Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policies and practices that meet the diverse needs of our local population and workforce. It is about creating fair and equal access to goods, services, facilities and employment opportunities for all. It is about reducing disadvantage experienced by some groups in comparison to others.

This policy takes into account the provisions of the Equality Act 2010 and its general and specific duties, ensuring as far as possible that the Trust eliminates discrimination, advances equality of opportunity and fosters good relationships between different groups of people. Also it ensures no one receives less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, the Trust will take into account the different needs of different groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Alternative Language Format for Contact Details:

We can provide the information in this document in another format such as in large print, Braille, an alternative language or as an audio version. Please contact the Equality and Human Rights Lead using the above details for information about alternative formats.
**Reader Information Box**

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Single Equality Approach and Action Plan 2014 – 2017</th>
</tr>
</thead>
</table>
It sets out our long term approach to addressing health inequalities.  
We aim to ensure that fair services are deployed to meet local demand and need around mental health, learning disabilities and community care. |
| **Other relevant approved documents** | Equality and Diversity Policy  
Dignity at Work Policy  
Due Regard Process |
| **Date of issue** | 2014 |
| **Review date** | Annual Review |
| **Prepared by** | Alan Duffell – Director of Human Resources and Organisational Development  
Sarah Willis – Head of Human Resources  
Sandy Zavery – Equality and Human Rights Lead |
| **Due Regard** | Due Regard undertaken in line with Trust policy |
| **Consultation** | Service Users  
Patients  
Carers  
Executive Team  
Trust Board  
Staff  
Local Community  
Stakeholders and Partnerships  
Voluntary Organisations |
| **Approved by** | Non-Executive Team  
Executive Team  
Trust Board |
| **Authorised by** | Trust Board |
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Lakeside House  
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1. Introduction

Leicestershire Partnership NHS Trust (LPT) acknowledge the importance of having services that are fair and equitable, and takes seriously its obligations under the Equality Act 2010, Human Rights Act 1998, Mental Health Act 2007 and Health and Social Care Act 2012.

The Public Sector Equality Duty introduced in 2011 provides a framework for implementing a corporate approach to promote equal opportunities, eliminate unlawful discrimination and harassment and improve the experience of our service users and staff.

Leicestershire Partnership NHS Trust a community, mental health and learning disabilities trust providing services to the population of Leicester, Leicestershire and Rutland and some specialist services to the wider East Midlands area.

Our Single Equality Approach and Action Plan 2014 – 2017 has been developed to improve service delivery to the broader community and meet our public sector equality duties for the protected characteristics of age, gender, race, disability, sexual orientation, religion and belief, marriage and civil partnership, pregnancy and maternity, and transgender.

Our work will evolve over time to reflect the changing requirements of the diverse communities that LPT serves. We want to be transparent and open in our delivery of services, reflecting the commitment outlined by the Secretary of State Jeremy Hunt:

"Today's measures are a blueprint for restoring trust, reinforcing professional pride in frontline staff and above all giving confidence that they will be given the best and safest care and the way to do that is to be completely open and transparent. I believe we can be the safest healthcare system in the world with these changes."

We will also extend our focus to reduce the health inequalities, associated with socio-economic factors around health, disease, disability and early death. However, it is clear that it is not possible for the NHS to tackle health inequalities on its own.

The Trust is conscious of the continuous media attention that the NHS has had in light of the Francis Report into Mid-Staffordshire, the Winterbourne review and very recently with a local focus around our delivery of services.

In view of this, we welcome the opportunity to work in partnership with local service users, patients, stakeholders, community and voluntary groups and staff to make that crucial difference that puts our patients on the road to recovery; ultimately enhancing some patients’ quality of life and well-being, as well as supporting individuals in palliative or end of life care.

We look forward to the work ahead, facing the challenges outlined in the NHS Mandate, NHS Outcome Framework, NHS Constitution, six C’s and the legislation to meet our commitment towards having fair, equal and personal services and employment practices.
As part of our approach to embedding equality, we appreciate your views and input into any aspect of our future plans. You can provide feedback by e-mailing the team at equality@leicspart.nhs.uk.

We would like to thank you for taking the time to contribute towards this important agenda.

2. LPT Overview

In April 2011, the Trust merged with Leicester City and Leicestershire County and Rutland Community Health Services as a result of the national Transforming Community Services agenda. This has provided opportunities to join up mental health and physical health care pathways to advance health and wellbeing; making us a highly quality driven and integrated provider of mental health, learning disability and community health services.

The Trust serves a population of one million people with a budget in excess of £250 million and over 5,000 employees based across LLR at over 150 sites. The Trust work across LLR in a host of partnership initiatives with Clinical Commissioning Groups (CCGs), University Hospitals of Leicester (UHL), social services, local authorities and voluntary and community groups in addition to other statutory agencies.

Our services are organised into three operational divisions: adult mental health and learning disability services; families, young people and children's services; community health services; with an additional enabling service providing corporate functions such as Finance, Human Resources, Estates, Communication, etc.

We are also a teaching Trust, which means we conduct research and provide training and education for medical, psychology, nursing and therapy students.

Our Single Equality Approach and plans have been underpinned by the direction outlined in our refreshed Human Resources and Organisational Development Strategy. The Trust is on the path to becoming a Foundation Trust by adopting an all-inclusive approach that demonstrates positive outcomes and striving to embed an effective and proportionate due regard process across all Trust activity.

To achieve this, we have adopted the Inclusion model and approach as outlined below.
We have also set our key objectives within the strategy that link to our overall approach covering the following areas:

- continue to deliver the current LLR equality objectives from an LPT perspective.
- develop, consult and launch the Single Equality Strategy and Action Plan in line with the revised Equality Delivery System 2 (EDS2)
- develop and implement training to support staff in the delivery of service to the diverse community of LLR
- work in partnership with other agencies to address specific issues faced by target groups
- the development and implementation of the revised bullying and harassment programme that supports staff who are experiencing inappropriate behaviour
- developing robust processes that assist with capturing data across all nine protected characteristics, in line with our revised equality monitoring

3. The Population We Serve

The demographic make-up of LLR is changing and the Trust needs to ensure that its services are equipped to meet those changes. The population estimate for Leicester, Leicestershire and Rutland in the 2011 UK Census was 1,017,697 with a mix of communities that make up the protected characteristics in our society.

Leicester has seen the fourth highest growth in population in 10 years, after London, Manchester and Milton Keynes. Between 2001 and 2011, the number of people went up by almost 17%, according to the 2011 UK Census figuresiv.

A quarter of the East Midlands’ foreign-born residents reside in Leicester. LLR has seen increases in population from migrant communities; 46,283 additional non-UK born residents in a 10-year periodv. Table 1 shows the current population figures for LLR by district.
Table 1 – Population of LLR

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester, Leicestershire &amp; Rutland</td>
<td>1,017,697</td>
</tr>
<tr>
<td>Blaby</td>
<td>93,915</td>
</tr>
<tr>
<td>Charnwood</td>
<td>166,100</td>
</tr>
<tr>
<td>Harborough</td>
<td>85,382</td>
</tr>
<tr>
<td>Hinckley and Bosworth</td>
<td>105,078</td>
</tr>
<tr>
<td>Leicester</td>
<td>329,839</td>
</tr>
<tr>
<td>Melton</td>
<td>50,376</td>
</tr>
<tr>
<td>North West Leicestershire</td>
<td>93,468</td>
</tr>
<tr>
<td>Oadby and Wigston</td>
<td>56,170</td>
</tr>
<tr>
<td>Rutland</td>
<td>37,369</td>
</tr>
</tbody>
</table>

Leicester, Leicestershire and Rutland is a rich and diverse community and has seen some significant changes in the make-up of its population between city and counties (please see population breakdown by protected characteristics in Appendix A). The analysis of population data shows the following:

**Age Profile**: Relative to LLR overall, the age profile of Leicester is younger, with higher proportion of people in age groups up to 39 years old; whilst the county districts have older population profiles.

**Gender Profile**: The overall gender breakdown for LLR is almost equivalent (male 49.45% and females 50.55%). However, when analysed further by district it is evident that Oadby and Wigston has a higher percentage of women, whereas Rutland has an overrepresentation of men.

**Disability Profile**: Relative to LLR overall, Leicester and North West Leicestershire have overrepresentations of people whose day to day activities are limited by disability or ill health.

**Ethnicity Profile**: Relative to LLR overall, Leicester and Oadby and Wigston have significantly higher proportions of BME people. However, certain BME communities are also concentrated in some county districts; for instance, Charnwood has high percentages of Bangladeshi and Chinese people, whilst Rutland has an high percentage of Gypsy or Irish Traveller people.

**Unpaid Carer Profile**: Relative to LLR overall, there are higher percentage of unpaid carers in Hinckley and Bosworth, North West Leicestershire, and Oadby and Wigston.

**Religion and Belief**: Relative to LLR overall, Leicester has an underrepresentation of Christians and larger group of all other religious groups except Jews. This profile is largely reversed in the county districts. Oadby and Wigston has relatively high proportions of Hindu, Jews and Sikhs.

**Marital Status**: Relative to LLR overall, there are higher proportions of single people in Leicester and Charnwood. Leicester also has a higher proportion of people who are separated (but still legally married or still legally in a same-sex civil partnership).
Language Profile: Spoken languages vary greatly in the city and county with an underrepresentation of English speakers in Leicester relative to LLR overall and a particularly high proportion of speakers of South Asian languages. There are, however, concentrations of non-English speakers in some county district areas with high proportions of Russian speakers, Spanish speakers, and speakers of East Asian languages in Charnwood, and relatively high proportions of speakers of Oceanic and Australian language in Rutland.

It’s important that we recognise the differing language requirements throughout LLR and ensure we have resources in place to support people for whom English may be a Second Language.

4. Workforce Monitoring

The Trust appreciate the value added to the workforce by recruiting and retaining staff that reflect the population that we serve. Collection and analysis of workforce data by the protected characteristics is an important area for us. The data helps us to understand the make-up of our workforce and initiate activity to address underrepresentation amongst certain groups, which assist in better service delivery for the population we serve. The Trust employ over 5000 staff across the different areas of service delivery in a variety of roles (please see Appendix B for a breakdown of staff by protected characteristics).

Further details on the workforce profile and other data will be available in our Annual Equalities Report 2013/14.

Additionally, we will monitor equality in human resources activities including recruitment, training and development, grievance, bullying and harassment, capability, performance and capability, and sickness. Where we identify inadequate or incomplete data, we will endeavour to address this.

5. Key Health issues

The diverse population of Leicester, Leicestershire, and Rutland brings about some real challenges for the Trust. These challenges are not just about ensuring patients can access our services but it is also about how we adapt those services to meet the needs of the community. The 2012 Joint Strategic Needs Analysis (JSNA) identified some key health issues, which have been outlined below:

- Leicester City is one of the most deprived areas in England. Analysis of the 2011 UK census indicates that, relative to LLR overall Leicester, has significantly higher proportions of people with fair, bad and very bad health across all age groups. When taking a view across the East Midlands, only Nottingham has a similarly poor health profile across all age ranges.

- People living in Leicester City die early, from circulatory diseases, cancers and respiratory disease. This links to poor health in the city due to deprivation and lifestyle factors embedded within communities. The inequalities gap in health
between Leicester and England has not reduced and the inequality between the deprived and affluent has remained the same.

- The most vulnerable groups are older people, those with learning disabilities, and those with mental health problems; these groups are increasing in numbers. The needs of these groups are specific. For instance, older people are likely to have higher rates of depression, dementia and mobility issues. Carers are more and more in demand. However, the majority of carers are themselves over 65 years old with their own health problems.

- A high proportion of children in Leicester are living in poverty. Disabled children and young people face difficulties in accessing everyday opportunities alongside their peers. Other issues relate to high rates of teenage pregnancy, risk of young people engaging in crime, and obesity.

- In relation to expected trends, the greatest concern is the estimated increase in mental health prevalence in the older population (almost 2,000 more people suffering from depression/ severe depression aged 65 or over by 2015.

- Debt is also known to be strongly associated with higher rates of mental health problems and employment rates are also low for those suffering with mental health problems. It has been reported nationally that half of lifetime mental health problems have already developed by the age of fourteen.

- Through detailed examination of people accessing Leicestershire County Council services, where primary category of need is „mental health“, 23.3% of those accessing services in 2010/11 lived in priority neighbourhoods. The expected proportion of mental health service users living in these areas would be 10%, illustrating the high prevalence of people accessing mental health services in the priority neighbourhoods of Leicestershire.

- In terms of gender, 61% of people accessing Adult Social Care Mental Health Services are female (general population 18+ = 51%). This supports the results of various studies which have found a higher prevalence of most mental health conditions in females.

6. Partnership Working

Research has shown that the United Kingdom (UK) spends more on mental health services than on any other area of health, including cancer and heart disease. The economic impact of poor mental health is estimated to be over £100 billion. However, care and treatment offered is variable and many people have problems accessing services. Furthermore, interventions are not always effective, services can be poor and many people simply get no help at all. This includes a number of equality groups such as people with disabilities, minority ethnic groups, older people, etc. either unable to access services or unaware of services.
The focus of improving health outcomes is creating personalised care, self-management, improving mental health in primary care, crisis care and community support and collaborative working\textsuperscript{viii}.

Where deficiencies in service provision are identified, we all collectively have a challenge to support vulnerable people to maintain their independence and gain support.

The Trust recognise the significance of the inequalities agenda and are conscious that tackling this agenda requires strong partnership and engagement nationally, regionally, and locally; the Trust, and indeed the NHS, cannot do it alone.

We aim to work with the Department of Health (DoH), NHS England, regional and local Trusts such as UHL, Clinical Commissioning Groups (CCGs), Public Health, Voluntary and Community groups on joint initiatives that cut across themes identified through data and research. Our local engagement will be with local NHS Trusts, local authorities and community and voluntary sector groups, Health and Wellbeing Boards and Healthwatch. It is about identifying real gaps in service provision and access that prevent the delivery of effective healthcare to target groups.

The demand for health and social care is increasing both in volume and cost. Therefore, working collectively to develop mechanisms, such as preventative mechanisms, self-help, effective discharge arrangements, are essential to reducing costs and improve outcomes for people who need health and social care intervention.

The Trust has already started working to address these issues in partnership with other health and care commissioner and providers through the LLR wide ‘Better Care Together Programme’. This supports the health and social care agenda of working together to provide integrated, high quality services, delivered in local community settings whilst improving the emergency and acute care provided to the people of the area.

\section*{7. Equality Act 2010}

The Equality Act 2010 (the Act) consolidates and harmonises the previous equality legislation to ensure consistency and protection for people listed under the ‘protected characteristics’: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief (including lack of belief), sex (i.e. gender) and sexual orientation.

The Act introduced a new general duty on public bodies, to carry out their functions and have due regard to:

\begin{itemize}
  \item the need to eliminate discrimination, harassment and victimisation;
  \item the need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
  \item the need to foster good relations between people who share a relevant protected characteristic and people who do not.
\end{itemize}
The Act outlines the specific duties stating what public bodies will need to do to meet the general duty. The aim of the Equality Duty is to embed equality considerations into the day to day work of public authorities, in order to tackle discrimination and inequality and to contribute to making society fairer. The Equality Duty came into force on the 5 April 2011.

The 2010 also requires public bodies to publish annual details of the equality profile of their workforce, published in 31 January, annually.

The Act provides protection from “prohibited conduct” for groups of people with protected characteristics. Examples of prohibited conduct include, direct and indirect discrimination, associative discrimination, perceptive discrimination, harassment and victimisation.

The Act also encourages positive action to be implemented which provides additional support to disadvantaged groups. These are groups that are disadvantaged or underrepresented in service provision or employment. Therefore, additional help or encouragement provides opportunities for those groups. The positive action provision enables public sector organisations to take proportionate steps to help people overcome barriers. Our Equality and Human Rights policy sets out our legal obligation and the need for staff to comply.

a. **Due Regard (Equality Analysis)**

The Act requires us to pay ‘Due Regard’ when considering the effects on the protected characteristics covered under the Act. Due Regard can be demonstrated by undertaking an equality analysis of policies, procedures and functions to mitigate any negative impact.

It is a structured approach to gathering and analysing information about the effect that our decisions, policies and practices are likely to have on service users and employees, particularly those who are most vulnerable or at risk of disadvantage.

The Trust has implemented a robust process to gather information and address any adverse impact on vulnerable groups of people in our society; called ‘Due Regard’ (equality analysis) process and has been embedded across the Trust.

The process helps the Trust ensure that it makes fair, sound and transparent decisions based on a robust understanding of the needs and rights of the groups and individuals who may be affected. It also helps to ensure compliance with the Equality Act 2010 and the public sector equality duty, and the Human Rights Act 1998.

**8. Equality Delivery System 2**

The Equality Delivery System (EDS) was developed to improve the equality performance of the NHS and embed equality into mainstream business. It was launched in 2011 and aimed to make real improvements that can be sustained over time. It focuses on the things that matter the most for service users, patients, carers, the local community and staff. It emphasises genuine engagement, transparency and the effective use of evidence.
Following a peer review, **Equality Delivery System 2 (EDS2)** was launched nationally in November 2013 to help NHS Trusts embed equality into their everyday practices.

By driving towards the implementation of the EDS2 process, the Trust will be able to meet the requirements of the NHS Mandate, NHS Outcomes Framework, the NHS Constitution, Equality Act 2010, Care Quality Commission (CQC), Monitor and Trust Development Authority (TDA).

EDS 2 retains much of the EDS framework, but it encourages local adaptation with a focus on local issues and problems. It also prompts learning from, and the spreading of, good practice. As previously outlined, EDS2 relies on genuine local engagement with patients, the public, other local stakeholders, and staff.

EDS2 is a generic tool designed for both NHS commissioners and NHS providers. There are four goals, which are:

1. better health outcomes for all
2. improved patient access and experience
3. a representative and supported workforce
4. inclusive leadership

and 18 outcomes, against which Trusts will assess and grade themselves. The grading falls into four areas, which are:

- undeveloped
- developing
- achieving
- excelling

The Trust has taken on board the value that the standard will have in embedding and mainstreaming equality into directorate business plans and Care Quality Commission (CQC) standards to help deliver real outcomes enabling us to “raise standards and put people at the heart of everything we do”.

Our equality information for EDS2 will be captured through an electronic web portal (EDS Hub) that will evidence the work we are undertaking to meet our obligations under the Equality Act 2010 and provide details around gaps in services and employment.

For further details about EDS2, please go to: [http://www.england.nhs.uk](http://www.england.nhs.uk)

**9. Involvement and Engagement Working**

The involvement and engagement activity, which works towards ensuring equitable and meaningful involvement, is embedded in the culture of the Trust. It is about working to fulfil the Trust’s statutory and legal duties and ensuring maximum engagement and involvement from service users, patients, carers, the local community, stakeholders, voluntary and community groups and our workforce.
The Trust will ensure service users, patients, carers and staff the opportunity to feedback on how services are developed and delivered. The most effective way for us to ensure we deliver services which are fit for purpose is by working in partnership with the people who use our services. We value the community’s commitment to be involved and engaged with the Trust to improve the experience of services for our families, friends, and local communities.

Our Patient Experience programme is monitored and results are feedback through a number of internal processes, including the Trusts Customer Care strategy.

We will be involving, engaging and consulting on our Single Equality Approach and Action Plan through the use of the involvement and engagement team. We will be asking for wide spread views on our approach. The outcome will be shared with our Trust Board, Executive Team, Non-Executive Directors, Operational and senior managers to ensure that engagement informs our future improvements and development.

We will continue to engage and involve our local communities to improve services.

10. Review and Updating the Equality Approach and Action Plan

Progress towards meeting commitments have been detailed in the action plan and will be reported annually to the Trust Board. The Trust is committed to reviewing and updating the action plan, annually. We will also look to revisit our approach at least every three years. However minor revisions to the document may be made more frequently than this, ensuring that it remains up to date with any future changes in government policy, legislation, and the needs of the communities we serve.

We have a variety of communication methods such as written publications, internal and external websites, email, regular meetings, etc. We will use these methods to disseminate the progress being made against our plan. We will ensure other communication methods are included so that no one is excluded.

11. Responsibility for Implementing and Monitoring Progress

We have a statutory duty to monitor for any adverse and differential impact on service users, patients, carers and staff from diverse communities. Our continuous assessment will help to implement remedial actions to address any adverse or differential effects. This will be reported every six months to the Executive and Senior Management Teams and bi-annually to the Trust Board. This will complement the wider publication of our achievements in the Annual Equality Report.

The Single Equality Approach will be a standing agenda item at the Workforce and Organisational Development Group and Patient and Carers Experience group meetings. The groups will monitor the progress of our plan and support the Equality and Human Rights Lead in the development of the equality agenda, the publication of subsequent versions and on-going support on any enquiries received.
The group will report the progress against the work in this area to Executive Team, Non-Executive Team and the Trust Board. Each Division accepts its own responsibilities for promoting equality of opportunity and challenging discrimination.

The Trust Board, Chief Executive, Executive Team and Non-Executive Team have the ultimate legal responsibility and accountability for compliance with the equality legislation.

12. Comments and Compliments

The Trust is committed to providing quality Mental Health, Learning Disabilities and Community Health Services. We want to keep meeting and exceeding expectations and we can only achieve this by receiving service user, patient and staff comments on how well we are doing.

13. Complaints

Staff and members of the public who have experienced inadequate service are encouraged to inform us through our complaints system. Discrimination comes in different forms but we would strongly encourage anyone to complain who has suffered due to for example any of the following:

- offensive or undesirable language or physical behaviour on the grounds of race, gender, disability, age, religion/belief, sexual orientation or transgender issues;
- harassment including any unwanted conduct;
- misuse of power or position, which undermines a person’s self-confidence, humiliates them or causes them to suffer stress.

Any complaints are dealt with under our Complaints process. This process is outlined by accessing our website: http://www.leicspart.nhs.uk. Alternatively, you can gain help and advice from any member of staff or by contacting the complaints team at: Customerservices@leicspart.nhs.uk or

The Equality and Human Rights Team can be contacted by either e-mailing us at equality@leicspart.nhs.uk or contacting us at 0116 295 0300.

The Trust looks forward to embedding this important agenda into all plans to make that crucial difference for the people we care for ‘a golden thread in everything we do’.

14. Conclusion

The Trust will endeavour to embed Equality and Human Rights (EHR) considerations into services and employment practices to tackle disadvantages and improve health inequalities for those protected groups.

The equality team recognises the challenges ahead and have developed an action plan that will start to support the agenda around addressing socio-economic deprivation and inequality in services and employment.
The Trust is beginning to take those important steps that make a difference for those in most need; working towards making Leicester, Leicestershire and Rutland a healthy society.
Appendix A: Overview of the demographic profile of Leicester, Leicestershire, and Rutland (UK Census 2011, usual residents)*

*Significant variations exist between the various districts within Leicester, Leicestershire, and Rutland, for a more detailed analysis please contact the Equality and Human Rights team.
Appendix B: Overview of the demographic profile of Leicestershire Partnership NHS Trust (workforce at March 2013)*

*Significant variations exist between the various pay bands, occupational group, and part-time and full-time workers, for a more detailed analysis please contact the Equality and Human Rights team.
### Appendix C: Summary Equality Action Plan 2013 to 2017

1. **HR Objective:** Continue to deliver the current LLR equality Objectives from an LPT perspective.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Executive Lead and Trust Board Lead for equality and human rights to demonstrate commitment and challenge inappropriate behaviour.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Annual Equality Report demonstrating equality activity during the year.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Dedicated equality and human rights budget allocated annually.</td>
<td>on-going</td>
</tr>
<tr>
<td>Review Equality and Human Rights policy to ensure it is fit for purpose.</td>
<td>on-going</td>
</tr>
<tr>
<td>Due Regard is considered for all services and employment practices.</td>
<td>on-going</td>
</tr>
<tr>
<td>EHR Team promoted to establish partnership working with division</td>
<td>on-going</td>
</tr>
<tr>
<td>Activity implemented in response to CQC Inspection</td>
<td>on-going</td>
</tr>
<tr>
<td>Review and refresh EHR website.</td>
<td>on-going</td>
</tr>
<tr>
<td>Equality and Human Rights is considered in all aspects of the Safeguarding agenda.</td>
<td>2015/16</td>
</tr>
<tr>
<td>Sharing and promoting positive learning outcomes between Trusts local, regional, national and other agencies.</td>
<td>2015/16</td>
</tr>
<tr>
<td>Design, development and implementation of equality, diversity and human rights considerations into procurement process.</td>
<td>2015/16</td>
</tr>
<tr>
<td>All formal complaints, comments and compliments are monitored by the relevant protected characteristics.</td>
<td>2015/16</td>
</tr>
<tr>
<td>Equality Delivery System 2 embedded into individual directorate plans.</td>
<td>2015/16</td>
</tr>
</tbody>
</table>
2. Develop, consult and launch the Single Equality Approach and Action Plan in line with the revised Equality Delivery System (EDS2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Equality awareness raised at divisional meetings.</td>
<td>2014/15</td>
</tr>
</tbody>
</table>

3. Develop and implement training to support staff in the delivery of service to the diverse community of LLR

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a comprehensive equality training portfolio for all staff.</td>
<td>2013/14</td>
</tr>
</tbody>
</table>

4. Work in partnership with other agencies to address specific issues faced by target groups

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve, engage and consult with service users, patients, carers and staff</td>
<td>2013/14</td>
</tr>
<tr>
<td>Partnership working between voluntary and community services, local Trusts authorities, Trust, CCGs and GEM.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Partnership working with key stakeholder to advance equality activity such as Stonewall Diversity Champion commitment.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Development of positive relationships between teams, internally.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Staff support groups (SSG) maximised to promote the equality agenda and support Trust staff.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Workshops/Seminar/Conference organised in partnership with local Trusts and authorities.</td>
<td>2015/16</td>
</tr>
</tbody>
</table>
5. The development and implementation of the revised bullying and harassment programme that supports staff who are experiencing inappropriate behaviour.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-design, develop and implement the Dignity at Work policy, including implementation of a plan that covers: development of anti-bullying and harassment support advisory service for LPT’s workforce, supported by a handbook detailing guidance for staff.</td>
<td>2013/14</td>
</tr>
</tbody>
</table>

6. Developing robust processes that assist with capturing data across all nine protected characteristics, in line with our revised equality monitoring

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data analysed, gaps identified and initiatives implemented to address discrimination and inequality.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Review and implement updated equality monitoring form.</td>
<td>2013/14</td>
</tr>
<tr>
<td>Auditing undertaken in areas to address is barriers for protected groups.</td>
<td>2016/17</td>
</tr>
</tbody>
</table>
### Section 1

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Screening commenced</td>
<td>December 2013</td>
</tr>
<tr>
<td>Directorate / Service carrying out the assessment</td>
<td>Workforce and OD Division - Equality and Human Rights</td>
</tr>
<tr>
<td>Name and role of person undertaking this Due Regard (Equality Analysis)</td>
<td>Sandy Zavery</td>
</tr>
</tbody>
</table>

Give an overview of the aims, objectives and purpose of the proposal: The purpose of the document is to set out the equality approach for the Trust over the next three years.

### Section 2

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Could the proposal have a positive impact (Yes or No give details)</th>
<th>Could the proposal have a negative impact (yes or No give details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Yes – the aim is to address short fall in positive equality practices when delivering services or deploying employment practices.</td>
<td>No – as the aim is to support accessibility to services for all protected groups.</td>
</tr>
<tr>
<td>Disability</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Race</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Sex</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
<tr>
<td>Other equality groups?</td>
<td>Yes – as above</td>
<td>No – as above</td>
</tr>
</tbody>
</table>

### Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B</td>
<td>Low risk: Go to Section 4.</td>
</tr>
</tbody>
</table>

### Section 4

Is this proposal low risk please give evidence or justification for how you reached this decision:

This approach is low risk as it supports the equality agenda to ensure fair, equal and personal services for the diverse community. The high risk factor would occur, if the Trust fails to embed the equality agenda into its main business plans and rejects the approach and plans outlined in the document.

**Sign off that this proposal is low risk and does not require a full Equality Analysis:**

Head of Service Signed:  
Date:
Due Regard Screening Ver 1.1 EHR VW 22 Nov 2013