

Evidence to support compliance with the Equality Act – how we ensure we do not discriminate, foster good relations and promote equality of opportunity for all	Who has been assigned to lead on the collection and annlysis of the data	Who needs to use it/ what will it be used for?	Outcome
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Introduction: Equality Information Monitoring

A1	What evidence do we have access to, to help us deliver the best possible service to our population		
A1	Providing Inclusive services and identifying health inequalities	NB	PSED To demonstrate that we use available information to ensure that we meet the needs of our population. We develop and implement plans to mitigate gaps in accessibility, which are prioritised appropriately Include information on what information is used to determine that we are providing accessible services to all.
B	About our staff and the volunteers who work with us		
B1	ESR workforce	SG	Inform Workforce/ L&D, sickness capacity planning, IWG, IHAG WDC annually for monitoring, Annual Report and compliance with PSED Understanding how the representation of the workforce equates to general population served, providing evidence to enable recruitment plans to take action and target under-represented groups
B2	Pay equality	SG	WDC annually for monitoring, Annual Report and compliance with PSED Pay Equality will be assured
B3	Flexible working	SG	WDC annually for monitoring, Annual Report and compliance with PSED Staff clear about the flexible working policy and provided with flexible working where possible

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B4	Recruitment and Resourcing (Including Recruitment, Retention, Promotions and exit data)	DV	WDC annually for monitoring, Annual Report and compliance with PSED. Analysis of data and learning used to address issues and SECamb seen as 'employer of choice'	Year on year improvements with representation becoming more reflective of the population served. Analysis of data and learning used to address issues and SECamb seen as 'employer of choice'. Any issues relating to protected characteristics identified and appropriate action taken. Staff to include secondees, temporary and bank
	Recruitment	DV		
	Promotions	DV		
	Appraisals	MD		
	Leaving data	SG		
B5	Organisational Development – E&D training and education	MD	PSED, L&D team monitor uptake of mandatory and developmental training. NHSLA evidence, inform training needs analysis and identify trends.	More competent staff - have completed mandatory training appropriate to role and appraisals identified personal development areas. All directorates have undertaken TNA's
B6	Employee Relations Analysis (Including Grievance and Disciplinary & Bullying and Harassment data)	SG	WDC annually for monitoring, Annual Report and compliance with PSED, Corporate Dashboard	Trends identified with appropriate follow up, contributing to a workplace committed to anti-discriminatory practice, advancing equality of opportunity and promoting good relations
B7	Volunteer Information and data (no. of active volunteers, roles, diversity data where they work and training)	SR	WDC annually for monitoring, Annual Report and compliance with PSED	Understanding how the representation of the volunteers reflects the profile of the general population served - providing evidence to enable recruitment plans to take account of under-represented groups. Confident and well supported volunteers - have completed mandatory training appropriate to role and appraisals identified personal development areas. All directorates working with volunteers have undertaken TNA's
	Volunteer Information and data - Community First Responders	SR		
	Volunteer Information and data - Volunteer car drivers	ER		

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B8	Staff Wellbeing		PSED compliance, sickness capacity, NHS staff survey improvement and evidence for bids	Occupational health services, support services, including staff representatives and chaplaincy supported and in place with requirements to collect diversity data and make recommendations
	Occupational Health	SG		
	Counselling	SG		
	Chaplaincy	SR		
C	Inclusion, Equality and Diversity			
C1	Equality Analyses	AR	Published on web for all to access – evidence of compliance of PSED	Better services and SMART action plans in place to address possible adverse impacts
C2	E, D and Inclusion policies and strategies	AR	Everybody	Compliance with the Equality Act, SECamb reputation, tender support etc
C3	E, D and Inclusion governance activity	AR	IWG, CQC, Annual Plan	Compliance with the Equality Act, SECamb reputation, tender support etc, SECamb can demonstrate that is takes a best practice approach to considering the impact of it's work on all protected characteristics

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D The people we care for				
D1	Patient clinical record data – age, gender, ethnicity, disability and pregnancy and maternity collected.	NB	PSED, clinical audit, Safeguarding monitoring and education, inform evidence based practice	Patients treated as they need to be treated with cultural aspects considered, improving the experience.
D2	Complaints data	LH	Published on web for all to access, PSED, regular reports to Board and RMCGC, KPI's to commissioners	The organisation (Board, RMCGC and Incident Review Group) use information to ensure action plans are developed and addressed. Trends are analysed and have been used (reflective practice and changes to practices) to make improvements
D3	Call data (Red 1 and 2 and Cat C performance), call to answer, breakdown	MB	PSED	Comparison against population profile identifies any gaps in access and enables the creation of plans to address. Trends inform future planning processes
D4	Telephone Interpretation Services		PSED	Comparison against population profile identifies any gaps in access and informs planning.
D5	111 call data	JO	PSED	Comparison against population profile identifies any gaps in access and enables plans to address. Trends inform future planning processes
D6	Translation and interpreting: Corporate docs, website	JC	PSED	Accessible service provided to meet the needs of the population
D7	Patient survey results or other direct patient experience feedback		Published on web for all to access, PSED	Evidence that patients are satisfied and that patient experience is undertaken and acted upon, with improvement plans if required
	999	LH		
	PTS	RC		

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E	Who do we engage with to shape our services?			
E1	Staff Engagement		Published on the web, reviewed by FC, JPF, PSED	Measure staff satisfaction, review results of staff survey and demonstrate that actions and plans to improve are taken
	Staff Survey	MD		
	Staff Friend and Family Test	MD		
	Foundation council	IA		
E2	Trust Membership data	IA	PSED, Monitor and Council reports	Ensure we are building a representative membership and are compliant
E3	External engagement (IHAG, FT membership and governor data, inclusion events/attendance data)	AR	PSED, CQC, Annual Report, bids, service planning	Demonstrating the value of meaningful involvement and engagement in all aspects of the Trust's work, by ensuring the Inclusion Strategy is properly implemented
F	Confidence in our suppliers			
F1	Procurement processes	PR	PSED, NHS T's & C's, Stonewall, Information Governance	Encourage and ensure suppliers are committed to E&D and our procurement model replicates our values

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G How accessible are we?				
G1	Buildings	AH	PSED, ERIC return, CQC, QRD	Ensure our buildings are accessible to all staff
G2	Our IT Systems	JT	PSED	Evidence that we have provided suitable IT equipment to meet the needs of staff with disabilities and policies in place to ensure accessibility for all
G3	Reasonable adjustments	SG	HR KPI's, evidence as required and PSED	Evidence that we have responded to the needs of people with disabilities to ensure equity of access and opportunity. Policies in place to ensure that all managers are adequately trained and supported

KEY

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|----|-------------------|
| AH | Andy Hanney |
| AR | Angela rayner |
| DV | David Vincent |
| ER | Emma Ray |
| IA | Izzy Allen |
| JC | Janine Compton |
| JO | John O'Sullivan |
| JT | Jason Tree |
| LH | Louise Hutchinson |
| MB | Mark bailey |
| MD | Marcia Daigo |
| NB | Nicola Brooks |
| PR | Paul Ranson |
| RC | Rory Collinge |
| SG | Steve Graham |
| SR | Steve Rose |