improved relationship with the local communities. Workforce profile reflects the local community</p> | <p>Head of OD and Leadership</p> | <p>Ongoing</p> | √ | √ | √ |
| | | <p>Staff profile up to date and relevant</p> | <p>Deputy Director of HR HR Workforce Managers</p> | <p>Ongoing</p> | √ | √ | √ |
| | <p>Analyse workforce data by gender, ethnicity and disability to identify any employment inequalities in access, opportunity or treatment.</p> | <p>Inequalities are addressed including positive action taken</p> | <p>Deputy Director of HR Workforce Information Lead Equality & Diversity Lead</p> | <p>Ongoing</p> | √ | √ | √ |
| | <p>Actively promote the NHS 'Breaking Through Programme' for BME staff at bands 5 and above to enhance career development opportunities</p> | <p>Inequalities are addressed including positive action taken</p> | <p>Director of OD & Leadership</p> | <p>Ongoing</p> | √ | √ | √ |
| | <p>Establish action plan to address any issues arising from the outcome of the workforce data</p> | | <p>Divisional Management Teams</p> | | | | |
| | <p>Monitor and review recruitment outcomes, turnover rates, sickness rates, exit interviews, grievances, disciplinarys,</p> | <p>Staff from minority groups are representative across the organisation and at all levels</p> | <p>Deputy Director of HR</p> | <p>July 2010</p> | √ | √ | √ |

| | | | | | | | |
|--|--|---|--|------------|---|---|---|
| | capabilities, appeals, employment tribunals and results of staff survey by gender, ethnicity and disability | | | | | | |
| Staff across the Trust actively promote equality and diversity and are confident in their ability to challenge discrimination or harassment on any grounds | Review and monitor staff training and take up rates by gender, ethnicity and disability | Uptake is improved and staff awareness is raised | Head of Learning & Development | July 2010 | √ | √ | √ |
| | Review the findings of the Staff Survey and establish an action plan to address them | | Director of OD & Leadership | July 2010 | √ | √ | √ |
| Staff are aware of their individual responsibilities with regard to equality and diversity and treating patients, colleagues, and visitors to the Trust with dignity and respect | Equality and diversity to be mainstreamed into existing training programmes and delivered through specific E & D modular training sessions | Inequalities for staff in minority groups are reduced | Director of OD & Leadership | July 2010 | √ | √ | √ |
| | Ensure KSF dimension of equality and diversity competencies are used appropriately and are reflected in personal development plans | The Trust values are experienced by all staff | Head of Learning & Development | | | | |
| | | | All Directors | July 2010 | √ | √ | √ |
| Ensure staff at all levels and in all areas are aware of the Equality and Diversity policy and the requirements of the SES | Staff awareness raised through internal briefings, training programmes, staffnet, Headlines e-learning packages etc | Workforce trained on equality and diversity issues | Director of OD and Leadership All Directors | April 2010 | √ | √ | √ |

PARTNERSHIP

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|--|--|--|---|-----------------|--------|------|------------|
| Local and other partners recognise the Trust as a champion for equality in all its activities | The Trust works collaboratively with local partners, e.g. PCTs, SHA, West Sussex County Council | Actively participate in local events | Chief Executive | Ongoing | √ | √ | √ |
| | | The Trust is recognised as an effective partner within the health economy | Chief Executive | Ongoing | √ | √ | √ |
| | The Trust is an active partner in the local strategic plan and appropriate groups to champion health and inequalities | Exchange information and learn good practice | Chief Executive/ Director of OD and Leadership | Ongoing | √ | √ | √ |
| The Trust successfully exercises its influence outside its direct partnership activities e.g. with local private sector employers and the local media to challenge discrimination and promote equality | Sustain links with national and local networks e.g. SEC BME, local Minority Ethnic group, West Sussex Equalities Forum, religious leaders, schools, colleges, Disability Forum | Promote the Trust as a model employer | | | | | |
| | | Views on the SES are obtained and the action plan amended to reflect these where appropriate | | | | | |

FINANCE AND PROCUREMENT

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|--|---|--|---|-----------------------|--------|------|------------|
| The Trust invests to promote the equalities framework | Financial plans take account of the investment needed to implement our statutory requirements | Commissioning staff are aware of their responsibilities under the equality legislation | Director of Finance Head of Commissioning | Ongoing | √ | √ | √ |
| The Trust ensures authorised contractors are aware of their responsibilities | Ensure authorised contractors are aware of the equality legislation and the SES | All service level agreements and procurement contracts incorporate equality requirements in order to meet current and Equality Bill requirements | Head of Purchasing Director of Facilities Head of Commissioning | April 2010 Ongoing | √ | √ | √ |
| | Identify resources to support and sustain action on equality | Dedicated resources allocated to meet the requirements of the SES | Director of Finance Director of OD and Leadership | April 2010 Ongoing | √ | √ | √ |

ICT INFORMATION AND COMMUNICATION TECHNOLOGY

| Requirements | Actions | Expected Outcomes | Responsibility | Completion Date | Gender | Race | Disability |
|---|---|--|--|-----------------|--------|------|------------|
| The Trust: Compares the equality profile of its users with that of the local population | The Trust's patient information system allows for the timely, accurate and complete data capture of equalities data | Equalities data identified which can be used for Equality Impact Assessments, identifying gaps, patterns and trends, establishing an action plan | Head of Information Directors of Clinical Service Director of Strategy | Ongoing | √ | √ | √ |
| Documents progress on narrowing the disparity between equality groups in all relevant aspects of its business | Analyse information and data | Information gathered informs strategic priorities and LDPs | Divisional Directors/ Head of Service Planning | Ongoing | √ | √ | √ |
| | | Impact assessment on all functions services and policies are completed | | Ongoing | | | |

Equality Data

One of the key areas identified within all of our action plans is the requirement for improved data collection and analysis. The tables below show the information recorded statistically via the census and the information we record currently on our staff.

Taken from the 2001 Census data obtained from the Office for National Statistics website, the combined population figures for our catchment area of Chichester in the west, through Arun, Worthing and to Adur in the east, is shown in table 1 below is 404,404. We recognise that some areas of Chanctonbury, including the rural villages to the north of Worthing and south of Horsham, fall into our catchment area, but as a large proportion of that population falls within the Crawley or Redhill catchment, we have not included this data in our Scheme.

| | TOTAL | CHICHESTER | ARUN | WORTHING | ADUR |
|------------------|---------------|--------------|--------------|--------------|--------------|
| TOTAL POPULATION | 404,404 | 106,450 | 140,759 | 97,568 | 59,627 |
| GENDER SPLIT | | | | | |
| Male | 190,683 (47%) | 50,303 | 66,212 | 45,764 | 28,404 |
| Female | 213,721 (53%) | 56,147 | 74,547 | 51,804 | 31,223 |
| ETHNICITY SPLIT | | | | | |
| White | 98% | 98% | 98% | 97% | 97% |
| Chinese | 0.3% | 0.4% | 0.3% | 0.6% | 0.4% |
| Asian | 0.6% | 0.3% | 0.4% | 0.9% | 0.8% |
| Black | 0.2% | 0.2% | 0.2% | 0.3% | 0.2% |
| Mixed Race | 0.7% | 0.6% | 0.5% | 0.9% | 0.9% |
| AGE SPLIT | | | | | |
| Under 18 | 80,856 (20%) | 21,363 (20%) | 26,878 (19%) | 19,819 (20%) | 12,796 (21%) |
| 18 – 20 | 8,084 (2%) | 2,356 (2%) | 2,650 (2%) | 1,860 (2%) | 1,218 (2%) |
| 20 - 64 | 218,923 (54%) | 58,220 (54%) | 74,702 (53%) | 53,285 (54%) | 32,716 (55%) |
| 65 - 84 | 80,716 (20%) | 20,990 (20%) | 30,619 (22%) | 18,080 (15%) | 11,027 (18%) |
| 85+ | 13,539 (4%) | 3,521 (3%) | 5,910 (4%) | 4,524 (4.6%) | 1,870 (3%) |

Table1

Please note that these figures are taken directly from the Office for National Statistics 2001 Census data. Figures used in other Trust documents provided from other reliable sources may be rounded up and may therefore vary slightly

Gender

Staff in Post by Gender and Population by Gender

| Staff Gender Split | Total Staff | Full Time | Part Time | % of Total Workforce | Comparison against Population |
|--------------------|-------------|-----------|-----------|----------------------|-------------------------------|
| Male | 1330 | 1116 | 214 | 21% | 47% |
| Female | 4940 | 2408 | 2532 | 79% | 53% |
| Total | 6270 | 3524 | 2746 | 100% | |

Table 2

The Western Sussex Hospitals NHS Trust employs a predominately female workforce and is over representative of the community served, but this is perhaps understandable in view of the healthcare setting that we operate within.

We are working closely with local academic organisations to dispel the stereotypical image of professions within the NHS in the hope that we can improve upon the ratios in our workforce and become more representative of the community. A good example of this is our involvement with the 'Aim Higher' programme which has been designed for disengaged male students to highlight career choices for young men. The programme is designed to increase the student's awareness around different opportunities available to them within employment and to increase their understanding and challenge their views on stereotyping and gender specific roles.

Detailed statistical analysis is required to identify:

- the career levels of staff within each group by gender
- uptake of our flexible working policies
- number of part time workers by pay band

Staff in Post and Local Population Age Data

| People Aged | % 2001 census | WSHT Staff | % |
|-------------|---------------|------------|-------|
| Under 20 | 22% | 70 | 1.1% |
| 20 - 64 | 54% | 6126 | 97.7% |
| 65+ | 23% | 74 | 1.2% |

Table 3

Race

Basic Data is available as outlined below. Detailed statistical analysis is required to identify:

- the career levels of staff within each group by race and age, and promotional opportunities for these groups.
- uptake of our flexible working policies
- number of part time workers by pay band
- number of formal procedures invoked by race and age

Staff in Post and Local Population Ethnicity Data

| Ethnicity | % 2001 census | WSHT Staff |
|-----------------------------------|---------------|------------|
| White | 98 | 5227 – 83% |
| Asian | 0.6% | 374 – 6% |
| Black | 0.2% | 109 – 2% |
| Mixed Race or Other Ethnic Groups | 0.7% | 130 – 2% |
| Ethnicity Not Disclosed | | 430 – 7% |

Our statistics show that our staff is representative of the community that we serve according to the 2001 census data. We are mindful that demographics have changed in the last 9 years and constantly strive to ensure a diverse mix of people within our workforce.

EQUALITY IMPACT ASSESSMENTS

Context

The duty to undertake impact assessments is a requirement of race, gender and disability equality legislation.

Equality Impact Assessments (EIAs) provide a systematic way to ensure legal obligations are met and are also a practical way of examining new and existing services, policies, and practices, to determine what effect they may have on equality for those affected by the outcomes.

By ensuring that equality is embedded within their objectives from the outset, Equality Impact Assessments will assist organisations in achieving their business objectives. EIAs enable organisations to identify problems and make the necessary changes.

What is an Equality Impact Assessment?

Equality Impact Assessments are a way of examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address real or potential inequalities resulting from policy and practice development. EIAs should cover all of the six strands of diversity and ensure that all receive equitable attention.

Impact assessments will help to gain an understanding of the functions and services of an organisation and the way decisions are made by:

- considering the current situation
- deciding what is to be achieved - i.e. the objectives and intended outcomes of a function or policy
- considering what evidence there is to support the decision
- where the gaps are in terms of evidence to support the decision
- making an informed decision
- reporting / publishing that decision

Why do I need to do an Equality Impact Assessment?

The duty to undertake Equality Impact Assessments is a legal duty under the race, disability and gender legislation.

Equality Impact Assessments can assist organisations in the delivery of their business objectives to achieve equal outcomes for their staff and local community.

General duties within equality legislation apply the principles of **relevance** and **proportionality**. Therefore, the time and resources given to EIAs and consultation will differ according to the relevance of the function and proposed policy to equality and diversity.

Examples of Impacts

Negative or Adverse impact - This occurs when a policy, function or proposal disadvantages one or more of the equality groups. Not all equality groups will be impacted to the same level.

Positive impact - Sometimes a policy or service may be intentionally exclusive e.g. positive action schemes. This assessment will enable you to test out whether such policies and schemes are appropriate and justified.

Accessible information and communication, Cultural sensitivity, Physical access, Mobility, Consultation are just some of the areas that should be considered when carrying out an EIA.

Stages of Equality Impact Assessments

Preparation

The person developing the policy or service will need to undertake some information gathering in order to complete the screening stage. This will enable them to identify any impacts or gaps in the Trusts knowledge about the likely impact. This will include evidence of consultation and existing monitoring information in terms of current usage (ethnicity, gender, disability, age etc). This information would start to indicate under or over representation.

If no monitoring data is available, it is likely this would need to be compiled in order to be able to understand what the likely impact may be.

Using the EIA form (attached) the lead for the function, policy or proposal will need to undertake an impact assessment which will help to identify if:

- any of the equality groups would be affected
- the proposal would cause significant disproportionality
- an impact is identified, it may be unintentional
- it is illegal - or possibly illegal

Consultation

The information gathered to support the change in policy, service or process should be shared with any relevant groups and checked and feedback sought. Any local regional or national consultation or research information may also help with developing the policy, service or process.

The EIA should be carried out in two parts:

- To assess in detail, the evidence for a possible negative impact. It ensures policy, strategy and project teams have researched and consulted with equality groups that may be affected.

- Completes the assessment of the proposal and leads to an action plan that will aim to minimise any negative impacts and maximise positive impacts.

Under the Disability Equality Duty, there is a requirement for measuring the level and importance of a Policy. Therefore, where any significant Policies or services are being reviewed or developed, there must be involvement from disabled people at the initial stages rather than relying on consulting after the policy has been written or the service designed.

Co-ordination of EIA's and monitoring

Any Equality Impact Assessments that have taken place should be forwarded to the Integrated Governance Committee and will be posted on the Trust's internet site in a timely and appropriate way. All Equality Impact Assessments undertaken as part of a new or Policy revision must be incorporated in the body of the Policy and become part of the ratification process.

The Integrated Governance Committee is comprised of: Trust Board members; Non-Executive Directors; Chiefs of Service; Directors of Clinical Service and other Senior Management Team members

EQUALITY IMPACT ASSESSMENT

| | |
|---|--------|
| Name of Policy, Service, Function, Project or Proposal | |
| Department | |
| Lead Officer for Assessment | |
| What is the main Purpose of the Policy/Service/Function/Project/Proposal? | |
| List the main activities of the policy or service re-design (e.g. Manual Handling would relate to health and safety of patients; health and safety of staff; compliance with NHS and Government legislation or standards etc) | |
| Is the policy or service relevant to: | |
| Promoting Good Relations between different people? | Yes/No |
| Eliminating discrimination? | Yes/No |
| Promoting Equality of Opportunity? | Yes/No |

| | |
|--|--|
| <p>Which groups of the population do you think may be affected by this proposal?</p> <p>Minority Ethnic People Women and Men People in religious/faith groups Disabled people Older people Children and young people Lesbian, gay, bisexual and transgender people People of low income People with mental health problems Homeless people Staff Any other group (please detail)</p> | <p><u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u></p> |
|--|--|

| | |
|--|--|
| <p>Do you have any information that tells you of the current use of this service?</p> <p>Is it broken down by ethnicity, gender, disability, age, religion and sexual orientation?</p> | <p>Yes/No (if yes please detail)</p> <p>Yes/No (please detail)</p> |
| <p>Does this information reflect the proportions from the 2001 Census?</p> | <p>Yes/No (If no, can you explain why)</p> |
| <p>If there is no information available or if this is patchy, specify the arrangements that will make this available</p> | |

Using the information above, please complete the grids below:

How will the Policy etc affect Men and Women in different ways?

| Gender | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|--------|-----------------|-----------------|---------|-----------------|------------|
| Women | | | | | |
| Men | | | | | |

How will the Policy etc affect Black and Minority ethnic people?

| Race | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|---------------------|-----------------|-----------------|---------|-----------------|------------|
| White | | | | | |
| Mixed | | | | | |
| Other Ethnic Group | | | | | |
| Black/Black British | | | | | |
| Asian/Asian British | | | | | |

How will the policy affect people with disabilities?

| Disability | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|-------------------|-----------------|-----------------|---------|-----------------|------------|
| Visually Impaired | | | | | |
| Hearing Impaired | | | | | |

| Disability | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|-----------------------|-----------------|-----------------|---------|-----------------|------------|
| Physically Disabled | | | | | |
| Learning Disability | | | | | |
| Mental Health Related | | | | | |

How will the policy affect people of different ages?

| Varying ages | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|--------------|-----------------|-----------------|---------|-----------------|------------|
| | | | | | |

How will the policy affect people of different sexual orientation?

| Sexual Orientation | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|--------------------|-----------------|-----------------|---------|-----------------|------------|
| | | | | | |

How will the policy affect Transgender or transsexual people?

| | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|-------------|-----------------|-----------------|---------|-----------------|------------|
| Transgender | | | | | |
| Transsexual | | | | | |

How will the policy affect people of varying religious beliefs?

| Varying beliefs | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|-----------------|-----------------|-----------------|---------|-----------------|------------|
| | | | | | |

How will the policy affect those with carer responsibilities or impact on basic human rights?

| Carers / Human Rights | Positive Impact | Negative Impact | Neutral | Reason/Evidence | Don't know |
|-----------------------|-----------------|-----------------|---------|-----------------|------------|
| | | | | | |

Considering your responses above, what are the areas that are have a positive and / or negative impact?

| | Positive + / Negative - | Reason Given for Impact |
|--------------------|-------------------------|-------------------------|
| Gender | | |
| Race | | |
| Disability | | |
| Age | | |
| Sexual Orientation | | |
| Religious Belief | | |

Has there been any consultation about this Policy etc? If there has, what were the key issues identified?

| Consultation | Date | Summary of Key Issues to be addressed |
|--------------------|------|---------------------------------------|
| Gender | | |
| Race | | |
| Disability | | |
| Age | | |
| Sexual Orientation | | |
| Religious Belief | | |

If consultation is planned, when will it happen and what are the key themes for consultation?

How do you intend to consult staff?

What does Local / Regional / National research show with regards to these groups and the likely impact?

| Group | Source | Key Issues |
|--------------------|--------|------------|
| Gender | | |
| Race | | |
| Disability | | |
| Age | | |
| Sexual Orientation | | |
| Religious Belief | | |

As a result of consultation / information gathering, what changes do you intend to make to the policy etc? If 'None', please state as relevant:

Gender

| Issue | Action Required | Lead Officer | Timescale | Outcome Measure | Review Date |
|-------|-----------------|--------------|-----------|-----------------|-------------|
| | | | | | |
| | | | | | |

Race

| Issue | Action Required | Lead Officer | Timescale | Outcome Measure | Review Date |
|-------|-----------------|--------------|-----------|-----------------|-------------|
| | | | | | |
| | | | | | |

Disability

| Issue | Action Required | Lead Officer | Timescale | Outcome Measure | Review Date |
|-------|-----------------|--------------|-----------|-----------------|-------------|
| | | | | | |
| | | | | | |

Sexual Orientation

| Issue | Action Required | Lead Officer | Timescale | Outcome Measure | Review Date |
|-------|-----------------|--------------|-----------|-----------------|-------------|
| | | | | | |
| | | | | | |

Religious Belief

| Issue | Action Required | Lead Officer | Timescale | Outcome Measure | Review Date |
|-------|-----------------|--------------|-----------|-----------------|-------------|
| | | | | | |
| | | | | | |

Age

| Issue | Action Required | Lead Officer | Timescale | Outcome Measure | Review Date |
|-------|-----------------|--------------|-----------|-----------------|-------------|
| | | | | | |
| | | | | | |

Please outline the monitoring and reviewing process and timescale

Agreed Review Date:

Signed by: Policy / Service AuthorTrust Equality & Diversity Lead.....

Date:

Terminology used in this document

| Abbreviation | Full Name |
|--------------|---|
| BME | Black and Minority Ethnic |
| DDA | Disability Discrimination Act 2005 |
| DMG | Diversity Matters Group |
| EHRC | Equality and Human Rights Commission |
| EIAs | Equality Impact Assessments |
| Headline | Internal staff newsletter |
| HR | Human Resources |
| IGG | Internal Governance Group |
| KSF | Knowledge and Skills Framework |
| LDPs | Local Delivery Plans |
| NSFs | National Service Frameworks |
| OD& Learning | Organisational Development and Learning |
| PALS | Patient Advocacy and Liaison Service |
| PCTs | Primary Care Trusts |
| PDPs | Personal Development Plans |
| PDR's | Performance Development Reviews |
| PPI | Public and Patient Involvement |
| RRAA | Race Relations Amendment Act 2000 |
| WSHT | Western Sussex Hospitals NHS Trust |
| SDA | Sex Discrimination Act 1975 |
| SEC | South East Coast |
| SES | Single Equality Scheme |
| SHA | Strategic Health Authority |