

EQUALTY OBJECTIVE SCHEME

2012 - 2016

This document is available in alternative formats upon request, such as large print, electronically, or community languages. Please contact the Equality, Diversity and Human Rights Team on:

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QVH	Queen Victoria Hospital
EOS	Equality Objective Scheme
EDS	Equality Delivery System
FREDA	<ul style="list-style-type: none"> • Fairness • Respect • Equality • Dignity • Autonomy.
CQC	Care Quality Commission
EHRC	Equality and Human Rights Commission
Monitor	Independent Regulator of Foundation Trusts
EHRIA	Equality and Human Rights Impact Analysis
ED & HR	Equality, Diversity and Human Rights
Protected characteristics	<ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Sex • Pregnancy and maternity • Race • Religion and belief • Sexual orientation • Marriage and civil partnership
KSF	Knowledge & Skills Framework
JCNC	Joint Consultative and Negotiating Committee
LNC	Local Negotiating Committee
'the Equality Act'	Equality Act 2010
The General Duty	Section 149 of the Equality Act
Due Regard	The organisation must consciously consider the three main aims of the general equality duty as part of its decision making process
SHA	Strategic Health Authority
PCTs	Primary Care Trusts
RAG	Action Plan - Red, Amber, Green Status
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
ESR	Electronic Staff Record
BME	Black Minority Ethnic
LGB&T	Lesbian, Gay, Bisexual and Transgender
Afc	Agenda for change
BSL	British Sign Language

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I am pleased to present our latest Equality Objective Scheme. This new scheme will supersede our existing Equality Scheme and better prepare the Trust and its staff as we move forward on our aim to deliver world class services to our patients and carers.

We are committed to delivering positive services and employment practices where people can have their different needs acknowledged, valued and respected. We have made a lot of progress towards improving how we include equality, diversity & human rights both within our organisation and how we work with those outside of it but there is still more to do.

We recognise movement nationally toward an umbrella approach to equality diversity and human rights and the aim of the Equality Act 2010, introducing a single equality duty to increase protection for the groups of society that were not previously equally protected by legislation. We believe that a patient-centred holistic approach should be taken to reducing health inequalities considering all people as individuals and who will belong to a number of the groups now termed Protected Characteristics.

Our Equality Objective Scheme provides us with a unified governance structure for tackling discriminatory practice but more importantly to design in positive approaches to people in the first instance and demonstrates our commitment to the ethos of promoting equality and human rights for all.

This scheme will enable us to achieve our intentions by ensuring that our policies, services and functions meet the needs of all our staff, patients and stakeholders. We are committed to ensuring quality in our service provision and to being a model employer.

This Scheme sets out how we intend to reinforce this commitment by ensuring that Equality, Diversity and human Rights is at the heart of our work. Leadership is central to the success of the scheme, and for enabling us to realise the benefits from investing in this work.

As Chief Executive, it is my duty and that of the Trust's Board to implement this Scheme successfully. Members of the Trust's Equality, Diversity & Human Rights Strategy Group will develop and monitor implementation of the Equality Objective Scheme and action plan. All staff will have a role in contributing to the success of the Scheme and it will also be of interest to providers and other partners who we will work with to implement it. The challenge we have set ourselves towards achieving equality for all our staff, patients and carers is underpinned by a series of actions covering evidence gathering, community involvement, service delivery, employment practices, staff development and strategic planning.

We look forward to working with you all on delivering the best service possible.



Adrian Bull
Chief Executive

This is our new Equality Objective Scheme (previously the Single Equality Scheme) 2012 – 2016 and it targets all our work in the areas of Equality and Human Rights; not just the parts we are legally required to cover. The scheme describes how the Trust will fulfil its moral, social and legal obligations to put equality and human rights at the heart of everything we do.

As a public authority, we have certain legal requirements under new legislation to promote equality in the work place for those protected characteristics. The protected characteristics are: race, disability, gender, age, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity and marriage and civil partnership. These requirements are known as the general duty to promote equality. To help us meet the general equality duty, we also have specific duties, such as the requirement to produce and publish four-year objective plans or schemes. This scheme sets out what we will do to meet the general and specific duties and extends them to include the other areas such as Human Rights which we consider vital when delivering services to people who, at times, may be vulnerable.

The scheme covers the period 1st April 2012 to 31st March 2016 and will be closely linked to the way we develop our business and strategic plans. This revision takes into account the data and outcomes and challenges from 2011.

We have aligned our Objectives to the NHS Equality Delivery System (EDS)



You can read more about the NHS EDS on page 18

Many individuals and stakeholders, including Governors, community organisations and staff, were involved in helping us develop the Equality Objective Scheme. We utilised various mechanisms including the Equality and Diversity Steering Group, public engagement, involvement and consultation and a variety of internal engagement events.

A key input to the scheme was the utilisation of the 2011 Annual Equality data report. Many actions relate directly to the findings of this report and the need to improve the outcomes for all people.

The scheme starts by explaining who we are and what we do, our vision and values and strategic priorities, where we work and how we are structured. It also explains how we will carry out equality and human rights impact analysis on all our policies and practices, how we will be accountable for the commitments in the action plan and how you can comment on the scheme.

The Action Plans can be found on page 24 onwards and the appendices include the Trust's organisational structure. The equality and human rights impact analysis tools can be found on the Trust's website here: http://www.qvh.nhs.uk/about_us/publications_and_policies/equality_schemes_and_data.php

All of us at the Trust have a role in helping to put our scheme into practice. It is essential we work with others to make our scheme successful and we encourage interested individuals and organisations to get involved in helping shape the future of our Trust.

How to give us feedback

Queen Victoria Hospital is receiving expert Equality, Diversity and Human Rights advice and support from Sussex Partnership Trust. We welcome feedback on our Equality Objective Scheme. You can do this by contacting us using the information below:

Email: equality.diversity@sussexpartnership.nhs.uk
Telephone: 01903 845724 (type talk calls welcome)

In writing:
The Equality and Diversity Manager
Queen Victoria NHS Foundation Trust
Holtye Road
East Grinstead
West Sussex
RH19 3DZ

If you would like a copy in an alternative language or format (such as Braille, audio CD or cassette, Easy Read or large print), please visit our website or contact us using the details above.

All of our community, service and staff demography information can be found in the Equality, Diversity and Human Rights Annual Report. This includes all of our statutory monitoring information. If you would like a copy of the Equality, Diversity and Human Rights Annual Report January 2011 to December 2011 please contact us by any means listed on page 6 or take a look at our website

http://www.qvh.nhs.uk/about_us/publications_and_policies/equality_schemes_and_data.php

3.1 Queen Victoria Hospital NHS Foundation Trust Profile

The origins of our hospital date back to 1863 when the East Grinstead Cottage Hospital was founded. Following a number of incarnations as a small community hospital, the Queen Victoria Hospital, as it became known by the 1930s, moved to its current site in 1936.

We have maintained strong links with military patients and regularly treat service men and women injured in Afghanistan and other campaigns. In addition, QVH Consultant plastic surgeon Tania Cubison also serves as a Lt Col in the Royal Army Medical Corps.

QVH has also continued to build on its foundations as a provider of community services for the local population of East Grinstead and surrounding villages. Our modern day Minor Injuries Unit and Sleep Studies Centre are both situated in the handsome, red-brick Jubilee Centre built in 1936.

QVH is now a leading specialist centre for reconstructive surgery and rehabilitation, helping people who have been damaged or disfigured through accidents or disease.

We have a proud heritage and are known throughout the world for pioneering new and innovative techniques and treatments.

We provide a minor injuries unit and other services for people living in and around East Grinstead.

Patients rate us as one of the top hospitals in the country for quality of care, and we have been rated 'excellent' for our financial management for the past five years.

We employ nearly 1,000 skilled and committed staff, dedicated to helping QVH provide the very best care for our patients, and we are the largest employer in the local area.

As one of the country's first NHS foundation trusts we are accountable to local people through our 10,000 public members across Sussex, Kent and Surrey.

3.2 What we do

QVH is one of the largest centres for reconstructive and head and neck surgery in the country and the leading provider of these specialist services for the south east region.

Our surgical, anaesthetic, nursing and rehabilitation teams are experts in the treatment of complex and high-risk trauma, disease and disfigurement.

Our specialties include the treatment of major burns, skin cancer and complex hand trauma and dysfunction; breast reconstruction following cancer; corneo and oculoplastic surgery and complex maxillofacial surgery including head and neck cancer.

We also provided high quality healthcare services for our local population at our East Grinstead site.

3.3 Quality

At QVH we pride ourselves on the quality and individual level of care we provide for every patient.

We are internationally renowned for using the very latest techniques to help people who have been disfigured or damaged by disease, accidents and burns, as a result of major surgery, or through inherited conditions. Our clinical standards are consistently higher than national and international averages.

In addition to the very best clinical care, we believe that the dignity, comfort and experience of our patients are equally important.

We are proud that 98% of people who have left feedback about us on the NHS Choices website said they would recommend us to a friend.

A clean, safe and welcoming environment

We were judged as one of the best hospitals in the country in the 2010 national inpatient survey. The overall quality of the environment at QVH is rated as excellent.

QVH scored 9.6 out of 10 for the cleanliness of wards in the most recent national inpatient survey and has very low rates of hospital acquired infection.

Respecting your privacy and dignity

QVH scored 9.6 out of 10 for the availability of same-sex accommodation in the most recent national inpatient survey. Patients will only share the room with members of the same sex and same-sex toilets and bathrooms are close to sleeping areas. Sharing with members of the opposite sex only happens in exceptional circumstances and where there is a clinical need, for example if the patient needs specialist equipment, such as in intensive care

Our equality and diversity action plan was developed to take account of the Trust's legal responsibilities and our vision of excellence in equality, diversity and human rights. Organisational responsibilities for implementing the Equality Scheme will rest with Trust leaders.

Much work has already been undertaken in the development and implementation of our Equality Schemes and this experience will be used to support the development and implementation of the Equality Objective Scheme. Essential to the success of our goals:

- Board level commitment
- firm integration with the Trust's strategic objectives
- Executive Directors continuing to lead by example as Equality and Diversity Champions
- Setting clear objectives supported by a clear action plan, identifying responsibilities and timescales
- the use of the NHS Knowledge & Skills Framework (KSF) to measure and raise performance

4.1 Trust Leadership and Responsibilities for the Equality Scheme

The successful implementation of the Equality Scheme requires participation at all levels of the organisation. Specific responsibilities are defined in the following paragraphs:

The **Chief Executive** will have ultimate responsibility for overseeing the Equality Objective Scheme, through the Trust's management structure. The Board will need to be satisfied that the Trust complies with current and forthcoming equalities legislation and implements the action plan.

4.1a Equality and Diversity Leads

The Trust Executive Directors are accountable to the Chief Executive and the chief executive is accountable to the Board for the delivery of the Equality Scheme, taking personal responsibility for the scrutiny and governance of the equality objective scheme action plan within their organisational area, through the appraisal and performance management process and by becoming a mentor to a member of staff from one of the protected characteristics.

The Lead Director is the Director of Nursing and Quality, supported by the Head of Human Resources and the Equality & Diversity Manager.

Key objectives for the Equality & Diversity Lead Director are to:

- a. Provide assurance and scrutiny on the delivery of the objectives to the Board and to help drive behavioural and cultural change; and
- b. Communicate demonstrable leadership by being recognisably committed to promoting equality, diversity and human rights

These objectives will be achieved by our Equality & Diversity Lead Director by:

- Ensuring the Trust shows due regard to the equality duties when considering strategic decision making processes
- Improving equality of access, experience and outcome across all protected characteristics for staff and service users
- Implementing and monitoring the Equality Objective Scheme action plan for their area of responsibility
- Championing and developing good local practice which can be shared across the Trust
- Understanding the issues faced by employees and service users

4.1b The Equality, Diversity and Human Rights Steering Group

The group is chaired by the Director of Nursing & Quality and will monitor overall progress by the Trust against the Equality Scheme action plan, including the performance of individual areas, and report back to the Trust Board.

The group is consultative and has a number of functions;

- To monitor the implementation of the Equality Objective Scheme Action plan
- To increase the profile of equality, diversity and human rights amongst managers, staff and patients and to support the development of a supportive culture and identification of the key issues to address.
- To keep all equality, diversity and human rights related policies, schemes and action plans under review and ensure appropriate development and implementation.
- To assess and agree actions to address relevant legislation, considering any resource implications.
- To approve the annual report on equality, diversity and human rights for the Trust board.
- To ensure appropriate mechanisms are in place to monitor the implementation of equality, diversity and human rights across the trust.
- To consider the results of relevant surveys and questionnaires (e.g. annual staff survey, health profiles, office of national statistics data) to ensure required action is identified and addressed.

4.1c Trust Managers

All managers are responsible for incorporating equalities into their work both in managing staff and service provision and for assessing impact on Equality, Diversity and Human Rights. Heads of Department and Service Leads have a specific responsibility to ensure that they are conducting Equality and Human Rights Impact Analyses on their services and policies.

4.1d Staff

All members of staff, regardless of their position, have a key role to play as individuals in the successful implementation of this Equality Scheme.

The Trust embraces the principles of equalities legislation as well as the moral and business efficiency case, and will expect all its members of staff to conduct themselves accordingly: any unlawful discrimination will not be tolerated. The Trust will work in partnership with the Trust's recognised trade unions to implement the Equality Scheme. The Trust's Joint Consultative and Negotiating Committee (JCNC) and Local Negotiating Committee (LNC) will be part of the mechanism for staff consultation and involvement in developing the Equality Objective Scheme.

4.2 Staff Networks

As a small organisation, with circa 900 staff, we have not so far established a desire from staff to set up specific networks. However the Trust is committed to reviewing whether or not there is now an appetite for local networks.

4.3 The Equality, Diversity and Human Rights Support

The Trust took the decision to outsource its Equality, Diversity and Human Rights support. It is hoped that outsourcing the strategy, design and specialism allows the full time staff here at QVH to focus on improvements and delivering a lasting legacy of positive change. It is clear that by outsourcing our strategy we can achieve greater quality of advice and direction whilst providing a cost effective solution that delivers the best in quality available.

This Scheme is drawn from the context set out by a number of national drivers and legal imperatives. The fundamental drivers include:

5.1 Equality Act 2010

The Public Sector Equality Duty is one of the obligations imposed by the Equality Act 2010 ('the Equality Act') and applies to both public bodies and to private organisations when carrying out public functions. The aim of the Equality Duty is to embed equality considerations into the day-to-day work of public authorities, so that they tackle discrimination and inequality and contribute to making society fairer.

Previously, there were three separate public sector equality duties under the former race, sex and disability legislation. Following the consolidation of discrimination legislation within the Equality Act, a single public sector equality duty ('the Equality Duty') has been created which covers the following protected characteristics

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex; and
- Sexual orientation

The Equality Duty also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

Although compliance with the general equality duty is a legal obligation, it also makes good business sense: an organisation that is able to provide its services to meet the diverse needs of its users should find that it carries out its core business more efficiently; a workforce that has a supportive working environment is more productive; organisations will benefit from drawing on a broader range of talent and from better representing the community that they serve; and compliance with the general equality duty should also result in better informed decision-making and policy development, better policy outcomes and, in services that are more appropriate, effective and cost-effective.

The purpose of the equality duty is to integrate the consideration of equality and good relations into the day-to-day business of public authorities. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected in the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

The General Duty, which is set out in section 149 of the Equality Act, requires public authorities to achieve three aims. Section 149 states that:

“...(1) A public authority must, in the exercise of its functions, have due regard to the need to—

- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; [and]
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it...”

The General Duty applies both to public authorities and also to private organisations when they are performing functions of a public nature (section 149(2) of the Equality Act).

5.1.1 Due Regard

Having due regard means that an organisation must consciously think about the three aims of the general equality duty as part of its decision making process. This means that consideration of equality issues must influence the decisions reached by public bodies in how they:

- act as employers;
- develop, evaluate and review their policies;
- design, deliver and evaluate their services; and
- commission and procure services from others.

According to section 149(3) of the Equality Act, “...Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; [and]
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low...”

According to section 149(5) Equality Act 2010, "...Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) tackle prejudice, and.
- (b) promote understanding [between people from different groups]

5.1.2 Disabled people

The general duty explicitly recognises that disabled people's needs are different from those of non-disabled people. According to section 149(4) of the Equality Act: "...The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities..."

In considering the need to meet the needs of disabled people, public bodies should therefore take account of disabled people's disabilities. This might mean making reasonable adjustments for them or treating them better than other people.

Complying with the general duty may involve treating some people better than others, as far as this is allowed by discrimination law. According to section 149(6) Equality Act 2010:

"...Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act..."

For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for a particular group.

5.2 Equality and human rights impact analysis (EHRIA)

The equality and human rights impact analysis (EHRIA) is a process of assessing the impact and outcome of existing or proposed functions or policies in relation to their consequences; it is a process that looks for both positive and negative outcomes across the protected characteristics. The impact analysis process is an on-going process, and not a process that happens just once, but develops and evolves alongside the functions and policies of the organisation. It involves anticipating the consequences of functions and policies and making sure that, as far as possible, any negative consequences are minimised and opportunities for promoting equality are maximised.

The purpose of the impact analysis process is to achieve improvements across all protected characteristics and therefore most well carried out impact analyses will constitute some form of action to be taken to bring about greater equality within our Trust.

The outcomes of such actions are required to be monitored and reviewed as part of the ongoing equality impact analysis process.

5.3 Carers (Equal Opportunities Act) 2004

There has been increased recognition of the economic contribution that Carers continue to make to society. Legislation was passed that acknowledges the needs and rights of Carers. This required SHAs, Foundation Trusts, PCTs and other relevant bodies to have due regard to the needs of Carers. The Carers (Equal Opportunities Act) 2004 is intended to entitle Carers to an assessment, as well as services in their own right

The Act seeks to ensure that Carers are identified and informed of their rights, that their needs for education, training, employment and leisure are taken into consideration and that public bodies recognise and support carers.

The NHS has a duty placed on it to give due consideration to requests made by Local Authorities to participate in planning and delivering services for Carers.

In addition the law also refers to the work that must be undertaken, in partnership with health bodies, to identify 'Hidden Carers'. This is further explored within Department of Health Guidance on the Act, as well as other related legislation intended to protect and support the rights of Carers (*Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004—Carers and people with parental responsibility for disabled children: Combined Draft Policy Guidance*)

5.4 The Human Rights Act 1998

'Human rights' are the basic rights and freedoms that belong to every person in the world. Human rights are based on core principles like dignity, fairness, equality, respect and autonomy. They are relevant to our day to day life and protect our freedom to control our own lives effectively, to take part in decisions made by public bodies which impact on our rights and get fair and equal services and outcomes from public bodies.

5.4.1 FREDA principles

The FREDA principles are the values supported by the Human Rights Act. They are a useful guide to ensure that, in practice, organisations are treating individuals with:

- **F**airness
- **R**espect
- **E**quality
- **D**ignity
- **A**utonomy

The FREDA principles are invaluable for helping employers to develop policies and procedures that are aligned with human rights values. By using a human rights based approach to support our core business of planning and delivering high quality and accessible health services for all we are seeking to:

- Put principles such as dignity, respect and equality into practice
- Shape services and procedures that put the 'human' at the heart of healthcare
- Effectively support our staff and care groups to fulfil their specific duties under the Human Rights Act 1998, as well as progressing healthcare
- Develop standards on human rights and patient treatment

Support and add value to our work on related duties and priorities such as:

- Equality
- Reducing Health Inequalities
- Dignity in Care
- Commissioning a Patient-Led NHS

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

1. **To bring most of the human rights contained in the European Convention on Human Rights into UK law** - Making it possible for people to raise or claim their human rights within the complaints and legal systems here in the UK.
2. **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 through this to make rights a reality for all people in the UK.

The Human Rights Articles are as follows:

- The right to life (Article 2)
- The right not to be tortured or treated in an inhuman or degrading way (Article 3)
- The right to be free from slavery or forced labour (Article 4)
- The right to liberty (Article 5)
- The right to a fair trial (Article 6)
- The right to no punishment without law (Article 7)
- The right to respect for private and family life, home and correspondence (Article 9)
- The right to freedom of thought, conscience and religion (Article 10)
- The right to freedom of expression (Article 11)
- The right to freedom of assembly and association (Article 12)
- The right to marry and found a family (Article 13)
- The right not to be discriminated against in relation to any of the rights contained in the European Convention (Article 14)
- The right to peaceful enjoyment of possessions (Article 1 of Protocol 1)
- The right to education (Article 2 of Protocol 1)
- The right to free elections (Article 3 of Protocol 1)

Some of these Articles are critical for the Trust to be aware of if we want to ensure compliance and strive to offer the best care for our patients and employment opportunities for our staff.

5.5 Social and Economic Class

Deprivation is a shorthand measure that combines indicators on a range of socio-economic topics to show areas where people are at a high risk of social and economic disadvantage and are, therefore, more likely to experience poor health and barriers to accessing services.

The impact of social class and socio-economic status can have a range of effects on the service we provide and the barriers confronted by service users and staff. As a Trust we embed the impact of social and socio-economic status into our everyday routine. This is most evident in our equality and human rights impact analysis toolkit which takes this into consideration. We recognise that provisions under the 2010 'Equality Act' will not cover this area in relation to our Trust, but we have decided to look at this area as these are clear and well recognised links with poorer health outcomes and shorter life expectancy.

5.6 Reducing Inequalities

Tackling health inequalities and social exclusion is an important priority for the Trust. There is a critical need to consider social, mental, environmental and spiritual needs of individuals, families and communities as key elements of any strategic framework. Health inequalities do matter and are a cause for concern, since they do not only affect people and communities now, but also future generations, as well as the health and well-being of communities and societies. Thus the Trust recognises that one size does not fit all and local programmes need to be developed across our area of operation to meet the needs and aspirations of the people we serve.

6.1 Equality Delivery System (EDS)

The NHS Equality and Delivery System (EDS) was created by the Equality and Diversity Council. The Equality and Diversity Council was formed in 2009 with representatives from DH, NHS and other interests. It is chaired by David Nicholson and reports to the NHS Management Board. It supports the NHS to deliver services that are personal, fair and diverse also to promote continuous improvement.

Its purpose is to drive up the equality performance of the NHS and embed equality into mainstream NHS business; it applies to NHS commissioners and NHS providers.

Governance

Equality Delivery System (EDS) will be governed via the Equality, Diversity and Human Rights strategy group as the EDS outcomes and objectives have been aligned to the each objection within the scheme.

Process

The Trust is required to develop Annual Improvement Plans to focus on the most urgent priorities. The Trust's first Annual Improvement Plans are required by April 2012. This document satisfies this request and has been aligned against the EDS 4 goals and 18 outcomes.

As a Trust we will work with local interests, including LINKs / Health Watch, on assessments, strategies, priorities and plans. Final plans will be sent to LINKs / Health Watch, LA Overview & Scrutiny Committees and Health & Wellbeing Boards to assist in achieving our grading and reporting of process.

Assessments

Organisations assess their equality performance against 18 outcomes grouped into 4 goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

Grades (See appendix D for more detail on grading)

For each outcome, one of four grades can be chosen, and related to a RAG+P rating:

- Undeveloped = Red
- Developing = Amber
- Achieving = Green
- Excelling = Purple

Continuous improvement is prompted by the grades

“Undeveloped” must be used when evidence is not available, and/or local interests have not been engaged

“Excellent” is only achieved with evidence of full partnership working and innovation.

6.2 The Care Quality Commission (CQC) , Monitor (Independent Regulator of Foundation Trusts) and the Equality and Human Rights Commission (EHRC)

The above are covered in some depth in the Trust’s 2011 Equality, Diversity and Human Rights Report, section 9, which can be accessed through our website.

http://www.qvh.nhs.uk/assets/publication/Equality_Diversity_Annual_Report_2011.pdf

6.3 Monitoring our policies, functions and practices

In this section, we use the term policy and functions separately. Policy is used when referring to policies, procedures, strategies, publications and press releases. We define a function as a practice, service, service design or decision. The Trust has taken the decision that all policies and functions are relevant for outcomes to the protected characteristics. For a list of policies, functions and dates of Equality Impact Analysis that have been prioritised please see appendix B.

To meet our duties on gathering information and monitoring, we have to have suitable systems in place to collect relevant data that allows us to assess existing policies to see how they affect different groups. We can then identify whether any of our policies are having an adverse outcome on a particular group and if so, how we can review or amend the policy to remedy the situation. Some of our monitoring systems are already in place, while others need to be developed.

We will monitor all relevant parts of our work, both in terms of employment and service provision. To meet our legal requirements under the general equality duty (Equality Act 2010) we will, where appropriate, collate and analyse data across all protected characteristics. We will take the following steps:

- Collect and analyse accurate data for all relevant policies, practices and functions identified as high priority (see Appendix B & Appendix C)
- Present the data and analysis to the Equality and Diversity Steering Group.
- Determine what action we need to take to tackle any adverse impact, gaps or differences identified by our monitoring.
- Make the necessary changes to our policies.
- Publish the results of our monitoring on our website.

We will assess policies individually to decide how best to monitor them, including how much data we need to collect. As a minimum we will use basic data monitoring and, where necessary, we will supplement this with additional work, including qualitative and quantitative staff and user surveys, focus groups and other involvement exercises.

Individual directorates are responsible for identifying any adverse impact or potential adverse impact on their policies. Directors are responsible for making sure that relevant policies are monitored and reviewed appropriately.

6.4 What happens next?

Every year we will review the EOS based on the data obtained during the Annual Equality and Human Rights Report. This ensures that our priorities are constantly reviewed and based on priority, relevance and up to date findings.

7.1 Background

The principle objectives of our engagement, involvement and consultation are to support the delivery of a Equality Objective Scheme (previously the Single Equality Scheme) and Human Rights Action Plan, which we hope will:

1. **Improve patient and service user experience, including privacy, dignity and safety.**

Improving patient and service user experience is a core benefit of embedding equality, diversity and human rights. It is expected that by improving the experience for one or more sections of the population that have previously experienced discrimination or poor access, the whole population will benefit in the long-term.

2. **Support ongoing service improvement and work to address health inequalities**

Improvements in services, especially for those who may have experienced discrimination or prejudice in the past, should be a key element. This includes ensuring that the wide range of services both in the community and in hospital settings matches the Trust's aspirations for (and with) all of its communities.

3. **Promote Proactive Leadership**

Equality, Diversity and Human Rights requires commitment from the Leadership but the programme, through consultation, should also provoke leadership and accountability for change in the Equality, Diversity and Human Rights field across the Trust and its workforce.

4. **Ensure Better Workforce Planning, Workforce Strategy, Workforce Development.**

There is a need to ensure a joined up approach with colleagues in Human Resources, staff networks, and staff side, taking an approach that enables staff to become or remain involved within the change process long after the scheme has been published and is being implemented.

7.2 Publication and Review

The Trust will publish the Equality Objective Scheme on our website: www.qvh.nhs.uk this document will be available in different formats and community languages on request.

By procurement we mean how we source goods, facilities and services from external suppliers. We believe that it is essential that people and organisations we sign contracts with to work on our behalf are accountable to us, and aspire to our vision and mission. We want them to abide by our equality and human rights obligations, including our duty to protect the human rights of those who use our services.

The Trust provides a wide range of services to the community including radiology, physiotherapy and the Minor Injuries Unit . In some cases these are provided directly by the Trust, in other cases on our behalf by contractors and partners. Each year the Trust enters into contracts worth many millions of pounds for buying goods, works and services. Therefore, the services provided to the community should be geared towards their diverse needs and requirements.

Spending by the Trust sustains and maintains a significant number of jobs within Sussex. The Trust has a statutory duty to ensure that public money is spent in a way that ensures value for money and does not lead to unfair discrimination and social exclusion.

The promotion of equality in procurement will help the Trust to:

- Improve the overall value for money for the Trust in terms of the goods, works and services they purchase
- Improve the quality, responsiveness and appropriateness of our services.
- Ensure that public money is not spent on practices which lead to unfair discrimination within Sussex.
- Create a diverse and integrated workforce.
- Deliver more responsive and flexible services in combating social exclusion and building stronger and cohesive communities.
- Encourage other organisations to promote and practice the Trust's policies on Equality, diversity and human rights.

9.1 Timescale

The following action plans are an identification of legal compliance steps the Trust needs to work towards. We recognise that achieving all these goals in this timescale may be challenging, however we will report annually on progress made on each of these actions.

Time Scale	Deadline
Year 1 2012-2013	Ongoing work that commences during 2012 and outcomes and activity are demonstrated and monitored throughout this period. Work to be completed by March 2013
Year 2 2013 -2014	Ongoing work that commences during 2013 and outcomes and activity are demonstrated and monitored throughout this period. Work to be completed by March 2014
Year 3 2014 - 2015	Ongoing work that commences during 2014 with outcomes being demonstrated and monitored throughout this period. Work to be completed by March 2015
Year 4 2015 - 2016	Ongoing work that commences during 2015 and outcomes and activity are demonstrated and monitored throughout this period. Work to be completed by March 2016
Annually	Reviewed on a yearly basis
Quarterly	Reviewed 4 times a year

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
1. Better Health Outcomes for all															
1.1	CQC: Outcomes 1, 2, 4, 7, 14 and 16 Equality Act 2010 EDS: 1.1, 1.2, 1.3, 1.4	Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 across the protected characteristics	All policies, services or papers forwarded to the Trust Board or ratifying committees <u>for decision</u> are accompanied by a completed Equality and Human Rights Impact Analysis	Chief Executive (operational and service) Director of Finance (finance) Director of Nursing (quality and risk, patient) Head of Human Resources (workforce) Head of Corporate Affairs (corporate)	1	x	x	x	x	x	x	x	x	x	
1.2	CQC: Outcomes 1, 2, 4, 7, 14 and 16 Equality Act 2010 EDS: 1.1, 1.2, 1.3, 1.4	Ensure Compliance with the Equality Act 2010, The Human Rights Act 1998 and the NHS Equality Delivery System	The Trust Board will receive twice yearly RAG updates of progress against the equality objectives	Sussex Partnership through Head of Human Resources	1	x	x	x	x	x	x	x	x	x	x
1.3	CQC: Outcomes 1, 2, 4, 7, 14 and 16 Equality Act 2010 EDS: 1.1, 1.2, 1.3, 1.4	Annually review Equality Objective Scheme (EOS)	Report against progress and challenges, update actions, include legislation changes in revised Schemes	Sussex Partnership through Deputy Director of Nursing & Deputy Head of Human Resources	Annually	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
1.4	CQC: Outcomes 1, 2, 4, 7, 12 and 16 Equality Act 2010 EDS: 1.1, 1.2, 1.4	All patients are to be asked their religion and belief and any religious or belief needs to be met during their care plan.	The Trust responds to individual religion and belief needs in the delivery of care and does not breach their human rights	Deputy Director of Nursing	1							x			
1.5	CQC: Outcomes 1, 4 and 5 Equality Act 2010 EDS: 1.1, 1.2, 1.4	All Trust canteens or restaurants that offer food or drink to patients or staff must be able to meet religious or cultural dietary requirements (This does not include the food or drink available through vending machines).	a) Audit of all inpatient units to ascertain the time required to access key religious dietary requirements b) Audit of all staff and visitor canteens or restaurants to ascertain the instant availability of specific religious dietary requirements.	Hotel Services Manager	2							x			
1.6	CQC: Outcomes 1, 2, 4, 7, 9 and 16 Equality Act 2010 EDS: 1.1, 1.2, 1.4	To ensure the issues related to a person's culture, ethnicity and belief are considered when prescribing a medicine for the first time. For example Porcine and Bovine derivatives	Appropriate and informed prescribing regimes are in place. Service users will not be started on medication which may conflict with their religion and belief without consent	Chief Pharmacist & Medical Director	3						x	x			

EHRC = Equality Human Rights Commission
 EDS = Equality Delivery System (NHS)
 CQC = Care Quality Commission

Timescale
 1=2012-2013 3=2014-2015
 2=2013-2014 4=2015-2016

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
1.7	CQC: Outcomes 1, 2, 4, 7 and 16 Equality Act 2010 EDS: 1.1, 1.2, 1.4	Maintain and sustain involvement with community groups across the protected characteristics, so that key issues are identified and incorporated in the Trusts Equality Objective Scheme	Seek feedback from the community on key issues to be included in the Equality, Diversity and Human Rights training and where possible establish working links with community groups across Trust service area	Sussex Partnership via Head of Corporate Affairs & Deputy Director of Nursing	1	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
2. Improved patient access & experience															
2.1	CQC: Outcomes 1, 4, 12 and 14 Equality Act 2010 EDS: 2.1, 2.2, 2.3, 2.4	Promote equality of opportunity and good relations between people from different groups	Trust to produce positively inclusive policies, practices and imagery within publications which allow equality of opportunity, outcome, and good relations between men, women, Trans staff, service users and community groups	Chief Executive (operational and service) Director of Finance (finance) Director of Nursing (quality and risk, patient) Head of Human Resources (workforce) Head of Corporate Affairs (corporate)	3	x	x	x	x	x	x	x	x	x	
2.2	CQC: Outcomes 1, 4 and 12 Equality Act 2010 EDS: 2.1, 2.2, 2.3, 2.4	Annually produce an Equality and Diversity report which covers the period 1st Jan -31st December - Presented to the Trust board on or before the 31st January	To report annually on equality data collection and findings to demonstrate outcome improvements	Deputy Head of Human Resources Deputy Director of Nursing	Annually	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
Monitoring of Service user contact across the protected Characteristics for;															
2.3	CQC: 1, 4, 16 and 17 Equality Act 2010 EDS: 2.1, 2.4	A) Patient reported Complaints	Analysis of results incorporated into the Annual Equality and Diversity Report	PALS, Claims & Complaints Manager	2	x	x	x	x	x	x	x	x	x	
2.4	CQC: 1, 2, 4, 16, 17 Equality Act 2010 EDS: 2.1, 2.4	B) PALS (Patient Advice and Liaison Service)	Analysis of results incorporated into the Annual Equality and Diversity Report	PALS, Claims & Complaints Manager	2	x	x	x	x	x	x	x	x	x	
2.5	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 2.3	C) Patient reported Bullying and Harassment		PALS, Claims & Complaints Manager	2	x	x	x	x	x	x	x	x	x	
2.6	CQC: 1, 4, 16 and 17 Equality Act 2010 EDS: 2.1, 2.3	Monitoring of patient contact across the protected characteristics	1. Scope current data collection systems for ability to collect Protected Characteristics 2. Create a system improvement action plan to deliver the improvement 3. Train staff in data collection 4. Monitor data return	Head of Commerce	3	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
2.7	CQC: Outcomes 1 and 4 Equality Act 2010 EDS: 2.1, 2.3	Review the PAS system to determine which of the protected characteristics can and can't be recorded and reported against. Where necessary create new fields and add mandatory settings	Ability to report on patient contact to ensure services are accessible and the needs of patients are being met and that no protected characteristics is being disproportionately affected	Head of Commerce	3	x	x	x	x	x	x	x	x	x	
2.8	CQC: Outcomes 1, 4 and 16 Equality Act 2010 EDS: 2.1	Introduce Gypsy and Traveller categories on all monitoring forms for Service Users once it has been included onto PAS	a) Monitoring and report Service Users using new categories of Gypsy and Traveller from April b) Monitoring the utilisation of this category on a ward and departmental basis	Head of Commerce Deputy Director of Nursing	3						x				

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
2.9	CQC: Outcomes 1, 4 and 14 Equality Act 2010 EDS: 2.3	Review number of bullying and harassment cases for patients across the protected characteristics. If necessary scope the need for a "Expect Respect" Campaign across the Trust to raise awareness of how to prevent and report harassment and discrimination	An awareness for Trust stakeholders for the need to prevent and report harassment and discrimination	PALS, Claims & Complaints Manager	2	x	x	x	x	x	x	x	x	x	
2.10	CQC: Outcomes 1, 4 and 14 Equality Act 2010 EDS: 2.1	Ongoing review of the communications (including publications) and media strategies to ensure the Trust is showing due regard to the need to meet the three aims of the general duty.	An updated marketing and communications strategy which has a published Equality and Human Rights Impact Analysis, An increase in the number of positive photos in the Trust's image library	Head of Corporate Affairs	3	x	x	x	x	x	x	x	x	x	
2.11	CQC: Outcomes 1, 4 and 14 Equality Act 2010 EDS: 2.1, 2.2	Monitoring communication strategy to ensure accessible alternatives to information for people with disabilities and for non English speakers	Data to be analysed to monitor access to information in alternative formats/languages and changed where appropriate to fit demographic changes	Head of Corporate Affairs	3		x						x		

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
2.12	CQC: Outcomes 1, 4 and 16 Equality Act 2010 EDS: 2.1	Monitor and review Interpreting and Translation Service with regard to equality, access, language and number of requests.	a) Annually monitor the take up and usage of interpreting and translation services b) Review the access gateway of core languages to align with the community demographics.	Head of Corporate Affairs Deputy Director of Nursing	1						x				
2.13	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 2.1	Annually monitor and review data collection of patients across the protected characteristics, maintaining a 5% reduction in undefined data per annum	Increase in the number of service users disclosing and being asked their religion and belief.	Head of Commerce Deputy Director of Nursing	3	x	x	x	x	x	x	x	x	x	
2.14	CQC: Outcomes 1, 4, 16 and 17 Equality Act 2010 EDS: 2.1, 2.4	Clear evidence of Patient Advice Liaison Service (PALS) engagement with community groups from across the protected characteristics	Sustainable links established with communities across the protected characteristics by PALS (Trust representative)	PALS, Claims & Complaints Manager (Head of Corporate Affairs)	2	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3. Empowered, engaged & well supported staff															
3.1	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.1, 3.2, 3.3, 3.4, 3.5	Monitoring of Workforce across the "Protected Characteristics" (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including no belief), sex, sexual orientation) by pay band.	Analysis of results, incorporating outcomes into the Annual Equality, Diversity and Human Rights Report and any mitigating actions incorporated into the EOS review	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	
Monitoring of Workforce across the protected Characteristics for;															
3.2	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.1	A) Staff in post	Analysis of results incorporated into the Annual Equality and Diversity Report	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	
3.3	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.1	B) Profiles of applicants for employment		Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	x

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights	
3.4	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.1, 3.3	C) Profiles of staff who have received a promotion	Analysis of results incorporated into the Annual Equality and Diversity Report	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x		
3.5	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.2, 3.6	D) Profiles of employees subject to a disciplinary, procedure		Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	x	
3.6	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.2, 3.6	E) Profiles of employees who have raised a grievance	Analysis of results incorporated into the Annual Equality and Diversity Report	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x		
3.7	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 3.2, 3.6	F) Profiles of employees who are under a capability procedure.		Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	x	
3.8	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 3.2, 3.6	G) Profiles of employees who have raised bullying & Harassment allegations		Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3.9	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 3.1	H) Profiles of employees who have ceased employment	Analysis of results incorporated into the Annual Equality and Diversity Report	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	
3.10	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 3.3	I) Profiles of Employees applying for and receiving training.		Learning & Development Manager	2	x	x	x	x	x	x	x	x	x	
3.11	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 4.1, 4.2	Monitor Leavers across the protected characteristics	Provide a quarterly report to the Head of HR for incorporation into the Workforce Board report	Deputy Head of Human Resources	1	x	x	x	x	x	x	x	x	x	
3.12	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 4.1, 4.2	Data cleanse exercise and training with HR colleagues to improve the awareness of how important the equality data is during recruitment, it is possible to see that this information is being lost from application on NHS jobs to ESR inputting.	Ensure all staff undertaking data entry are aware of the importance of accurate data capture and know how to transfer data from NHS Jobs to ESR	Deputy Head of Human Resources	1	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3.13	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6	Decrease the percentage of workforce undefined data contained within ESR across the protected characteristics.	Produce and implement an online reporting tool which will 1. improve staff awareness and promotion for improving data collection 2. Get support from staff side and ask them to co-sign any information or publicity	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	
3.14	CQC: Outcome 7, 8 Equality Act 2010 EDS: 3.3	Scope the need to develop BME, Disability and LGB and T specific staff networks - Consider the opportunity of working with another Trust	Staff will gain knowledge, experience and skills required to be able to prepare for future promotional opportunities.	Deputy Head of Human Resources	1		x	x				x		x	
3.15	CQC: Outcome 14 Equality Act 2010 EDS: 3.3, 3.6	Look into the need of a mentoring programme for BME, LGB&T and Disability staff groups, Consider the benefit of working in partnership with another Trust.	For staff to gain knowledge and skills required to be able to prepare for future promotional opportunities	Learning & Development Manager	1		x	x				x		x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3.16	CQC: Outcomes 12 Equality Act 2010 EDS: 3.1	Review of the recruitment and selection processes to remove potentially discriminatory practices	Ensure that the recruitment process (after application, short-listing, interview and appointment) is reviewed to remove actual and potential discriminatory practices	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	
3.17	CQC: Outcomes 1, 2, 4, 7, 12, 14 and 16 Equality Act 2010 EDS: 3.3	Deliver Equality, Diversity and Human Rights awareness training to staff, including sessions for the Trust Board on EDS and Equality Act 2010 compliance.	All new staff to receive training as part of induction. The Trust Board and staff aware of their obligations under equality and human rights based legislation	Sussex Partnership & Learning & Development Manager	1	x	x	x	x	x	x	x	x	x	
3.18	CQC: Outcomes 1, 2, 4, 7, 12, 14 and 16 Equality Act 2010 EDS: 3.3	Scope the need to Implement and deliver Managing Equality, Diversity & Human Rights training covering responsibilities under the Equality Act 2010	Look into the need and funding to support a 1 day workshop to introduce managers band 7 and above to the main skills, behaviours and responsibilities required to manage a diverse workforce and to plan, design and deliver services with equity to a diverse population	Sussex Partnership & Learning & Development Manager	1	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3.19	CQC: Outcomes 1, 2, 4, 7, 12, 14 and 16 Equality Act 2010 EDS: 3.3	Scope the need to Implement and deliver "Asking the questions" training, equipping staff with the skills to ask equality related questions to patients covering responsibilities under the Equality Act 2010	An increase in annual percentage of data collected for service users across the protected characteristics.	Sussex Partnership & Deputy Head of Human Resources Deputy Director of Nursing	2 to 4	x	x	x	x	x	x	x	x	x	
3.20	CQC: Outcomes 1, 2, 4, 7, 12, 14 and 16 Equality Act 2010 EDS: 3.3	Provide training and awareness of the EHRIA (Equality and Human Rights Impact Analysis) toolkit and process	Delivery of bespoke EHRIA training sessions to those responsible for writing policy or designing services, delivered on a needs basis.	Sussex Partnership & Learning & Development Manager	1	x	x	x	x	x	x	x	x	x	
3.21	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 3.3, 3.4, 3.6	Harassment, Bullying Awareness training for HR staff	To ensure HR staff understand discriminatory practices and monitor cases	Sussex Partnership & Deputy Head of Human Resources	1	x	x	x	x	x	x	x	x	x	
3.22	CQC: Outcomes 1, 2, 4, 7, 12, 14 and 16 Equality Act 2010 EDS: 3.3	All current and new training courses run by the Trust to be Equality and Human Rights Impact analysed.	All courses to be impact assessed and to be inclusive of all equality strands in terms of delivery and content of training	Sussex Partnership & Learning & Development Manager	2	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3.23	CQC: Outcomes 1, 4 and 14 Equality Act 2010 EDS: 3.3	Develop a core internal knowledgebase of up to date equality and human rights practices and safeguards	Develop and Train Equality champions on the Equality Act 2010 and the Equality Impact Analysis toolkit	Sussex Partnership & Deputy Director of Nursing	1	x	x	x	x	x	x	x	x	x	
3.24	CQC: Outcomes 12 and 14 Equality Act 2010 EDS: 3.4	Review number of bullying and harassment cases for staff across the protected characteristics. If necessary scope the need for an "Expect Respect" Campaign across the Trust to raise awareness of how to prevent and report harassment and discrimination	An awareness for Trust stakeholders for the need to prevent and report harassment and discrimination	Deputy Head of Human Resources	3	x	x	x	x	x	x	x	x	x	
3.25	CQC: Outcomes 1, 2, 4, 7, 14 and 16 Equality Act 2010 EDS: 3.6	Action any areas of significant difference in experiences across the protected characteristics of staff identified in staff survey and subsequent analysis	Any differences identified will be actioned accordingly and monitored within the Trust Equality, Diversity and Human Rights report	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	

EHRC = Equality Human Rights Commission
 EDS = Equality Delivery System (NHS)
 CQC = Care Quality Commission

Timescale
 1=2012-2013 3=2014-2015
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No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
3.26	CQC: Outcomes 14 and 16 Equality Act 2010 EDS: 3.2	Carry out annual equal pay audits and publish results.	Analyse and examine Afc pay bands by gender. Findings to result in mitigating actions contained within the EOS annual review.	Deputy Head of Human Resources	2								x		

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
4. Inclusive leadership at all levels															
4.1	CQC: Outcomes 1 and 4 Equality Act 2010 EDS: 4.1	Publish a list of all Trust's policies with set priority dates for the Equality and Human Rights Impact Analysis	A list of all prioritised policies so that a programme of equality and human rights impact analysis plan is in place.	Sussex Partnership & Deputy Director of Nursing Deputy Head of Human Resources	1	x	x	x	x	x	x	x	x	x	
4.2	CQC: Outcomes 1 and 4 Equality Act 2010 EDS: 4.1	Publish a list of Trust functions with set priority dates for the Equality and Human Rights Impact Analysis	A list of all prioritised functions so that a programme of equality and human rights impact analysis plan is in place.	Sussex Partnership & Deputy Director of Nursing Deputy Head of Human Resources	1	x	x	x	x	x	x	x	x	x	
4.3	CQC: Outcomes 1, 4 and 12 Equality Act 2010 EDS: 4.1, 4.2, 4.3	Review Equality and Diversity Policy	An Equality and Human Rights Impact Assessment to be carried out to ensure the policy is up to date and inclusive of all protected characteristics.	Deputy Director of Nursing Deputy Head of Human Resources	1	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
4.4	CQC: Outcomes 1 and 6 Equality Act 2010 EDS: 4.1	Where the Trust enters into a formal contract, the contractor will be required to demonstrate that they or any third party contractor they intend to use will meet the general duties of the Equality Act 2010. It will be the responsibility of the main contractor to provide assurance and the duty of QVH to check and test compliance.	Ensure that all main contractors to QVH demonstrate their compliance with the statutory requirements, ensuring that the Trust does not work with organisations which may have discriminatory practices	Procurement & Supplies Manager	4	x	x	x	x	x	x	x	x	x	
4.5	CQC: Outcome 1 Equality Act 2010 EDS: 4.3	Increase in the diversity of Trust members and governors, published in the Annual Equality and Diversity report	Complete an Equality Impact Analysis of the election process and results, to demonstrate that appropriate action can be considered in ensuring that the make up of the public Governor body is representative of the Trust patient and local population	Engagement Coordinator Head of Corporate Affairs	2 to 4	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
4.6	CQC: Outcome 1 Equality Act 2010 EDS: 4.3	Add religion/belief, sexuality and transgender onto Trust membership joining form in 2012 to collect this data for all future members	Revise membership form following advice from Sussex Partnership	Engagement Co-ordinator	1										
4.7	CQC: Outcome 1 Equality Act 2010 EDS: 4.3	Invite all public governors to update their data using the revised membership form;	Issue revised membership form to all existing Governors.	Engagement Co-ordinator	1										
4.8	CQC: Outcome 1 Equality Act 2010 EDS: 4.3	Invite all existing public members to update their data using the revised membership form on a voluntary basis	Issue revised membership form to all existing members.	Engagement Co-ordinator	2										
4.9	CQC: Outcome 1 Equality Act 2010 EDS: 4.3	Collect data on existing members across the protected characteristics by 2016	Issue revised membership form to all existing members.	Engagement Co-ordinator	3 to 4										

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
4.10	CQC: Outcomes 1, 4, 12 and 14 Equality Act 2010 EDS: 4.1, 4.2	Upload and maintain equality, diversity and human rights related information onto the Trust's website	A comprehensive Equality, Diversity and Human Rights toolkit is readily available to be utilised by staff, service users or the wider community. Assisting with the development and organic growth of awareness and positive practice	Sussex Partnership & Head of Corporate Affairs	2	x	x	x	x	x	x	x	x	x	
4.11	CQC: Outcomes 1, 4 and 14 Equality Act 2010 EDS: 4.1	Provide an internal resource of expertise to advise on Human Rights	The Lead to advise and assist both service users and staff with raising the awareness of protecting and promoting Human Rights within a NHS setting	Sussex Partnership & Deputy Director of Nursing	2										x
4.12	CQC: Outcomes 1, 4 and 14 Equality Act 2010 EDS: 4.1, 4.3	Ensure all decisions made by the Trust Board have been informed by an Equality and Human Rights impact analysis to enable them to demonstrate due regard.	All papers, service design and re-design are submitted to the board for decision. They will only be accepted with a completed and quality checked Equality Diversity and Human Rights Impact analysis.	Chief Executive (operational and service) Director of Finance (finance) Director of Nursing (quality and risk, patient) Head of Human Resources (workforce) Head of Corporate Affairs (corporate)	1 to 4	x	x	x	x	x	x	x	x	x	

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
4.13	CQC: Outcomes 1, 4, 14, 21 Equality Act 2010 EDS: 4.1, 4.2	<p>Review all existing (and new) strategies and policies at the time of review and author stage for the impact on Human Rights for</p> <p>a) Clinical/Pharmacy Policies/Trust wide Policies, Procedures, Protocols and Guidelines</p> <p>b) Trust wide Workforce Policies Inclusive of Procurement, Estates, HR and Communications</p> <p>c) Trust wide Risk, Health and Safety Policies</p> <p>d) Trust wide Information and IT and Finance Policies</p>	All new strategies/policies and services are Impact Assessed using the Trust's Equality and Human Rights Impact analysis.	Chief Executive (operational and service) Director of Finance (finance) Director of Nursing (quality and risk, patient) Head of Human Resources (workforce) Head of Corporate Affairs (corporate)	1										x

No	Compliance	Objective	Outcomes	Lead	Time Scale	Age	Disability & Carers	Gender Identity	Pregnancy & Maternity	Marriage/Civil Partnership	Race	Religion and Belief	Sex	Sexual Orientation	Human Rights
4.14	CQC: Outcomes 1 and 4 Equality Act 2010 EDS: 4.1	Addition of Easy read and BSL (British Sign Language) onto the Trust website	Key WebPages and documents to be translated into Easy read and BSL	Head of Corporate Affairs	2		x								
4.15	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 4.1, 4.2	Consider the value of including protected characteristic related experiential questions in the staff survey	Achieve an understanding of if any of the protected characteristics are being disproportionately affected during career development	Deputy Head of Human Resources	2									x	
4.16	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 4.1, 4.2	Look into potential barriers for BME leadership within the organisation - Consider Breaking through project and similar SHA funded events	Liaise with Breaking Through Lead and SHA on what is available to support the Trust.	Deputy Head of Human Resources	2	x	x	x	x	x	x	x	x	x	
4.17	CQC: Outcomes 12, 16 and 17 Equality Act 2010 EDS: 4.1, 4.2	Analyse Female progression into leadership positions. Are there barriers or a need for a mentoring programme	Re-launch and promote mentorship programme highlighting the benefits for under-represented groups - see also action 3.13	Learning and Development Manager	1								x		

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Trust Board

Job title	Name	Equality Leadership Position
Chair	Peter Griffiths	
Chief Executive	Dr Adrian Bull	Accountable Officer
Medical Director	Mr Ken Lavery	
Director of Finance and Commerce	Richard Hathaway	
Director of Nursing and Quality	Amanda Parker	Chair of Equality and Diversity Steering Group
Non Executive Director	Jeremy Beech BE	
Non Executive Director & Senior Independent Director	Dr Renny Leach	
Non Executive Director	Lester Porter	
Non Executive Director	Shena Winning	

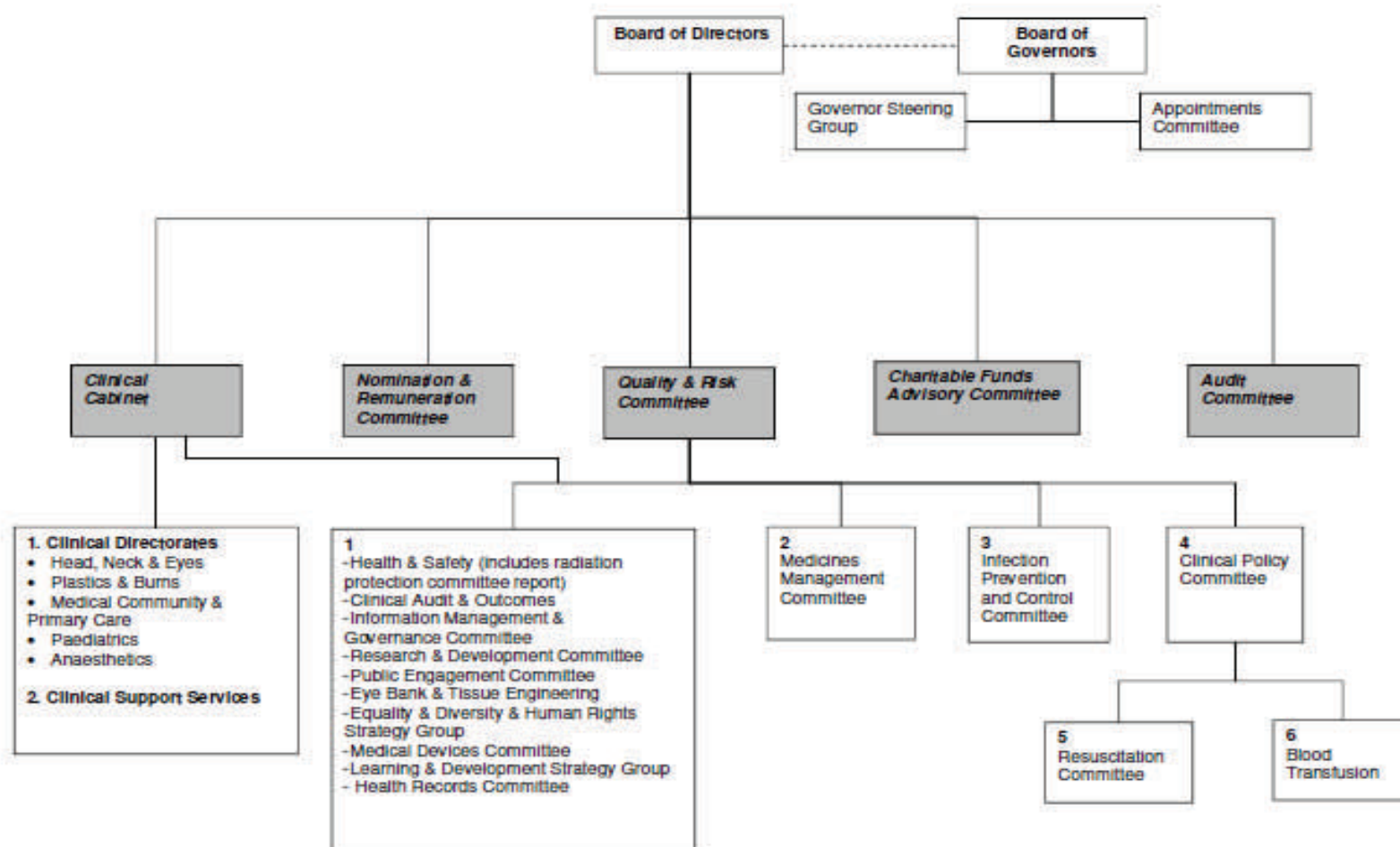
Equality and Diversity Champions

Name
Kim Bullock
Suzanne Curtis
Beth Garcia
Claire Hayward
Nikita Hill
Alison Munday
Deborah Rickwood
Kanthi Rupassarage
Christine Sharp
Alison Slater
Ellen Tamakloe
Alice Parker

Board of current governors

Name	Position held (1)	Position held (2)
Beesley, Brian		
Belsey, Edward	Member, Appointments Committee	
Bowers, John	Chair, Governor Steering Group	Chair, Membership Taskforce
Brigden, Pat	Member, Appointments Committee	
Cunningham, Mabel	Member, Appointments Committee	
Cunnington, Jenny	Lead governor (joint): patient experience	
Dabell, John		
Evans, Peter		
Goode, Brian	Member, Project Steering Group	Member, Appointments Committee
Graham, Robin		
Hannah, Michael		
Higgins, Anne		
King, Valerie	Chair, Appointments Committee	Member, Governor Steering Group
Lehan, Carol	Member, Governor Steering Group	Lead governor (joint): patient experience
McMillan, Moira	Member, Quality & Risk Committee	Member, Governor Steering Group
Orman, Christopher		
Petersen, Christian	Member, Governor Steering Group	
Robertson, Andrew	Member, Appointments Committee	
Santi, Gillian	Member, Public Engagement Committee	Member, Patient Experience Taskforce
Shaw, Michael		
Sheldon, Manya	Member, Governor Steering Group	
Stewart, Ian	Vice Chairman/Governor Representative	Member, Governor Steering Group
Street, Jonathan		
Thomas, Alan	Member, Governor Steering Group	Member, Appointments Committee
Trevethick, Paul		
Webster, Norman		
Wickenden, Peter	None	None

QVH governance structure



Impact Assessment of Services	
TEAM	Date (Month End)
Clinical Support Services	
Canadian Wing	May 2012
Corneoplastic OPD	May 2012
Plastic Outpatients	May 2013
Max Fac Outpatients	May 2013
A Wing Theatres	May 2013
Day Surgery	May 2014
Recovery	May 2014
Burns ITU	May 2014
Burns Ward & EBAC	April 2015
MIU	April 2015
Nurse Bank	April 2015
Peanut Ward & PAU	November 2015
Therapies OT& physio	November 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Clinical Support Services	
Photographic	June 2012
Psychological therapy	June 2012
Histopathology	June 2012
Radiology	June 2013
Speech and language	June 2013
Dietetics	June 2013
Surgical appliances	June 2014
Pharmacy	June 2014
Prosthetics	June 2014
Eye Bank	May 2015
Paediatric SLA	May 2015
Synergy Contract	May 2015
Pathology	August 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Clinical Support Services	
Psychiatry	July 2012
Diabetes	July 2012
Podiatry	July 2013
ITU	July 2013
Anaesthetists	July 2014

Impact Assessment of Services	
TEAM	Date (Month End)
Clinical Specialities	
Health records	August 2012
Appointments & Transport	August 2012
Plastic surgery admin	August 2013
Max fac surgery admin	August 2013
Corneo surgery admin	August 2013
Sleep Studies	July 2014
Spoke Sites (Medway and Dartford)	July 2014
Transport	August 2014
Cardiology	August 2014
Gynaecology	August 2014
Rheumatology	June 2015
Urology	June 2015
Rheumatology Specialist nurse	June 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Clinical Specialities	
Sleep – Neurology	September 2012
Faversham	September 2012
East Kent Hospitals PS	September 2013
Medway PS MF	September 2013
Dartford PS MF	September 2014
Maidstone PS MF	September 2014
Sevenoaks PS	September 2014
Uckfield MF	July 2015
East Sussex PS	July 2015
BSUH PS - Dermatology	Decemebr 2015
BSUH PS - Trauma	Decemebr 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Community Medical Services	
Vascular, Renal, Rheumatology and Xray BSUH	October 2012
Elderly Care BSUH	October 2012
Provision of facilities for ENT, Chest, General Surgery and Orthopaedics MTW	October 2013
Macmillan Centre	October 2013
Plastic surgeons	October 2014
Max fac / corneo surgeons	October 2014

Impact Assessment of Services	
TEAM	Date (Month End)
Finance	
Finance	November 2012
IT	November 2012
Commissioning	November 2012
Supplies	November 2013
Payroll	November 2013
Internal Audit	November 2014
Counter fraud	November 2014
FIS	November 2014
Cash security	August 2015
External audit	August 2015
Bank	August 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Human Resources	
HR	December 2012
SDC	December 2012
Library	December 2013
Medical Staffing	December 2013
Team Prevent	December 2014

Impact Assessment of Services	
TEAM	Date (Month End)
Communications	
PALS	January 2013
Complaints / Legal	January 2013
Engagement Coordinator	January 2014
Governors	January 2014
Communications Contractor	December 2014

Impact Assessment of Services	
TEAM	Date (Month End)
Facilities and Estates	
Hotel Services	February 2013
Domestic / Cleaning	February 2013
Laundry Services – External	February 2013
Suppliers	February 2014
Waste Management – External Suppliers	February 2014
Pest Control – External Suppliers	February 2014
Fire	January 2015
Refurbishment projects	January 2015
New build projects	January 2015
-Wilmot Dixon	September 2015
-Pembury	September 2015
Maintenance	December 2015
Medical gases	December 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Nursing	
Breast	March 2013
Pain	March 2013
Head and Neck	March 2013
Skin	March 2014
Parkinsons	March 2014
Site practitioners & Resuscitation	March 2014
Safety & Governance	July 2014
Medical Devices	February 2015
Manual Handling	February 2015
Clinical Audit	February 2015
Research	May 2015
Infection control	October 2015
Practice development	October 2015

Impact Assessment of Services	
TEAM	Date (Month End)
Nursing	
Chaplaincy	April 2013
Safeguarding	April 2013
EME	April 2014
Octavian - security	April 2014
LSMS	March 2015
Microbiologist	March 2015

POLICY NAME	DATE RATIFIED AND EHRIA COMPLETED	NEXT REVIEW DATE
Patient Identification and Name band Policy	26/04/2010	26/04/2013
Management of Inoculation Incidents	17/08/2011	17/08/2014
Hepatitis C Policy	15/06/2011	15/06/2014
Hepatitis B Policy	15/06/2011	15/06/2014
Policy for the Introduction of New Procedures and Surgical Techniques in the Management of Patients or Change in Practice		15/06/2014
Consent Policy	09/02/2010	09/02/2013
Admission, Discharge & Transfer Policy	19/04/2010	19/04/2013
Purchase and Management of Medical Devices	20/04/2011	20/04/2014
Resuscitation Policy	04/05/2010	04/05/2013
Policy for Cardiopulmonary Resuscitation Decisions	16/02/2011	16/02/2014
Pressure Ulcer Prevention & Management Policy	20/04/2011	20/04/2014
Procedure for Mortuary Arrangements	14/12/2011	14/12/2014
Patient Transport Policy	16/07/2008	01/01/2009
Enteral Feeding Policy	17/08/2011	17/08/2014
Trauma Policy	08/06/2009	08/06/2012
Step Down Operational Policy	14/12/2011	14/12/2014
Dysphagia Policy	26/10/2011	26/10/2014
Nutrition & Hydration Policy	26/10/2011	26/10/2014
Overweight and Obesity Strategy	14/12/2011	14/12/2014
Blood Transfusion Policy	17/05/2010	17/05/2013
Chaperones for Adults Policy	08/12/2008	08/12/2011
Assessment and Accessing Advice for Patients at Risk - NOW CL.3042.1 BELOW	01/12/2008	
Guidelines for Use of In-Situ Arterial Lines - incorporated into IPAC PVC policy December 2011		
Guidelines for Care of Arm at risk of developing lymphoedema following Breast axillary node surgery	14/12/2011	14/12/2014
Protocol for urgent out of hours blood specimens	01/04/2010	01/04/2013
Standards for Anaesthesia and Care of Children	20/04/2011	20/04/2014
Photo Dynamic Therapy Policy	17/08/2011	17/08/2014

Theatre & Recovery Operational Policy	12/08/2010	12/08/2013
Day Surgery Unit Operational Policy	15/06/2011	15/06/2014
Surgical Count Policy	26/10/2011	26/10/2014
Surgical Hand Antisepsis	26/10/2011	26/10/2014
Admission of Children (6 months to 16 years) to Burns	20/04/2011	20/04/2014
Bereavement Services	10/06/2010	10/06/2013
Verification of Expected Deaths by Registered Nurses on Jubilee	12/08/2010	12/08/2013
Hospital at Night Policy	12/08/2010	12/08/2013
Operating List Ordering Policy	12/08/2010	12/08/2013
Perioperative Management of Diabetic Patient		01/02/2013
Protected Mealtimes Policy (was previously RM.6024.1)	13/04/2010	13/04/2013
Medical Devices Training Policy	20/04/2011	20/04/2014
Critical Care Operational Policy	17/08/2011	17/08/2014
Care of Patients with Acute Mental Health Needs	14/12/2011	14/06/2012
Guidelines for Preoperative procedures	14/12/2011	14/12/2014
Research related adverse event reporting policy	11/11/2009	11/11/2013
Procedure for Lost Property	n/a	01/09/2013
Code of Practice for Researchers	11/11/2010	11/11/2013
Standing Financial Instructions	24/03/2011	24/03/2012
Referral to Treatment and access and management policy	26/10/2011	26/10/2014
Risk Management Strategy including Annual Plan 2010/11	30/09/2011	10/02/2014
Membership & Engagement Strategy	31/01/2008	01/02/2012
Learning & Development Strategy	21/01/2009	21/01/2012
Implementation of Band 5 Preceptorship	21/07/2009	21/07/2012
Emergency Plan Section 1	09.02.12	09.02.15
Emergency Plan Section 2 - Switchboard and Co-ordination Team Action Cards	28/12/2011	28/12/2014
Emergency Plan Section 3 - Communication	28/12/2011	28/12/2014
Emergency Plan Section 4 - Documentation	26/10/2011	26/10/2014
Emergency Plan Section 5 - Departmental Action Cards	23/11/2011	23/11/2014
Emergency Plan Section 6 - Bomb Threat	26/10/2011	26/10/2014

APPENDIX C TRUST POLICIES

Queen Victoria Hospital NHS Foundation Trust

Emergency Plan Section 7 - CBRN	28/12/2011	28/12/2014
Emergency Plan Section 8 - Cold weather plan	28/12/2011	28/12/2014
Emergency Plan Section 9 - Heatwave	01/06/2011	01/06/2012
Emergency Plan Section 10 - Flu	23/11/2011	23/11/2014
Emergency Plan Section 11 - BCMS	26/10/2011	26/10/2014
Emergency Plan Section 12 - Industrial Action	26/10/2011	26/10/2014
Emergency Plan Section 13 - Site Evacuation		
Health Records Policy	17/05/2010	17/05/2013
Information Governance Strategy	25/03/2010	01/03/2011
Information Security Policy	27/04/2010	27/04/2012
Information Management and IT Strategy	17/03/2010	17/03/2012
Information Risk Policy		
Managing Sickness Absence Policy	17/05/2010	17/05/2013
Maintaining High Professional Standards	11/10/2010	11/10/2013
Overpayments and Underpayments of Salary	01/11/2010	01/11/2013
Study Leave for Non-Medical Staff	18/04/2011	18/04/2014
Work Experience Policy	18/04/2011	18/04/2014
Capability policy and procedure	14/08/2011	14/08/2014
Managing Probationary Periods Guidelines	n/a	01/09/2014
Disposal of Waste & Sharps	09/09/2010	09/09/2013
Aseptic Technique	23/06/2011	23/06/2014
Safe Handling & Disposal of Laundry	23/06/2011	23/06/2014
Isolation Policy	08/12/2011	08/12/2014
Management of Patients with MRSA	08/12/2011	08/12/2014
Decontamination & Disinfection Policy	09/12/2010	09/12/2013
Management of Patients with C diff	08/12/2011	08/12/2014
Taking Blood Cultures Policy	23/06/2011	23/06/2014
Procedure for the Management of Spillage of Blood and Body Fluid	23/06/2011	23/06/2014
Policy for the prevention of HAI in central venous catheters	08/12/2011	08/12/2014
Policy for the Prevention of Healthcare Associated Infection in Peripheral Venous and Arterial Cannulae	08/12/2011	08/12/2014

Management of Patients with CJD	08/09/2011	08/09/2014
Management of patients with Tuberculosis	12/03/2009	27/04/2011
Policy for the Prevention of Surgical Site Infection	08/12/2011	08/12/2014
Policy for Mandatory Reporting of Episodes of MRSA bacteraemias and C.difficile	23/06/2011	23/06/2014
Guidelines for Management of Headlice	01/08/2009	01/08/2012
Guidelines for Management of Scabies	01/08/2009	01/08/2012
Procedure for the Collection of Microbiological Specimens	08/12/2011	08/12/2014
A-Z of Infections	08/12/2011	08/12/2014
Policy for the Management of Patients with Blood Borne Viruses	10/12/2009	01/12/2012
Management of Outbreaks	08/12/2011	08/12/2012
Prevention of HAI in urinary catheterisation in acute care	10/12/2009	01/12/2012
Management of Staff with MRSA	08/09/2011	08/09/2014
Management of patients with Chickenpox / Shingles	08/09/2011	08/09/2014
Animals in Hospital	08/09/2011	08/09/2014
Guidelines for the management of hypocalcaemia	18/03/2009	18/03/2012
Standard Operating Procedure (SOP) for the preparation of Injectable Medicines	18/03/2009	18/03/2012
Medicines Management Policy for the Conscious Sedation of Adults with Midazolam	24/06/2009	24/06/2012
Paediatric Intravenous Therapy (IV) Policy	01/06/2009	01/06/2011
Antimicrobial Strategy	23/09/2009	23/09/2012
Methotrexate prescribing, monitoring and dispensing policy	24/03/2010	24/03/2013
Use of Oral Bowel Cleansing Solutions	09/12/2009	09/12/2012
Policy for ensuring staff receive current medicines information	29/06/2011	29/06/2014
Standard Operating Procedure for the management of liquid controlled drugs	25/01/2012	25/01/2015
Standard Operating Procedure for administering epidurals	28/09/2011	28/09/2014
Child Protection & Safeguarding Policy and Procedure	01/10/2007	01/10/2010
Safeguarding Vulnerable Adults Policy	14/05/2008	14/05/2011
Natural Rubber Latex Policy	09/02/2010	09/02/2013
Lone Worker Policy	10/11/2011	10/11/2014
Health & Safety Policy	04/05/2010	01/05/2013

APPENDIX C
TRUST POLICIES

Queen Victoria Hospital
NHS Foundation Trust

Car Parking Policy	18/01/2010 updated April 11	01/02/2013
Asbestos Management Policy	12/08/2010	12/08/2013
Critical Ventilation Systems Operation Management and Maintenance Policy & Procedures	09/09/2010	09/09/2013
Control of Legionella and Safe Hot Water Systems Policy and Procedure	09/09/2010	09/09/2013
Fire Safety Policy & Procedure	10/02/2011	31/01/2012
Procedure for moving and handling the bariatric patient	14/12/2011	14/12/2014
Guidelines for Buddy Scheme (patient to patient contact)	01/09/2007	01/09/2010
Allograft skin	01/12/2010	01/12/2012
Beta blockers in burns	01/02/2011	01/02/2013
Burn management flow chart	01/11/2010	01/11/2012
Burns CPR	01/02/2011	01/02/2013
Burns fluid resus	01/11/2010	01/11/2012
Burns referral flow chart	01/11/2010	01/11/2012
Checklist for ordering allograft skin	01/01/2011	01/01/2013
Change of dressings form		
Disposal of unused cadaver skin	01/01/2011	01/01/2013
Flammacerium use guidelines	01/11/2010	01/11/2012
Fluid resuscitation flow chart	01/11/2010	01/11/2012
Inhalation injury treatment record	01/02/2011	01/02/2013
Lund & Browder Chart		
Ordering cadaver skin	01/01/2011	01/01/2013
Phosphate levels in major burns	01/12/2010	01/12/2012
Pre-warming of major burns	01/10/2010	01/10/2012
Sodium hypochlorite	01/12/2010	01/12/2012
Trace element guidelines in burns	01/09/2010	01/09/2012
Nurse Led Cataract Clinic Protocol	14/06/2011	14/06/2014

APPENDIX D
EDS COMPLIANCE

Queen Victoria Hospital
NHS Foundation Trust

Objective	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes