

# Northern Health and Social Care Trust



## Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2014-15

### Contact:

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Documents published relating to our Equality Scheme can be found at:

[www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)

### Signature:

**This report has been prepared using a template circulated by the Equality Commission.**

**It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.**

**This report reflects progress made between April 2014 and March 2015**

## **PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**

### **Section 1: Equality and good relations outcomes, impacts and good practice**

- 1** In 2014-15, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

*Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.*

#### **Action Based Plan**

The implementation of the Trust's Action Based Plan is central to the promotion of equality of opportunity and good relations and the implementation of the Trust's Statutory equality duties. The content of this Plan was informed by an 'Audit of Inequalities' and pre-consulted with a wide range of service users and organisations. This Action Based Plan includes measures have the greatest impact on equality of opportunity and good relations and draw on best practice. A copy of the Plan can be seen in Appendix 1. Examples of some of the key outcomes from the implementation of the Plan to date are as follows.

- Development of an Ethnic Minorities Mental Health Toolkit which essentially is a guide for Practitioners. The toolkit is broken down into quick reference sections with hyperlinks to more detailed reports and useful resources. An accompanying DVD and Train the Trainer session will help improve usage and awareness of the resource and the concept of cultural competency.
- Workshop for health and social care staff in August 2015 focusing on Equality and Human Rights Issues in relation to Procurement, Commissioning and Planning processes.
- Continued support the LGBT Forum and agreement to progress toward LGBT - 'I am an Ally!' - Diversity Champions status in partnership with PHA and other HSC organisations and The Rainbow Project.

#### **Good Relations Strategy**

During 2013/14 the Trust developed a draft Good Relations Strategy to reflect its commitment to promoting respect, equity and trust in the delivery of our services and employment of our staff. The Trust established a Good Relations Steering to provide advice and guidance in the development of the Trust Good Relations Strategy and Action Plan. Membership of the group included nominated Directorate representatives, Union representation, Ballymena Borough Council, Community Relations Council, Ballymena Inter Ethnic Forum and the Trust's

Chaplaincy Service. The Steering Group met regularly during the development of the Strategy and has been responsible for overseeing tasks and timescales. An extensive literature search was completed to gather information on good relations initiatives already taken forward by the Trust and examples of good practice for consideration. To ensure that the Strategy reflected the needs and views of Trust staff Survey Monkey was used to gather feedback. The survey went live on 10 March 2014 was completed confidentially by 901 members of staff. To gather feedback from service users a questionnaire was sent to members of our current User Panels. On 9 June 2014 the Trust met with a number of community and voluntary organisations and representatives which provided an opportunity for people from a range of communities to share their knowledge, experiences and ideas. Having carried out this work a number of key themes and areas for action were identified. The draft Strategy was consulted on for 16 weeks from 1 July 2014 until 21 October 2014 and was approved by Trust Board in December 2014. The Good Relations Strategy was launched at the Stronger Together Network's Annual Conference on Tuesday 10 February 2015. Details of the Good Relations Action Plan and Notes of Attainment are provided in Appendix 2. Examples of some of the key outcomes from the development of the Strategy are as follows.

- Public statement on the Trust's commitment to challenging sectarianism and racism in any form
- A Dietary Focus Group of minority ethnic communities to ensure Trust's menus are inclusive of all dietary needs. As a result a member of the BME community now sits on the Trust's Food Matters Forum.
- Planned partnership working with Ballymena Inter-Ethnic forum on the display of good relations exhibition stands at both the Trust's Leadership and Nursing and Midwifery conferences scheduled for November 2015.

### **Ensuring compliance in current financial climate**

The Trust continues to operate in a difficult financial climate. These financial constraints have already resulted in the Trust having to make important decisions about how it operates and the services it provides. Considering the economic climate it is more important than ever to meet statutory requirements. In making policy decisions during the reporting period, including those about finance and service provision, the Trust continued to comply with its Equality Scheme duties to ensure that decisions were made in such a way as to minimise unfairness, and to ensure they did not have a disproportionately negative impact on any of the nine equality categories.<sup>1</sup> To ensure that the Trust complied with

- 
- <sup>1</sup> people with different religious belief
  - people of political opinion
  - people of different racial groups
  - people of different ages
  - people of different marital status
  - people of different sexual orientation
  - men and women generally

the equality duties, and that any decision made did not unfairly discriminate, the Trust carried out robust equality screening and consulted and involved relevant stakeholders as part of the decision-making process. Examples of some of the key outcomes from the S75 Screening of Savings Plans are provided below.

- Consideration of impact of proposal on 9 equality categories.
- Outcome of screening available to public on Trust Internet.
- Commitment to ongoing assessment of proposals where information is not currently available due to implementation timescales and to carrying out an EQIA if impact identified.

2 Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2014-15 (*or append the plan with progress/examples identified*).

A copy of the Trust's Section 75 Action Based Plan can be seen in Appendix 1. The Plan includes notes of attainment – examples of progress.

3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2014-15 reporting period? (*tick one box only*)

Yes                       No (go to Q.4)                       Not applicable (go to Q.4)

Please provide any details and examples:

**Table detailing how application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2014-15**

Equality Scheme Commitment	Action	Difference made for individuals
<b>Arrangements for assessing our compliance with S75 duties</b>		
<b>Have in place appropriate structures and reporting mechanisms</b>	During the reporting period the Trust has in process of developing a new structure. The Trust's equality duties	Decision makers aware of needs of individuals.

- 
- people with a disability and people without
  - people with dependants and people without

	<p>have been considered as part of the process and in particular how the Trust's Equality Steering Group will integrate into governance arrangements. The Chair of the Equality Steering Group now sits on the Trust's Corporate Governance Steering Group providing direct links with Executive Team and Trusts Board.</p>	
<p><b>Ensure S75 duties are mainstreamed within the Trust</b></p>	<p>During reporting period the Trust launched a new vision and values as a result of robust engagement with Trust staff. The Trust's ongoing commitment to equality is demonstrated in its CORE value of Respect which states "We will respect the dignity, diversity and individuality of all our patients, clients and colleagues promoting equality and addressing inequality."</p> <p>The Trust Equality Steering Group, chaired by a non-executive director continued to meet during the reporting period. The Group's focus on the equality training programme ensured that targets set were achieved.</p>	<p>Individuals aware of the Trust's commitment to equality duties.</p> <p>Trust staff aware of equality duties</p>

<b>Prepare Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report.</b>	Engaged with Equality Commission (ECNI) on development of new S75 Annual Progress Report Template	More outcome focused report available to public and S75 groups.
<b>Action Plan</b>		
<b>Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle</b>	The implementation of Action Based Plan and identified outcomes for the reporting period can be seen in appendix 1.	The content of the Action Based Plan has been informed by an 'Audit of Inequalities' and pre-consultation with a wide range of stakeholders. Its implementation has a positive impact on all S75 Groups.
<b>Arrangements for consulting</b>		
<b>Consultation list reviewed and updated</b>	Consultations carried out throughout the reporting period provided the opportunity to update the Trust's consultation list.	New consultees were added to consultation list resulting in more robust engagement process.
<b>Training re. Consultation</b>	Trust Board and Executive Team informed of ECNI guidance on Section 75 of the Northern Ireland Act 1998 and budgets	Key decision makers aware of ECNI guidance resulting in process that ensures all S75 groups considered during decision making process relating to budgets and savings plans.
<b>In making any decision with respect to a policy adopted or proposed to be adopted, take into account any assessment and consultation carried</b>	During reporting period the Trust consulted on 'The Re-provision of Mental Health Inpatient Services' and its 'Good Relations Strategy'. Detailed consultation feedback reports were presented to Trust Board	Views of representation groups and individuals considered during decision making process. Amendments were made to the Trust's Good Relations Strategy.

<p><b>out in relation to the policy</b></p>	<p>prior to any final decision being made.</p> <p>Ongoing engagement through Trust User Groups makes sure representative groups and individuals views are taken into account in decision making. During the reporting period the Disability Consultation Panel welcomed eight new members. Panel developed Trust's Assistance Dogs Policy and were involved in training Trust staff.</p> <p>An effective engagement process was established for the development of the Trust's Good Relations Strategy.</p>	<p>Increased participation of disabled people in decision making and policy development</p> <p>Staff, service users, representative groups and individuals shaped the final document.</p>
<p><b>Provide feedback report to consultees in timely manner in formats suited to consultees</b></p>	<p>All those who provided feedback on the two consultations carried out during the reporting period received copy of consultation feedback reports and informed of how their feedback influenced the decision made. Consultation feedback reports are available on the Trust website. All Trust documents can be made available in an alternative format on request.</p>	<p>Representative groups and individuals informed of how their feedback influenced the decision made.</p>
<p><b>Screening</b></p>		
<p><b>Revise screening template and accompanying</b></p>	<p>Trust policy development process ensures all Trust policies are screening.</p>	<p>Impact on and feedback from representative groups is integral to</p>

<b>guidance notes.</b>	<p>All policies approved during the reporting period were subject to S75 screening and appropriate consultation. Trust's Policy Committee makes sure those affected are consulted on policies as required.</p> <p>During the reporting period the Trust screened 126 policies and proposals. It carried out and consulted on one EQIA.</p>	<p>decision making process. A number of Trust policies were not approved by the Committee until screening and consultation was completed.</p> <p>Transparent decision making process for consultees and effective consultation.</p>
<b>Publish reports quarterly and in accessible formats on request.</b>	All quarterly report for the reporting period were made available on the Trust's website	Screening outcomes available to the public for consideration.
<b>Publishing of EQIA reports.</b>	During the reporting period the Trust consulted on its EQIA on 'The Reprovision of Mental Health Inpatient Services'. The Trust received detailed feedback and a consultation feedback report was considered by Trust Board before the final decision was made.	Representative groups are informed of how their feedback has been part of the decision making process.
<b>Monitoring</b>		
<b>Review of monitoring information</b>	The Trust continues to monitor by Section 75 categories and this has been enhanced by HRPTS Self-Service functions. During the reporting period used this monitoring information for all S75 screenings and 'The Reprovision of Mental Health Inpatient Services'.	Increased understanding of the make-up of the workforce to ensure promotion of equality of opportunity and better information to identify any potential impact.

	<p>Ethnic monitoring of service users is in place in a number of key information systems – Child Health System, PAS, SOSCAR, SureStart and NIMATS.</p>	<p>The Ethnic Monitoring Project in HSC has been positively referenced by the OFMDFM Race Equality Unit. Associated staff information and training will ensure increased awareness of the need to gather the information and that it is integral to decision making.</p>
<b>Staff Training</b>		
<b>Draw up a detailed training plan</b>	<p>During reporting period, Trust’s Equality Training Programme was monitored by its Equality Steering Group and targets were identified for each Trust Directorate.</p> <p>Development of Equality Training Leaflet for staff groups that do not have access to a computer.</p> <p>The development of the Trust’s Good Relations Strategy identified a number of areas where training is required to ensure it effective implementation.</p>	<p>1020 staff received mandatory equality training during the reporting period.</p> <p>Leaflet disseminated to relevant Trust staff via directorate representatives on Equality Steering Group.</p> <p>Training programme identified to increase awareness of the Trust’s commitment to Good Relations</p>
<b>Focused training</b>	<p>During the reporting period the Trust provided focused training as follows.</p> <ul style="list-style-type: none"> <li>• Traveller Awareness Training delivered by Traveller Community</li> <li>• Disability Equality Training co-</li> </ul>	<p>Training delivered by the representative groups and individuals resulted in very positive feedback and as a result more training is planned for this year.</p>

	<p>delivered by member of Disability Consultation Panel.</p> <ul style="list-style-type: none"> <li>• ECNI Guidance re savings plans</li> </ul>	
<b>Arrangements for ensuring and assessing public access to information and services we provide</b>		
<b>Ensure information we disseminate and services we provide are fully accessible to all parts of the community in Northern Ireland</b>	<p>Completion of Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) Review completed and in accordance with the review recommendations, the NIHSCIS duly transferred to BSO on 1 October 2014.</p>	<p>Implementation of Review recommendations will make sure cost effective services will be provided and service users can continue to get support when required.</p>
<b>Provide information in alternative formats on request</b>	<ul style="list-style-type: none"> <li>• 215 documents translated into minority languages</li> <li>• All minutes of Disability Consultation Panel provided on disk</li> <li>• All minutes of Learning Disability Panel provided in Easyread</li> </ul>	<p>Information provided in alternative formats to increase understanding and ensure effective communication.</p>
<b>Provide interpreters and sign language interpreters</b>	<p>The following interpreting support was provided in the reporting period.</p> <ul style="list-style-type: none"> <li>• 720 health and social care appointments were supported with the provision of a Sign Language Interpreter.</li> </ul>	<p>Service users and staff supported to ensure good governance in information provision and communication.</p>

	<ul style="list-style-type: none"> <li>NHSCT requested a total number of 10808 interpreters from NIHSCIS.</li> <li>Telephone interpreting service used 1752 times by staff during reporting period.</li> </ul>	
<b>Assessing access to information and services</b>	Trust's Disability Consultation Panel and Older People's Panel involved in the design of Ballymena Health and Care Centre	Their direct involvement resulted in the following. <ul style="list-style-type: none"> <li>provision of reception services to support access</li> <li>Appropriate furniture design</li> <li>Accessible signage</li> </ul>
<b>Complaints Procedure</b>		
<b>How complaints are raised, timetable for responding etc</b>	The Trust received no complaints relating to the implementation of its Equality Scheme	N/A
<b>Any other measures proposed in equality scheme</b>		
<b>Work closely with other public authorities to exchange learning and best practice</b>	During reporting period Trust participated in Regional Equality and Human Rights Steering Group and Regional Equality Leads meeting.	Collaborative working ensures more effective use of resources and consistent approach across health and social care.
<b>Liase closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained</b>	During reporting period meetings held with ECNI to develop new Annual Progress Report template and new screening template.	Targeted information which is more accessible to representative groups.

PART A

**3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see third column in above table.

**3b** What aspect of the Equality Scheme prompted or led to the change(s)? (*tick all that apply*)

As a result of the organisation's screening of a policy (*please give details*):

Examples provided above

As a result of what was identified through the EQIA and consultation exercise (*please give details*):

The EQIA process and consultation on 'The Re-provision of Mental Health Inpatient Services' resulted in the Trust committing to including user and carers on the a multi-disciplinary project structure to ensure best practice in the design and delivery of the new inpatient service. The Trust also committed to continued engagement with users and carers regarding transport and travel arrangements and visiting to the hospital.

As a result of analysis from monitoring the impact (*please give details*):

As a result of changes to access to information and services (*please specify and give details*):

The provision of interpreters and translated accessible information continues to result in effective information provision and better communication in situations where a clear understanding is required.

Other (*please specify and give details*):

Engagement and consultation is the most effective element of the Trust's Equality Scheme in relation to change. For example involving representative organisations involved and individuals in the design of the Ballymena Health and Care Centre led to considerable change in relation to the reception area, furniture and way finding. The Trust's many user groups and process for engagement were established as a result of Section 75 and to ensure effective implementation of the Scheme.

## Section 2: Progress on Equality Scheme commitments and action plans/measures

### Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2014-15 reporting period? *(tick one box only)*

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

5 Were the Section 75 statutory duties integrated within performance plans during the 2014-15 reporting period? *(tick one box only)*

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

The national Knowledge and Skills Framework (KSF) is the process linked to annual development reviews of all Trust staff and personal development plans. Equality and diversity is one of the 6 Core Dimensions and it reflects a key aspect of all jobs and underpins all dimensions in the KSF. During the reporting period the Trust focused on completion of appraisals to ensure staff have the knowledge and skills they need to do their job and that key areas for development are identified. Equality training is mandatory in the Trust and attendance at all mandatory training is determined through the appraisal process.

6 In the 2014-15 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

PART A

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
- Yes, in some departments/jobs
- No, these are already mainstreamed through the organisation's ongoing corporate plan
- No, the organisation's planning cycle does not coincide with this 2013-14 report
- Not applicable

Please provide any details and examples:

Section 75 duties are incorporated and mainstreamed at a strategic level into the business of the Trust. The Trust's Equality Unit sits within the Planning Directorate and the Equality Lead is a member of the Trust's Strategic Planning Forum and supports all Trust Directorates to ensure Section 75 is integral to planning processes.

Objectives and targets relating to the Trust's duties under Section 75 are built into its corporate and directorate planning processes. The Trust has set appropriate objectives and targets for individual responsible officers.

**Equality action plans/measures**

**7** Within the 2014-15 reporting period, please indicate the **number** of:

Actions completed:	5	Actions ongoing:	21	Actions to commence:	1
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Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2014-15.

**8** Please give details of changes or amendments made to the equality action plan/measures during the 2014-15 reporting period (*points not identified in an appended plan*):

During the reporting period no changes were made to the Action Based Plan. Plans are reviewed and monitored quarterly.

**9** In reviewing progress on the equality action plan/action measures during the 2014-15 reporting period, the following have been identified: (*tick all that apply*)

PART A

- Continuing action(s), to progress the next stage addressing the known inequality
- Action(s) to address the known inequality in a different way
- Action(s) to address newly identified inequalities/recently prioritised inequalities
- Measures to address a prioritised inequality have been completed

**Arrangements for consulting (Model Equality Scheme Chapter 3)**

**10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

- All the time                       Sometimes                       Never

**11** Please provide any **details and examples of good practice** in consultation during the 2014-15 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

**The Re provision of Mental Health Inpatient Services**

During the development of the Trust’s proposal on ‘The Re provision of Mental Health Inpatient Services’ engaged with its Mental Health Forum, client consultation groups and service user groups on the future of our mental health inpatient services. They all had considerable input into the proposal the Trust consulted on including recommendations of best practice for the new building. Alongside this the Trust’s “New Ways of Working” Project Team and Project Board includes service user and carer representation to allow for effective user involvement at a strategic level. The sharing of views and experiences has influenced the redesign of our inpatient and community services.

Engagement and discussion with stakeholders has helped to shape the proposals and EQIA consulted on. In July 2014 the Trust commenced a public consultation on its proposal for the Re provision of Mental Health Inpatient Services. To encourage participation in the consultation process several different methods of engagement were used to encourage interested groups and individuals to provide feedback. -

Rather than holding public consultation meetings a targeted stakeholder approach was adopted to encourage feedback. The Trust held two local consultation events and a wide range of stakeholders with a specific interest in mental health services were invited to the events including service users, carers and representative organisations. This provided the opportunity for participants to hear about the proposal and comment sheets were available for participants who wished to complete them.

The Trust recognises that the key to success in major transformation is the involvement of staff. The Trust met with staff over the consultation period and established processes to make sure that staff can raise issues and are involved in the on-going implementation of the proposals. Trade Unions were also kept informed throughout the process.

### **Good Relations**

The Trust's Good Relations Strategy was developed in collaboration with key stakeholders, Trust staff and local communities. The first stage was setting up a Good Relations Steering Group to provide advice and guidance. Membership of the Group included a range of representative groups and individuals. An important element of the initial work was to gather feedback from staff on good relations. Survey Monkey was used and was sent to all staff on email. Staff not on email were given a paper copy of the survey. The survey was completed confidentially by 901 members of staff.

To gather feedback from service users a questionnaire was sent to members of the Trust's current User Panels. A link was provided so that service users could complete it in their own time at home and paper copies were made available. The Trust website also provided a link to the survey so that services users accessing the website could fill it in.

The Trust also met with a number of community and voluntary organisation representatives to gather views on its draft Good Relations Strategy. This provided an opportunity for people from a range of communities to share their knowledge, experiences and ideas. Feedback at the workshop proved invaluable in discussing the draft Strategy and its effective implementation and was welcomed by key stakeholders who engaged at this early stage in the process. The Trust then completed a twelve week public consultation process. Feedback from all the engagement processes was considered and shaped the final Strategy.

**12** In the 2014-15 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- Face to face meetings
- Focus groups
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/out of the consultation

PART A

- Internet discussions
- Telephone consultations
- Other (*please specify*): Advocacy support is provided for those who require support with the consultation process – for example VOYPIC is often used to ensure effective engagement with children and young people. During the reporting period the Trust established a Service User Consultant post in mental health services to make sure the user voice is integral to decision making processes in a consistent way. The Trust also continues to consult with its established user groups – Disability Consultation Panel, Older People’s Panel, The Forum for people who use learning disability services and the Carers Steering Group.

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees’ membership of particular Section 75 categories:

Method	Uptake
Face to face meetings	Targeted consultation meetings for The Reprovision of Mental Health Inpatient Services held in Coleraine and Antrim were attended by staff, service users and representative organisations.
Focus groups	A range of groups representing BME communities and local community groups attended the focus group/workshop held during development of our Good Relations Strategy.
Questionnaires	Over 900 staff completed the survey monkey questionnaire on good relations
Information notification by email	During the formal consultant on The Reprovision of Mental Health Inpatient Services the Trust received 11 written responses. It should be noted that the targeted engagement carried out during the consultation process may have resulted in the relatively small number of responses. It should also be note that the majority of responses received were from mental health representative organisations and were extremely detailed.

Other	Ongoing support of and engagement with the Trust's user groups ensures effective consultation on a number of issues.
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**13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2014-15 reporting period? *(tick one box only)*

- Yes       No       Not applicable

Please provide any details and examples:

During the reporting period the following activities supported awareness raising of Equality Scheme commitments among consultees.

- Dissemination of Section 75 Annual Progress Report
- First edition of Equality Newsletter disseminate to all consultees in September 2014
- Consultees informed of availability of Quarterly Screening Reports
- Dissemination of 'The Re-provision of Mental Health Inpatient Services' EQIA for consultation.
- Consultation on Trust's Good Relations Strategy

**14** Was the consultation list reviewed during the 2014-15 reporting period? *(tick one box only)*

- Yes       No       Not applicable – no commitment to review

**Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)**

*[insert link to any web pages where screening templates and/or other reports associated with Equality Scheme commitments are published]*

**15** Please provide the **number** of policies screened during the year *(as recorded in screening reports)*:

126
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**16** Please provide the **number of assessments** that were consulted upon during 2014-15:

	Policy consultations conducted with <b>screening</b> assessment presented.
1	Policy consultations conducted <b>with an equality impact assessment</b> (EQIA) presented.

PART A

Consultations for an **EQIA** alone.

- 17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

During the reporting period the Trust publicly consulted on 'The Reprovision of Mental Health Inpatient Services' and the Trust's Good Relations Strategy.

For both consultations in order to raise awareness of the consultation process all those listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. A letter was also sent to consultees reminding them of the closing date for consultations. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in hard copy or in different formats on request. Alongside the written consultation process the Trust carried out targeted engagement.

- 18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

Yes       No concerns were raised       No       Not applicable

Please provide any details and examples:

**Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)**

- 19** Following decisions on a policy, were the results of any EQIAs published during the 2014-15 reporting period? *(tick one box only)*

Yes       No       Not applicable

Please provide any details and examples:

Following both consultations carried out during the reporting period, consultees were informed that a report detailing how the Trust considered the feedback and its final decision, was available on the Trust's website. The Trust wrote individually to all those who provided feedback informing them of the final decision and how their comments were taken into account.

**Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)**

PART A

- 20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2014-15 reporting period? *(tick one box only)*

Yes  No, already taken place  
 No, scheduled to take place at a later date  Not applicable

Please provide any details:

The Regional Equality Information Steering Group (EISG) previously carried out an assessment of data sources. Further developments in the Northern Ireland Statistical Research Agency website have provided useful quantitative data for Section 75 monitoring.

As a result of the audit of inequalities required for the development of the Trust's Action Based Plan, the Trust worked collaboratively with other health and social care organisations to develop an Emerging Themes Document. This is reviewed and updated annually and is available for decision makers to support the completion of screenings and equality impact assessments.

An audit of progress on the ethnic monitoring of service users in a number of key information systems – Child Health System, PAS, SOS CARE and NIMATS is planned for this year.

- 21** In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

Yes  No  Not applicable

Please provide any details and examples:

- 22** Please provide any details or examples of where the monitoring of policies, during the 2014-15 reporting period, has shown changes to differential/adverse impacts previously assessed:

During the reporting period no monitoring was carried out of policies previously assessed.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

The Trust continues to monitor the staff across the 9 equality categories and through this monitoring process identified that the Trust has a number of staff with

caring responsibilities. As a result the Trust worked with Carers NI to ensure staff are aware of the support available for them to continue their caring role. In addition the Trust worked in partnership with Carers NI to deliver carers awareness training to team leaders.

It is anticipated that the monitoring of staff will be enhanced by the self-service function of the Human Resources, Payroll, Travel and Subsistence System (HRPTS). It is anticipated that staff will be more likely to record their equality information on this online system

### **Staff Training (Model Equality Scheme Chapter 5)**

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2014-15, and the extent to which they met the training objectives in the Equality Scheme.

Below is a table of attendance at the relevant training programmes delivered during the reporting period. This Equality and Diversity Training is designed to support compliance with the Trust's Equality Scheme. Equality and Diversity Training is mandatory for all staff.

<b>Title of training</b>	<b>No. of participants</b>
Equality and Diversity Training – including e-learning	1020
Human Rights Awareness Training	108
Disability Equality Training	78
Reasonable Adjustments and Supporting Carers Training	36

- 25** Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

During the reporting period the Trust held a Traveller Cultural Awareness Workshop for staff which was facilitated by two members of the Traveller Community. Similarly the Trust's Disability Equality Training is delivered by people with a disability. The training aims to provide staff with the skills to ensure our services are accessible to everyone. Feedback from these sessions illustrated that training provided by representative organisations and individuals is more meaningful for the participants. Participants also indicated that they found it easier to remember the messages when delivered this way.

During the reporting period the Trust developed new training on “Reasonable Adjustment and Supporting Carers Training” in partnership with Carers NI. This programme is designed to help managers understand their responsibilities in relation to ‘reasonable adjustment and as the monitoring of staff by the equality categories identified that a number of staff have caring responsibilities, Carers NI agreed to contribute to the training programme. Feedback from the sessions was extremely positive.

**Public Access to Information and Services (Model Equality Scheme Chapter 6)**

**26** Please list **any examples** of where monitoring during 2014-15, across all functions, has resulted in action and improvement in relation **to access to information and services**:

As a result of continually assessing the information provided in alternative formats the Trust extended its library of translated material during the reporting period. This is available on Staffnet and the internet for both staff and service users. For example during 2014/15, the Trust translated family planning and sexual health information into a range of languages.

Continual monitoring of the demand for interpreting services indicates there has been an increase of 9,067 requests across health and social care during the reporting period. Monitoring also indicates that the top five languages requested in the Northern Trust area is Polish, Lithuanian, Portuguese, Slovak and Romanian. The monitoring of interpreting usage ensures the Trust can provide its information in the main languages. It also ensures that the appropriate type of interpreting is used for appointments. For simple, straightforward and short appointments, telephone interpreting is the most appropriate and most cost effective. Face to face interpreters are then available for more complex or sensitive appointments.

It is clear from monitoring information that the Trust’s population is culturally and linguistically diverse. As a result all the self-check in facilities installed in our main hospitals during the reporting period include a variety of language options.

The Multi-Cultural and Beliefs Handbook has been updated to ensure that it is reflective of all our communities.

**Complaints (Model Equality Scheme Chapter 8)**

**27** How many complaints **in relation to the Equality Scheme** have been received during 2014-15?

Insert number here:

0
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Please provide any details of each complaint raised and outcome:

### Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

2017

29 Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

- Taking forward the 2016 actions in the Good Relations Strategy – for example developing a resource for staff
- Development of best practice EQIA template
- Review of pilot screening template and guidance.
- Consultation on service reform as required
- Health and Social Care Procurement Commissioning and Planning Workshop in relation to equality and human rights implications.
- Preparation for the extension of age discrimination legislation to Goods, Facilities and Services

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2015-16) reporting period? *(please tick any that apply)*

- Employment
- Goods, facilities and services
- Legislative changes
- Organisational changes/ new functions
- Nothing specific, more of the same
- Other (please state):

**PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans**

**1. Number of action measures for this reporting period that have been:**

**14**

Fully achieved

**1**

Partially achieved

Not achieved

2. Please outline the following detail on **all actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs <sup>2</sup>	Outcomes / Impact <sup>3</sup>
National <sup>4</sup>			
Regional <sup>5</sup>	A Regional HSC Event was held on 30 September 2014 to raise awareness of Public Appointments Process for people with a disability. Key note speakers included: Lynda Gordon, SHSCT, Catherine Donnelly, DHSSPS, John Keanie - Commissioner for Public	Event attended by 40 individuals from a variety of backgrounds including disability organisations, Equality Commission, voluntary/community sector, health and social care organisations and other public authorities.	<ul style="list-style-type: none"> <li>• Raise awareness of under representation of people with a disability on public bodies</li> <li>• Clearly explanation provided on the processes associated with the Public Appointment system</li> <li>• Disabled people more</li> </ul>

<sup>2</sup> **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

<sup>3</sup> **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

<sup>4</sup> **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

<sup>4</sup> **Regional**: Situations where people can influence policy decision making at a middle impact level

	<p>Appointments, Gerard Guckian - Chairman, WHSCT and Suzanne McCartney SEHSCT. Paschal McKeown from MENCAP chaired the event.</p> <p>Development and roll out of Self Directed Support arrangements which will come into effect from June 2015</p>	<p>The Trusts in partnership with the Health and Social Care Board (HSCB) have introduced a new way of delivering Social Care Services called Self Directed Support. This system will provide more choice and flexibility for eligible individuals enabling them to tailor a care package that best suits their needs.</p>	<p>aware of how they can apply for posts</p> <ul style="list-style-type: none"> <li>• Trust's Disability Consultation Panel has contacted the Public Appointments Office for a further meeting.</li> </ul> <p>Self Directed Support enables people to have more flexibility, choice and control over the support they receive, such as,</p> <ul style="list-style-type: none"> <li>• Employing your own personal assistant</li> <li>• or having support staff visit at a time that</li> <li>• you choose</li> <li>• Flexible options for short breaks</li> <li>• Accessing community opportunities.</li> </ul>
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		<p>Consultation on an EQIA was commenced by the HSCB in February 2015. Trusts facilitated consultation events in each of their areas on Self Directed Support and staff training has commenced on the proposed changes.</p>	
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Local <sup>6</sup>	<p>Continued role out of the Public and Personal Involvement (PPI) agenda along with specific actions to target hard to reach groups including disabled persons.</p> <p>Continued support for Trust's Disability Consultation Panel to ensure meaningful engagement of disabled people and representative</p>	<p>Targeted consultations sessions with Disabled Persons/Groups in relation to self-directed support</p> <p>Disability Consultation Panel consulted during the building of Ballymena Health and Care Centre.</p>	<p>Greater participation of disabled persons in public life.</p> <p>More accessible facility as result of the on-going engagement.</p>
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<sup>6</sup> **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

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	<p>groups</p> <p>Meetings of The Forum – user group for adults who use learning disability services</p>	<p>Quarterly meeting chaired by service user. Minutes of meetings in easy read format.</p>	<p>Greater participation of adults who use our learning disability services in the delivery of services and training of Trust staff</p>
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2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1	Delivery of Equality Training Programme Human Rights Screening Master Classes – incorporating the Disability Duties.	On-going training events held during the current reporting period which incorporated the Disability Duties and training on Disability Equality  On-going advice and support provided to policy authors on the application of Disability Duties.	On-going mainstreaming of the Disability Duties into screening and EQIA processes and policy developments
2	Continued roll out of Discovering Diversity – E-learning Disability Equality module.	Increase uptake of these training modules by Trust staff – over 800 staff completed Discovering Diversity – E-learning Disability Equality module during the reporting period.	Promotion of positive attitudes toward disabled persons.  Improved patient experience as a consequence of increasing awareness and promoting positive attitudes.

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		<p>Quarterly monitoring of uptake of e-learning programme by Equality Steering Group and annual reporting through e.g. Section 75 Annual Progress Report.</p>	
3	<p>Delivery of Disability Equality Training in partnership with Disability Consultation Panel members</p>	<p>78 members of staff participated in this training.</p>	<p>Increased awareness of the Disability Equality and Human Rights Legislation including UNCRPD.</p>
4	<p>Training on UNCRPD</p>	<p>Production of leaflet on UNCRPD Placed on intranet.  Circulated to staff and incorporated into training sessions alongside existing materials such as Real Network DVD on Human Rights.</p>	<p>Greater staff awareness of the importance of Human Rights and Disability Considerations across service provision and policy development</p>

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5	Reasonable Adjustment and Carers Support Training	Training programme delivered in partnership with Carers NI – 36 managers participated during reporting period.	Increased awareness of how disabled staff can be supported in the work environment
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2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1	Review of Accessible Communication Guidance for HSC staff (completed in February 2015.)	<p>Updated resource detailing models of good practice in effective communication.</p> <p>The Guide assists staff to ensure that people get the support with communication that they required e.g. through the provision of sign language interpreters.</p> <p>The scoping out of Easy Read options via Social Enterprise models and regional work to develop a list of providers of accessible formats for people with disabilities.</p>	<p>Greater staff expertise in the provision of effective communication for individuals with a range of disabilities.</p> <p>Increased production of Trust information in alternative formats.</p> <p>Improved patient experience.</p>

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		<p>Increased amount of Trust information produced in alternative formats e.g. easy read, larger print, use of sign language interpreters, subtitles and sign language on the production of DVDs.</p>	<p>Trust information more accessible for all users e.g. through the increased use of Easy Read documents.</p>
	<p>Continue participation on the Regional Physical Sensory and Disability Strategy Implementation Group</p>	<p>Action to address inequalities and identify gaps in service provision.</p> <p>Cross Departmental work including HSC Board, PHA, Trusts, DEL, DSD, voluntary organisations and service users.</p>	<p>Good Practice Guidance Checklist to ensure the needs of people with disabilities are considered in the design and development of health promotion programmes/ campaigns.</p> <p>A regional deafblind needs analysis report has been produced with key recommendations.</p> <p>Self-directed support programme launched 2014/15 to make sure individuals and their families have greater control and more flexibility over a personal budget. It includes a number of options for getting support.</p>

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			<p>The Accessible Formats policy and guidance has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation.</p>
2	<p>Roll out of Complaints DVD</p>	<p>Use of alternative formats to facilitate access to the HSC complaints procedure.</p> <p>Enhance the patient experience via service improvements.</p>	<p>Improved accessibility for persons with a disability to access the HSC complaints procedure.</p> <p>Improvements in patient experience and outcomes for service users and members of the public.</p>

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2 (d) What action measures were achieved to ‘**encourage others**’ to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1	Continued Provision of Reasonable Adjustments for staff.	<p>To ensure managers put in place reasonable adjustments for staff with a disability in a timely fashion.</p> <p>Reasonable Adjustment training provided to 36 managers during the reporting period.</p>	<p>Promotes a more inclusive workplace. Greater retention of staff within the workplace.</p> <p>Improvements to the health and wellbeing of staff.</p>
2	Roll out of HRPTS Self-Service function in relation to Equality Monitoring which incorporates Disability considerations	Encourage staff to self- declare that they have a disability in accordance with the DDA definition of disability.	<p>More accurate base line data on the prevalence of disability amongst staff.</p> <p>Promotes a more supportive workplace.</p> <p>Provides more detailed data for screening and EQIA processes.</p>

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2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1			
2			
3			

**3. Please outline what action measures have been partly achieved as follows:**

	Action Measures partly achieved	Milestones <sup>7</sup> / Outputs	Outcomes/Impacts	Reasons not fully achieved
1				
2				
3				
4				

**4. Please outline what action measures have not been achieved and the reasons why?**

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	Action Measures not met	Reasons
1		
2		
3		

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5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

Action measures in the DAP will be subject to on-going monitoring and review. Progress on the implementation of the DAP is monitored on a 6-8 weekly basis at the Regional Equality Leads meeting. Progress will continue to be recorded in the Trust's Annual S75 Progress Report to the ECNI.

(a) Qualitative:

- PPI Initiatives and Consultation processes and Outcomes
- Feedback from Service Users
- Update of Themed Inequality Audit
- Review of complaints/compliments
- NIHRC Inquiry into Emergency Health Care – 2014/15

(b) Quantitative:

- Performance Indicators in DAP
- Update of Themed Inequality Audit

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Consultations on specific areas e.g. Self Directed Support

HRPTS – Employee Self Service – more accurate and up-to-date staff data on S75 characteristics

2011 Census data – utilisation in Screening and EQIA processes

Screening and EQIA Processes

Quarterly Screening Reports

NIHRC Inquiry into Emergency Health Care – 2014/15

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or No
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please delete: **No**

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If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

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