Equality & Health Inequalities Action Plan

Equality, Diversity, Human Rights & Health Inequalities
Equality & Health Inequalities

This Equality & Health Inequalities Action Plan covers the main projects that the E&D team are working on to ensure the Trust remains compliant with its duties under the Equality Act 2010, the equality elements of the Health & Social Care Act 2012, and the Human Rights Act 1998.

Against some of the actions you will see embedded documents or references to where more specific detail can be found. All of the actions underpin our Equality Delivery System (EDS), Equality Objectives Summary and Public Sector Equality Duty Compliance Report documents.

If you require any further details then please contact the Equality department on:

Phone: 01744 457389
Textphone: 18001 01744 457389
E-mail: Vikki.morris@bridgewater.nhs.uk or Ruth.besford@bridgewater.nhs.uk
Legal & Governance Framework Summary:

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<tr>
<td>Public Sector Equality Duty Objectives (PSED)</td>
<td>NHS Mandate &amp; NHS Outcomes Framework</td>
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<th>Bridgewater Equality Statement</th>
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<th>Equality Delivery System Objectives (EDS2)</th>
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<td>Goal 1</td>
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<td>Better Health Outcomes</td>
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Equality & Health Inequalities Work Plan
## Corporate Actions

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<th>Work Area: Actions Required</th>
<th>Activities to Deliver Open or Completed</th>
<th>Actions – Lead Officer/ By When</th>
<th>Risks &amp; Actions to Mitigate, including Actions Taken, Audit Trails/Dates</th>
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</table>
| **Equality Act 2010**       | ● On-going strengthening of processes throughout the Trust.  
● Year on year improvement required.  
For supporting evidence see link to:  
[www.bridgewater.nhs.uk/aboutus/equalitydiversity](http://www.bridgewater.nhs.uk/aboutus/equalitydiversity) | On-going compliance required  
E&D with all Directorates | Risk  
● Legal Requirement from 1\textsuperscript{st} October 2010  
● Legal or public challenge  
● Failure to meet E&D elements of Commissioning Contractual requirements  
**Actions Taken**  
● Full review of all processes, policies, procedures and systems to identify areas to strengthen approach (outlined in full within this action plan)  
● Mersey Internal Audit E&D Compliance Review in August 2012 – Significant Assurance found, with actions outlined for completion by March 2013 (see MIA actions).  
● Equality Objectives identified as at 01/04/12 – four yearly requirement with annual reviews (see PSED Specific Duties and Equality Objectives below) |

### Public Sector Equality Duty (PSED) General Duties

Public Bodies to have *due regard* to:  
● On-going strengthening of processes throughout the Trust.  
● Year on year improvement required.  
On-going compliance required | Risk  
● Legal Requirement from 5\textsuperscript{th} April 2011
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| **Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010**  
**Advance equality of opportunity between people from different groups; and**  
**Foster good relations between people from different groups** | For supporting evidence see link to: [www.bridgewater.nhs.uk/aboutus/equalitydiversity](http://www.bridgewater.nhs.uk/aboutus/equalitydiversity) | E&D with all Directorates | • “due regard” has a legal definition  
**Actions Taken**  
- Full review of all processes, policies, procedures and systems to identify areas to strengthen approach (outlined in full within this action plan)  
- Equality Objectives identified as at 01/04/12 – four yearly requirement with annual reviews (see PSED Specific Duties and Equality Objectives below) |

**PSED – Specific Duties**  
The specific duties require public bodies to:  
- Publish information annually to demonstrate their compliance with the general Equality Duty  
- Publish equality objectives every four years  
- Publish information relating to their employees, and others affected by their policies and practices, such as service users.  
- All information must be published in a way that is accessible to the public  
- Information on protected characteristics of Workforce and Workforce processes to be collected and analysed – completed as at 31st Jan every year  
- Information on protected characteristics of patients accessing Services and Service processes to be collected and analysed – completed as at 31st Jan every year  
- Issues identified in PSED Compliance Summary Report to inform Equality Objectives  
For supporting evidence see link to: [www.bridgewater.nhs.uk/aboutus/equalitydiversity](http://www.bridgewater.nhs.uk/aboutus/equalitydiversity) | 31/01/14 (annual requirement) | E&D | **Risk**  
- Legal requirement annually from 31/01/12  
- Legal or public challenge  
- Failure to meet E&D elements of Contractual requirements  
**Actions Taken**  
- Completed report on 31/01/13  
- Actions arising out of analysis to inform equality objectives  
- See PSED Action Points below. |

**EDS (Equality Delivery System)**  
- Year on year improvement required | 2013 | **Risk**  
- Legal requirement annually from 31/01/12  
- Legal or public challenge  
- Failure to meet E&D elements of Contractual requirements  
**Actions Taken**  
- Completed report on 31/01/13  
- Actions arising out of analysis to inform equality objectives  
- See PSED Action Points below.
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| Grading of equality performance against a set of 18 outcomes, grouped within 4 goals.  
Contractual requirements to improve on outcomes and report performance annually | Full actions – for Goals 1 and 2 see Service Specific Actions section below.  
For Goals 3 and 4 see Workforce Specific Actions section below  
For current and previous year’s grading please go to: www.bridgewater.nhs.uk/aboutus/equalitydiversity | (annual requirement)  
E&D with all Directorates |  
Compliance required via contractual requirements  
Improved performance needs to be reported annually to relevant CCG’s & CSU’s  
Contributes to PSED compliance  
Can be challenged publically if not sufficient stakeholder involvement  
**Actions Taken**  
Equality analysis completed for all services – published on internet pages, and summary report produced with actions to address.  
Patient & member groups – engagement workshops held in July 2013  
Goal 3 graded by Corporate Staff Side representatives – 5th Dec 2013 |
| EDS2 (Revised Equality Delivery System)  
Still required to grade equality performance against a set of 18 outcomes, grouped within 4 goals.  
All outcomes have been refined and some outcomes removed to be replaced with others  
Contractual requirements to improve on outcomes and report performance annually  
Need to cover “Inclusion Health” groups as well as protected characteristics | NHS England launched EDS2 in November 2013, with EDS2 being live from April 2014.  
Current EDS grading process needs to be completed with an action plan identified for transition between EDS and EDS2.  
Need to identify relevant “Inclusion Health” groups  
Consideration also needs to be given to the changes in CQC measuring from Essential Standards to Community Indicators (EDS outcomes are mapped against CQC Essential Standards as evidence sources) | 01/04/14  
E&D with all Directorates |  
Risk  
Compliance required via contractual requirements  
Improved performance needs to be reported annually to relevant CCG’s & CSU’s  
Contributes to PSED compliance  
Can be challenged publically if not sufficient stakeholder involvement  
**Actions Taken**  

<p>| Equality Objectives | To improve equality objective monitoring, | March 2016 | Risks |</p>
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| ● Requirement of PSED to publish equality objectives every four years | including data collection and analysis, across the Trust  
● To improve the engagement of the Workforce on equality, diversity and human rights  
● To undertake an equal pay audit  
● To improve the role the Trust plays in key partnerships within the wider health economy to address health inequality gaps for those from protected groups | E&D Team & all Directorates | ● Legal requirement annually from 31/01/12  
● Legal or public challenge  
● Failure to meet E&D elements of Contractual requirements  

**Actions Taken**  
● First year of E&D objectives published 1st April 2012.  
● EDS will identify performance against 1st year of objectives, with reviewed objectives published in early summer 2013. |
| Equality Analysis (formerly Equality Impact Assessment)  
● There is a change in emphasis from prescriptive “tickbox” to analysis of effect and contribution to the three “general” aims  
● See PSED General and specific duties above  
● Covers all protected characteristics | ● Equality Analysis completed on a yearly basis for every service  
● Equality Analysis completed for every new or reviewed procedure  
● Equality Analysis being completed for all CIP 2013+ programmes  
● Contractual requirement from 2014 for any service change to have a documented Equality Analysis. For full detail see Equality Analysis Action Plan and also: [www.bridgewater.nhs.uk/aboutus/equalitydiversity](http://www.bridgewater.nhs.uk/aboutus/equalitydiversity) | On-going compliance required  
E&D Officer | Risks  
● Legal or public challenge  
● Potential for Judicial Review or improvement notice from Equality & Human Rights Commission  
● Failure to meet E&D elements of Contractual requirements  

**Actions Taken**  
● Equality analysis completed for all services – published on internet pages, and summary report produced with actions to address.  
● Policy Sub Group – Equality Analysis completed for all relevant new and reviewed procedures (including Clinical) that are reviewed by the Group  
● |
| E&D Training  
Improvement in the number of staff trained to, and evidencing achievement of KSF Core Dimension 6:  
● Level 2 for all staff  
● Level 3 for Band 7 and | ● Equality Analysis with all services has identified the training modules service facing staff wish to receive more training on – full details can be found in the Equality Analysis Action Plan | On-going March 2014 | Risk  
● Mandatory (for general training)  
● KSF levels are best practice  
● Legal and/or public challenge through inappropriate staff behaviour/conduct & inappropriate service provision  

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For full detail see Equality Analysis Action Plan and also: [www.bridgewater.nhs.uk/aboutus/equalitydiversity](http://www.bridgewater.nhs.uk/aboutus/equalitydiversity)
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<td>• Underpins culture around 6C’s &amp; Francis recommendations</td>
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<td><strong>Actions Taken</strong></td>
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<td>• E&amp;D on-line training reviewed annually to ensure on-going compliance with requirements (meets KSF level 2 requirements)</td>
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<td>• Compliance with mandatory training on a yearly basis – completion rates reported to Board on a monthly basis and exceptions actioned.</td>
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<td>• Learning Disability module added to mandatory on-line training – all staff complete yearly.</td>
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<td>• Level 4 for specialists and Executive/Non-Executive leads</td>
<td>• On-going strengthening of processes throughout the Trust.</td>
<td>Feb 2014 E&amp;D &amp; All Directorates</td>
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<td><strong>Risk</strong></td>
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<td>• Lack of equality information against legal requirements</td>
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<td><strong>Actions Taken</strong></td>
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<td>• Legal requirements are met – see PSED and EDS actions</td>
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<td>Foundation Trust</td>
<td>• Preparation for Foundation Trust Status – ensure equality processes &amp; systems are fit for purpose</td>
<td>• See detailed BGAF action plan</td>
<td>March 2014 PMO/E&amp;D</td>
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<td><strong>Risks</strong></td>
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<td>• Board positions – reflective of population characteristics</td>
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<td>• Balance &amp; calibre of Board Members</td>
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<td><strong>Actions taken</strong></td>
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<td>• See detailed BGAF action plan</td>
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<td>BGAF</td>
<td>• Board Composition &amp; Commitment</td>
<td>• Strengthening of current processes</td>
<td>On-going compliance required E&amp;D &amp; Risk Lead</td>
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<td><strong>Risk</strong></td>
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<td>• Legal challenge/Trust not prepared for</td>
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<td><strong>Actions Taken</strong></td>
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<td>Risk Register</td>
<td>• Ensure that E&amp;D risks highlighted via corporate and service risk registers</td>
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<td><strong>Risks</strong></td>
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<td>• Shows good practice status</td>
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<td><strong>Actions Taken</strong></td>
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<tr>
<td>Stonewall Health Champions Programme</td>
<td>• 1 of 20 NHS Trusts selected to be involved in national programme to improve health</td>
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|                             | inequalities for lesbian, gay and bisexual people. |                                 | Actions Taken  
• First meeting with Stonewall on 12th June 2013  
• |
|                             | Health Champions  
Action Plan - Bridgewater |                                 | Risks  
• Shows good practice status  
Actions Taken  
• |
| One Bridgewater Meeting Structure  
• Internal reorganisation of reporting structures – ensure E&D suitably aligned  
• New outcome of EDS2 “Papers that become before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed” | • Ensure that all meetings have equality reflected in terms of reference  
• Ensure relevant Equality Analysis undertaken where required on meeting content/agenda items  
• Process to be written for identifying where Equality Analysis relevant | 01.04.14 | Risks  
• Shows good practice status  
Actions Taken  
• |
| Benchmarking  
• ENEI  
• Navajo  
• Stonewall  
• EDS | On-going E&D team | | Risks  
• Shows good practice status  
Actions Taken  
• ENEI completed December 2012  
• Trust ranked 8th out of Public & Private participants and 5th out of 11 NHS Trusts  
• ENEI Report summary communicated 01/02/13 – actions to be incorporated into the work plan. |
| Cost Improvement Programmes  
• Equality Analysis to be undertaken for each CIP  
• Ensure legal compliance with Equality Act  
• Need to identify governance reporting of CIP EA’s. | Various 2013/14 | | Risks  
• Legal or public challenge  
• Failure to meet E&D elements of Contractual requirements  
Actions Taken  
• All CIP’s to have an Equality |
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| Equality Briefings          | • Improve communication to all staff of relevant equality information                                     | January 2013 E&D Team          | Analysis which will inform an E&D risk analysis  
• Each CIP lead to nominate a project member for completing the Equality Analysis  
• Meeting re CIP/Equality 08/04/13  

Risks  
• Shows good practice status  

Actions Taken  
• First equality newsletter sent out to PFD Champions March 2013.  

| Tender Submissions          | • Ensure tender documentation contains relevant E&D information  
• Strengthen processes to ensure service information reflects key E&D issues (not just answering E&D questions re compliance with Equality Act)  
• Build up database of relevant E&D info for use in tendering documents | On-going E&D Lead & Tender lead | Risks  
• Shows good practice status  
• Commissioners may use E&D information of other NHS Trusts to benchmark the Trust against  

Actions Taken  
• Completed E&D tender elements:  

| KPI’s                       | • Ensure reporting of KPI’s is strengthened  
• Review current KPI’s and suggest new for reporting | March 2013 E&D Lead            | Risks  
• Legal compliance with elements of the Equality Act  

| Annual Report & Quality Accounts | • E&D narrative for Annual Report – completed  
• E&D narrative/EDS update for Quality Account | Annually E&D Lead              | Risks  
• Shows good practice status  
• Contributes to elements of the Equality Act  

Actions Taken  
• Submission for Annual Report completed (22/03/13)  

## Service Specific Actions

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| Health Inequalities         | To ensure health inequalities and protected characteristic groups are referenced in One Bridgewater relevant strategies and processes | On-going | Risks  
  - Failure to meet legal requirements of Health & Social Care Act, NHS Constitution and NHS Outcomes Framework  
  Actions Taken |
| Equality Delivery System – Goals 1 and 2 | Specific actions identified | | |
| PSED – Service Specific Actions | Improve patient related data – patient profiles; customer complaints; language interpretation; patient engagement – improved data collection  
Membership analysis – improve membership by male, race and LGB representation | | Risk  
  - Legal requirement annually from 31/01/12  
  - Legal or public challenge  
  - Failure to meet E&D elements of Contractual requirements |
| Contracts                   | Policy & process to be devised  
Identify appropriate lead with Trust to progress | tbc | Risk  
  - Legal requirement from 5th April 2011  
  Actions Taken  
  - Occupational Health Tender includes E&D elements |
| Translation Services        | Mapping of current provision within Trust against census information | Tbc  
E&D & | Risk  
  - Translation services are a legal requirement where requested by |
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| • Review quality of provision in line with regional/national issues | • Ensure no risks in provision/lack of provision  
• Set up review process for ensuring clinical quality/“fit for purpose” | Finance | a service user  
• Issues raised regionally and nationally re Deaf translation and also clinical terminology translation  
**Actions Taken**  
• E-mail sent to finance re cost analysis  
• Phone meeting with Language Line re provision and analysis December 2012  
• Contact made with Procurement Group May 2013 |
| **Engagement & Consultation**  
• Link into work of Communications, Patient Experience and Complaints and overall communications strategy | • Identify key stakeholder groups (protected characteristics)  
• Establish Healthwatch contacts  
• | On-going  
April 2013 | **Risk**  
• Legal requirement of PSED to engage stakeholders  
• Requirement of EDS  
• Disbanding of NHS NW and their “regional” stakeholder panels  
**Actions Taken**  
• E&D Contacts established with existing Links groups, awaiting structuring of Healthwatch for E&D contacts  
• Work identifying appropriate protected characteristic groups on-going  
• Level 3 Patient Members contacted to be involved with EDS |
| **Patient Partners Project**  
• Funding from the NHS Institute for Innovation & Improvement for a “Patient Partners” model | • Identifying good practice of patient engagement and integration of those views into improved care  
• Use the information to provide evidence for PSED and EDS | On-going  
E&D Officer | **Risks**  
• Compliance with engagement elements of Equality Act  
**Actions Taken**  
• Meeting with Barry Hutton re |
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<td>• Integrates views of patients into the work and delivery of Trust services, including those “seldom heard”</td>
<td>• E&amp;D project officer to provide advice &amp; guidance to the group on Equality elements</td>
<td>equality monitoring of patient partners, and also completing a gap analysis re protected characteristics (06/11/12) • Equality Officer member of Patient Partners project group • Rolled out across the Trust</td>
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| Learning Disabilities       | - Task & Finish Group set up to ensure FT Pipeline & CQC requirements are evidenced and audited | - Does the Trust have mechanisms in place to flag LD patients, and protocols to ensure pathways of care are reasonably adjusted to meet the health needs of these patients  
- Does the Trust provide readily available and comprehensive information (jointly agreed & designed with those with a LD & local advocacy services) about the following:  
  - Treatment options  
  - Complaints procedure  
  - Appointments  
  - Does the Trust have protocols in place to provide suitable support to family carers who support LD patients, including:  
    - Provision of info regarding LD  
    - Relevant legislation & carers rights  
  - Does the Trust have protocols in place to routinely include training on LD awareness for all staff  
  - Does the Trust have protocols in place to encourage representation of people with LD and their family carers within Trust board’s local groups and other relevant forums.  
  - Does the Trust have protocols in place to regularly audit its practices for patients with LD & to demonstrate the findings in routine public reports. | On-going  
  Deputy Director of Clinical Performance | - Requirement to evidence FT pipeline KPI’s  
- Legal compliance | **Actions taken**  
- Task & finish Group met on several dates.  
- LD best practice event attended 08/11/12  
- LD awareness training and test questions completed for on-line mandatory training  
- Team Brief update re LD awareness training  
- On-going reporting via SMT & ODG |
| Protocol for changing patient’s name & gender in services | - Policy and procedure for where a patient requests that their patient notes are changed to their assumed gender | - Write a policy & protocol ensuring compliance with relevant elements of the Equality Act | March 2013  
  E&D Lead/Clinical lead | - Risk re information governance of patient notes/potential legal challenge | **Actions Taken**  
- Initial discussions started with Clinical Governance lead, to be
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| E&D Contractual Requirements | • Requirement to demonstrate evidence against:  
  • Patient – Equality monitoring data by PC (protected characteristic)  
  • DNA by PC  
  • Disability – Physical access by department  
  • Signage & accessibility  
  • Use of interpretation & translation (incl PALs & Significant event reports)  
  • Complaints – statistics by equality issues  
  • Statistics by overall by PC  
  • Patient experience – satisfaction levels by PC  
  • Communications – consultations with equality groups  
  • Targeted communications  
  • Equality events  
  • Engagement with those identified as not responding to surveys | On-going compliance  
E&D lead with all Directorates |  
Risks  
• Legal or public challenge  
• Failure to meet E&D elements of Contractual requirements  

| Actions Taken |  
• The requirements are picked up via the EDS process |
|-----------------------------|----------------------------------------|---------------------------------|---------------------------------------------------------------|
| Audit (CQC)                  | • Equality in:  
  • Access to care & support  
  • Outcomes from care & support  
  • Contribution care & support can make to equality of opportunity to participate & contribute fully to society  
  • Barriers to equality:  
  • Access (e.g. buildings, venue)  
  • Attitudes & behaviours  
  • Assistance (provision of interpreters etc) | On-going compliance required  
E&D team |  
Risks  
• Lack of compliance would cause organisational risk  

| Actions taken |  
• Use of the “social model” in the Equality Analysis process |
|-----------------------------|----------------------------------------|---------------------------------|---------------------------------------------------------------|
| Patient Leaflets            | • Ensure all key patient leaflets are produced in an easy read version  
  • Identify which leaflets could be produced |  
| Risks |  
• Legal compliance with engagement elements of the |
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<td>in relevant language options (based on census and service information)</td>
<td></td>
<td>Equality Act</td>
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<td></td>
<td>• Identify which leaflets could be produced as a “talking” leaflet</td>
<td></td>
<td>Failure to meet E&amp;D elements of Contractual requirements</td>
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<td>Actions Taken</td>
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<td>tbc</td>
</tr>
<tr>
<td>Autism Strategy</td>
<td>• Implementation of Autism Strategy requirements</td>
<td>tbc</td>
<td>tbc</td>
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<tr>
<td></td>
<td>• Staff training on Autism</td>
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<tr>
<td>Dementia Challenge</td>
<td>• Implementation of Dementia Challenge</td>
<td>tbc</td>
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</tbody>
</table>
## Workforce Specific Actions

<table>
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<tr>
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<th>Risks &amp; Actions to Mitigate, including Actions Taken, Audit Trails/Dates</th>
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<tbody>
<tr>
<td><strong>Equality Delivery System – Goals 3 and 4</strong></td>
<td>Open or Completed</td>
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<tr>
<td><strong>PSED – Workforce Specific Actions</strong></td>
<td>Age – Ageing workforce, under representation of younger age groups  Disability – improve the breakdown of staff declaring a disability/data cleanse  Religion or belief – improve the breakdown of staff declaring a religion/data cleanse  Recruitment, shortlisting and appointment analysis – investigate discrepancies</td>
<td>31/01/14 E&amp;D Team</td>
<td>Risk  Legal requirement annually from 31/01/12  Legal or public challenge  Failure to meet E&amp;D elements of Contractual requirements  <strong>Actions Taken</strong></td>
</tr>
<tr>
<td><strong>Positive Action (Recruitment &amp; Promotion)</strong></td>
<td>Use PSED report to identify areas that may be suitable for this approach  HR task &amp; finish group to identify guidelines for use, circumstances applicable, how monitored</td>
<td>Tbc E&amp;D &amp; HR</td>
<td>Risk  Voluntary from 6th April 2011  <strong>Actions Taken</strong></td>
</tr>
<tr>
<td><strong>Equal Pay Monitoring</strong></td>
<td>Identified as an Equality Objective to be completed by 31/03/13</td>
<td>31/03/13 E&amp;D &amp; Workforce Lead</td>
<td>Risk  Audits are voluntary, but NHS Employers are keen for E&amp;D programme partners to complete  <strong>Actions Taken</strong>  Male –v- female undertaken, anomalies being reviewed.  Task &amp; finish group to be set up</td>
</tr>
<tr>
<td><strong>NHS Staff Council E&amp;D Group</strong></td>
<td>Required to attend national bi-monthly meetings and contribute to national</td>
<td>2 year tenure to October</td>
<td>Risks  Shows Good Practice status</td>
</tr>
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| representative on NHS National E&D Staff Council Group (EDG). EDG are a technical sub group of the NHS Staff Council. | workstreams  
  - Assigned to EDG Workstream 3 – working on:  
    - Section 14 of Handbook – Sickness Absence & FAQ  
    - Section 15 of Handbook – Maternity leave & pay  
    - Annex Z – Managing Sickness Absence  
    - Section 18 – Subsistence Allowances  
    - Section 34 – Flexible Working  
    - Section 35 – Balancing work and personal life | 2014  
  E&D Lead |  
  - Teleconference 14/01/13 to assign actions  
  - Next meeting – June 2013 |
| Members are taken from NHS organisations in England, nominees from Scottish Government, Health Department in Wales and Northern Ireland, and Staff Side organisations represented on the NHS Staff Council. It also includes members from the Job Evaluation and KSF technical sub groups. | Detailed action plan set out by NHS NW to ensure organisational systems are “equality proofed”  
  - See [www.fairrouteforevalidation.nhs.uk](http://www.fairrouteforevalidation.nhs.uk)  
  - Includes: Recruitment & selection/induction/Corporate governance/equality training/support for diverse groups/data & intelligence/line management/appraisal planning/rehabilitation & remediation/exit interviews etc | On-going  
  E&D team & Medical & Dental Workforce lead |  
  - Potential for discriminatory practice  
  - Litigation risks  
  - Poor clinical engagement |
| EDG provide advice and guidance on all aspects of NHS pay and terms and conditions of service. | | |

**Medical Revalidation**

- Approved guidance on the equality aspects of the new medical revalidation system.
- Avoid risk of particular groups being unfairly treated (BME clinicians, locums, women & disabled doctors)
  
  | Medical Revalidation | | |
  |---------------------------------------------------------------|---------------------------------------------------------------|
  | Detailed action plan set out by NHS NW to ensure organisational systems are “equality proofed”  
   - See [www.fairrouteforevalidation.nhs.uk](http://www.fairrouteforevalidation.nhs.uk)  
   - Includes: Recruitment & selection/induction/Corporate governance/equality training/support for diverse groups/data & intelligence/line management/appraisal planning/rehabilitation & remediation/exit interviews etc | On-going  
  E&D team & Medical & Dental Workforce lead |  
  - Potential for discriminatory practice  
  - Litigation risks  
  - Poor clinical engagement |
  
Actions taken  
- E&D team attended “A fair route to revalidation – implementation workshop” on 27/11/12  
- Discussions with Medical Director re relevant E&D training for appraisal staff  
- Meeting with Medical & Dental Workforce lead 10/12/12 to
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| Two Ticks                   | - Requirement to evidence processes against the required criteria  
                                - To interview all disabled applicants who meet the minimum criteria for jobs  
                                - To discuss with disabled employees how they can develop their abilities  
                                - To make every effort when employees become disabled at work to make sure they stay in employment  
                                - To ensure employees develop the appropriate level of disability awareness to maintain these commitments  
                                - To review and progress actions yearly | Annual Review  
                                E&D Lead |  
                                - Attended Clinical Review Panel 12/03/13 – agreed to take a risk analysis approach to suggested processes identified by NHS NW, and action those deemed “high risk”.  
                                - Next meeting June 2013 |
| Mindful Employer            | - Mental health is a protected characteristic  
                                - E&D requirements of Mindful Employer | On-going  
                                E&D Officer |  
                                - Shows Good Practice status |
| Staff side/Partnership Forums | - Ensure consistent reporting of Equality issues in relation to PSED & EDS | On-going  
                                E&D Lead |  
                                - Lack of meaningful engagement from staffside colleagues, impacting on workforce engagement |

**Risks**
- Shows Good Practice status

**Actions Taken**
- Status re-applied for each year with Jobcentre Plus.
- On-going assessment of Absence Management process to ensure compliance with disability element of Equality Act

**Risks**
- Shows Good Practice status

**Actions Taken**
- Equality Officer currently member of Mindful Employer working group
- On-going assessment of Absence Management process to ensure compliance with disability element of Equality Act

**Risks**
- Lack of meaningful engagement from staffside colleagues, impacting on workforce engagement
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| Staff Survey                | Analysis of staff survey results against Equality questions | 2012 results published (Feb 2013) | Actions Taken  
  - Equality performance reported at various meetings/dates |
| Health & Wellbeing Charter  | E&D requirements of H&WB Charter to ensure progression to next level  
  - Ensure that H&WB processes are compliant with Equality Act, particularly disability elements. | October 2014 | Risks  
  - Lack of compliance would cause organisational risk  
  - Failure to meet E&D elements of contractual requirements  
  
  Actions Taken  
  - Current piece of work identifying key issues and areas for improvement |
| Ewin                        | NW Task & finish group set up to identify areas for benchmarking in relation to E&D KPI's | On-going E&D Officer | Risks  
  - Shows Good Practice status  
  - Equality Officer currently member of H&WB working group  
  - On-going assessment of H&WB processes to ensure compliance with disability element of Equality Act  
  
  Actions Taken  
  - Seen as good practice element of PSED to benchmark against other organisations  
  - Commissioners may use E&D information of other NHS Trusts to benchmark the Trust against  
  
  Actions Taken  
  - Awaiting information from T&F group/reports to be set up |
| Absence Management          | Review of existing process in relation to Equality Act and disability element  
  - Write a guidance & FAQ document for disability and absence (see also NHS Staff council E&D group workstream) | June 2013 E&D Lead | Risks  
  - Legal compliance with all elements of the Equality Act  
  
  Actions Taken  
  - |

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<td>● E&amp;D compliance for Group</td>
<td>Tbc</td>
<td>Risks</td>
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<td></td>
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<td>E&amp;D team</td>
<td>● tbc</td>
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<tr>
<td>Model Employer</td>
<td>● E&amp;D compliance for Group</td>
<td>Tbc</td>
<td>Risks</td>
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<td></td>
<td>E&amp;D Team</td>
<td>● tbc</td>
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# Completed Actions

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| **Equality Strategy**       | • Equality Strategy/Scheme often required as evidence for tender applications | Completed E&D lead | **Risks**  
• Not legally required, usually internal and/or tender process requirement  
**Actions Taken**  
• Draft strategy produced to support Equality Objectives and this action plan  
• Consultation and review to be completed |
| **Age Discrimination in Goods & Services** | | Completed | **Risk**  
• Legal challenge in relation to age  
**Actions Taken**  
• Review of all services to identify age criteria  
• Risk analysis completed against all services with age criteria, only 1 service identified with specific age criteria  
• Objective justification test completed, communicated and agreed with relevant Commissioning Group  
• Article for Bridgewater Bulletin 04/10/12 communicating key legal issues.  
• Yearly review set up as part of Equality Analysis process to ensure no significant changes |
| **NHS Employers E&D Partner Programme** | • Attend national NHS Employers Partners Meetings  
• To promote E&D and the work of NHS | Completed | **Risks**  
• Shows Good Practice status  
**Actions Taken**  
<p>|</p>
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| participating Trusts to progress and develop equality performance and to build capacity in this area. It also offers the opportunity for Partners to offer wider advice, guidance and good practice in equality and diversity management to the wider NHS. | Employers within the geographical area  
- Act as a resource to other NHS organisations within the geographical area  
- Participate in national benchmarking exercises  
- Contribute to NHS Employers shared learning database through submitting case studies  
- Contribute to consultation processes in response to national issues  
- Act in a quality assurance capacity for the merging good practice submitted through the network | Completed E&D team & Clinical Network Leads |  
- Contributed to consultations  
- Case Study submitted  
- ENEI benchmarking submitted December 2012 (see ENEI below – workstream 41)  
- Hosted NHS NW BME timeline at Trust October 2012 |
| Clinical Networks |  
- Ensure clinical network groups are aware of their responsibilities in relation to equality  
- Improve communication processes so as E&D informs clinical practice and strengthen the process for reporting E&D service issues back | Completed |  
- Shows Good Practice Status  
- Meeting with Clinical Network Leads 26/09/12 |
| Pension Auto enrolment |  
- Ensure equality analysis completed | Completed |  
- Under representation of Muslim staff in pension schemes due to lack of compliance with Islamic formal requirements  
- Required under PSED element to “remove or minimise disadvantages”  
- E-mail to Workforce lead highlighting relevant issues, to be raised at regional auto-enrolment working group. |
| NHS NW E&D Competency Framework |  
- Comprehensive and evidence based overview of the competencies required to support improved equality in health outcomes & workforce | Completed E&D Competency Framework removed from EDS2 |  
- Shows Good Practice status  
- Competency framework circulated. |
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<td>diversity</td>
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<tr>
<td>Policy Assurance Group</td>
<td>• Ensure that all new and reviewed policies are Equality Act compliant</td>
<td>Completed/Embedded in process&lt;br&gt;E&amp;D lead</td>
<td>Risks&lt;br&gt;• Legal compliance with all elements of the Equality Act&lt;br&gt;&lt;br&gt;Actions Taken&lt;br&gt;• Equality Analysis template must be completed with every policy or it will not be approved by Policy Sub Group&lt;br&gt;• E&amp;D lead “sense” checks policies for approval at Policy Sub Group to ensure there are no relevant Equality issues.&lt;br&gt;• Link to Clinical Policy Sub Group to ensure any relevant clinical policies are compliant with Equality Act</td>
</tr>
<tr>
<td>Internet/Intranet</td>
<td>• Requirement to publish relevant equality information as per PSED Specific Duties&lt;br&gt;• Ensure relevant E&amp;D information is available for workforce &amp; public&lt;br&gt;• Ensure PSED information published for 31st January deadline yearly&lt;br&gt;• Improve equality information available on internet and intranet&lt;br&gt;• Identify means of publishing EDS information in line with disbanding of NHS NW EDS website</td>
<td>31/01/13 - Completed/embedded process&lt;br&gt;On-going compliance required&lt;br&gt;E&amp;D &amp; Internet Lead</td>
<td>Risk&lt;br&gt;• Legal requirement of PSED to publish information in an accessible format&lt;br&gt;&lt;br&gt;Actions Taken&lt;br&gt;• E&amp;D officer trained on adding content to intranet and internet pages. Updated on a regular basis.</td>
</tr>
<tr>
<td>Personal, Fair &amp; Diverse Campaign</td>
<td>• NHS Employers national campaign to encourage all staff to sign up to be a Champion. The network will be committed to taking some action, however small, to&lt;br&gt;• Communicate PFD throughout Trust to encourage sign up of all staff&lt;br&gt;• PFD Champions within Bridgewater to form “virtual” E&amp;D network for communications, consultations etc.</td>
<td>Completed, but will continue to sign up new members on an on-going basis.</td>
<td>Risks&lt;br&gt;• Shows Good Practice status&lt;br&gt;&lt;br&gt;Actions Taken&lt;br&gt;• Board &amp; Non Exec sign up&lt;br&gt;• Communications in Bridgewater Bulletin &amp; Team Brief&lt;br&gt;• PFD Campaign via Leadership Forum August 2012</td>
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| help create a personal, fair and diverse NHS. | ● Significant assurance found, with some weaknesses (although impact would be minimal or unlikely to occur)  
● Suggested recommendations:  
● Strengthening of E&D governance framework – on-going  
● Enhancement of public facing E&D documentation – completed  
● Strengthening of systems development and reporting – on-going  
● Strengthening of stakeholder engagement – on-going  
● Improvement of staff training – on-going | Completed | ● Monthly E&D bulletins going to Champions  
● Legal or public challenge  
● Failure to meet E&D elements of Contractual requirements  

Actions Taken  
● Strengthening of governance & systems – E&D lead member of ODG.  
● ODG to complete Level 4 E&D training – completed.  
● Reviewed at Audit Committee in April 2013 - Complete |