Southern Health and Social Care Trust
Quality Care - for you, with you

Accompanying Document to the Trust's Equality Scheme

Trust's Equality Scheme
S75 Action Based Plan

Period 1st May 2014 – 30th April 2017

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English: This document can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.

Polish: Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, ten Plan Działania może być udostępniony w językach mniejszości etnicznych na życzenie.

Lithuanian: Šis veiksmų Planas pareikalavus gali būti pateiktas tautiniu mažumu kalbomis, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

Portuguese: O Plano de Ação está disponível, à pedido, em outras línguas, para atender às necessidades das pessoas que não são fluentes na língua Inglesa.

Tetum: Aksaun Planu ida né,se bele fo ou halo iha liafuan etnika minoria sira nian, nebe bele husu, para bele ajuda ba ema sira nebe la hatene koalia lian Inglés.

Latvian: Šis darbības plāns var būt pieejams mazākumtautību valodās pēc pieprasījuma, lai palīdzētu tiem, kam ir nepietiekamas angļu valodas zināšanas.

Russian: Сейчас план проводимой работы может быть доступен так же на языках этнических меньшинств, по просьбе тех, кто не владеет свободно английским языком.

Czech: 'Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu na požádání poskytnout v jazycích etnických menšin.'

Slovak: Tento Akčný Plán môže byť na požiadanie dostupný v jazykoch národnostných menšín z dôvodu zabezpečenia potrieb tých, ktorí nie sú spôsobilí mu porozumieť v angličtine.

Chinese-(Cantonese):這行動計劃草案將會根據需求被翻譯成各種小數族裔語言去迎合那些英語不流利的人士的需要。

Introduction

The Southern Health and Social Care Trust provides integrated health and social care services to 362,711 people in the Southern Area. The overall purpose of the Southern Trust is to improve health and wellbeing and reduce health inequalities.

The Equality Commission for NI has recommended that all Equality Schemes are accompanied by an Action Based Plan to tackle S75 inequalities and that such Plans should be informed by an inequalities audit.

The Trust's Action Based Plan (Plan) to promote equality of opportunity and good relations is based on the functions of the Trust and will be implemented through the Framework of the Trust's Equality Scheme. The measures contained within this Plan are linked to the Trust's Corporate Planning Cycle in order to ensure that equality of opportunity and good relations are incorporated and mainstreamed at a strategic level into the business of the Trust and aim to address inequalities in health and social care for all of the S75 categories – men, women, persons with and without a disability, persons with or without dependants, persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation. This second plan is for a three year period 2014 to 2017. This Plan is in addition to the commitments set out in the Trust's Equality Scheme and the Trust's dual responsibilities to promote equality of opportunity and good relations which are interdependent and complementary to one another.

How the Plan Was Developed

The content of this Plan has been informed by an 'Audit of Inequalities' which was undertaken by Health and Social Care Trust Equality Leads in order to identify key inequalities for service users and those affected by Trust policies. As part of the Audit of Inequalities the Trust examined an extensive range of information sources for example complaints received, customer surveys, monitoring information, research documents, annual reports, corporate plans, statistical information and health needs assessments etc. In addition, the Trust pre-consulted with a wide range of service users, service managers, voluntary groups and organisations, Trade

Unions and Equality Commission for Northern Ireland amongst others in order to inform the development of this Plan. Please refer to the Trust's website (www.southerntrust.hscni.net) for a copy of the Trusts' recently updated Emerging Themes Document and Consultation Outcome Report which summarises the methods used along with details of those whom we consulted with as we developed this Plan. The Trust has given a commitment in its Action Based Plan to maintain a compendium of literature to ensure its log is relevant and up-to-date to inform on-going and future plans – Action 15 refers.

Please note that this Plan is not the only means by which the Trust is actively seeking to address inequalities in health and social care and should be read in conjunction with other strategies and action plans as noted below:-

- Transforming Your Care (TYC)
- Southern Health Economy Population Plan 2012/13-2014/15 and Beyond – 'Changing for a Better Future' 2013-15
- Trust Delivery Plan
- Developing Better Services – Modernisation of Acute Services
- Bamford Review
- Change in Mind
- Government Strategy - Our Children and Young People
- 10-year Strategy for Children and Young People in Northern Ireland 2006-16
- A Strategic Action Plan for Health and Wellbeing Changing Times for Older People – Living Life to the Full
- Priorities for Action
- Public Health Agency Annual Commissioning Priorities
- Public and Personal Involvement (PPI) Strategy and Trust Directorate Plans
- Southern Trust's Race Equality in Health Action Plan
- Trust Health Improvement Plans
- Trust Community Development Action Plans
- SHSCT Traveller Action Plan
- SHSCT Carers Action Plans
- SHSCT Disability Action Plan
- CAWT Initiatives aimed at tackling health inequalities
- Thematic Regional Work streams e.g. Regional Ethnic Minority HSC Wellbeing Steering Group

(This list is not exhaustive).

Structure of the Plan

The Plan includes a number of action measures which are short-term (1 year), mid-term (2-3 years) and long-term (3+ years), some of which may roll over into subsequent plans. These measures are aimed at reducing inequalities in health and social care. The Plan is structured as follows:

SECTION	THEME	PAGE NO.
Section 1	'Cross Cutting Themes' is framed around 5 recurrent themes from the audit of inequalities as follows: ▪ Theme 1: Measures to Improve Access to Services, Communication and Information – 6 specific action measures (1 thru 6) ▪ Theme 2: Service Monitoring – 3 specific action measures (7 thru 9) ▪ Theme 3: Measures to Ensure Mainstreaming Equality, Good Relations, Disability Duties and Human Rights Considerations into the Corporate Planning Cycle and Decision Making Processes – 7 specific action measures (10 thru 16) ▪ Theme 4: Measures to Promote Participation and Inclusion – 3 specific action measures (17 thru 19) ▪ Theme 5: Procurement – 1 specific action measure (20)	 10-20 21-24 25-31 32-37 38-39
Section 2	Service Related Issues – 14 specific action measures (21 thru 34)	41-65
Section 3	Employment Related Issues – 12 specific action measure (35 thru 46)	69-92

NB: For ease of navigation a quick reference matrix has been added to page 8 of this Plan which links each action measure with the S75 group(s). As a result of feedback received during consultation we have indicated which actions are new to the plan or are on-going from the previous plan and which are regional or local.

The Way Forward

Whilst the primary purpose of conducting the audit was to inform this plan, the information from the audit will also be used to develop future policies, as well as shape and inform the design and delivery of services, including informing equality screening and equality impact assessments. (Please refer to the Glossary Appendix 5 of the Equality Scheme for definitions).

In identifying the measures in this Plan the Trust has also considered what monitoring information it needs to collect in order to evaluate whether the outcomes have been achieved.

Formal Consultation – A Sectoral Approach

As well as pre consulting with key stakeholders such as the Equality Commission for NI, HSC Trusts formally consulted on their draft Action Based Plan over a 12 week period commencing 26th March 2014 and ending 19th June 2014. In addition a stakeholder event was hosted on 26th March 2014 to which the ECNI and the voluntary and community sector were invited to mark the commencement of the 12 week consultative process. Comments received were very much welcomed as were suggestions regarding further action measures. All comments received have helped to inform and shape this second Action Based Plan.

A copy of the Consultation Outcome Report is available on the Trust's website.

Action Measures

This Plan includes measures which the Trust initiates, sponsors, participates in, encourages or facilitates. It also includes regional and local measures which the Trust will work in partnership with other Health and Social Care organisations, voluntary and community sector, trade unions etc. to achieve. The Trust has chosen measures and prioritised those that have the greatest impact on equality of opportunity and good relations. Priorities in this plan have been informed by the HSC Trusts Regional Pre Consultation Event held in March

2014, views and input from the disability sector arising from a 12 week formal consultation event, HSC Trusts Emerging Themes Inequalities Audit as well as pre-existing work streams currently being rolled out in the Trust to tackle inequalities within HSC. This Plan is designed to be flexible, adaptable and responsive to changing circumstances and needs and will be reviewed on an on-going basis and annually via the Trust's Equality Scheme. Progress against the Trust's previous Section 75 Equality Scheme Action Based Plan is documented in the Annual S75 Progress Reports to the ECNI which are available on the Trust's website.

The Action Plan provides a framework for action which sets out the key actions that will be taken forward over the period 2014 – 2017. It identifies a number of actions that draw on best practice in an era of economic pressure. Many of the actions are not resource dependent but are intended to ensure that the promotion of equality of opportunity and good relations in existing programmes of work. Over the course of implementation there may be a requirement to develop more detailed actions to ensure that the Plan remains outcome focused and measurable.

All enquiries should be made to:

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ACTION BASED PLAN - QUICK REFERENCE GUIDE

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SECTION 1

CROSS CUTTING THEMES

Theme 1: Measures to Improve Access to Services, Communication and Information – pages 10-20

Theme 2: Service Monitoring – pages 21-24

Theme 3: Measures to Ensure Mainstreaming of the Equality, Good Relations, Disability Duties and Human Rights Considerations into the Corporate Planning Cycle and Decision Making Processes – pages 25-31

Theme 4: Measures to Promote Participation and Inclusion – pages 32-37

Theme 5: Procurement measures – pages 38-39

Section 1 – Cross Cutting Themes
Theme 1 – Improving Access to Services, Communication and Information

Recurring Theme Inequalities Audit – Language and communication difficulties present as major barriers in accessing Health and Social Care for some S75 Groups

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 1: Regional Ongoing Action ▪ Review of guidance and policies on provision of interpreting support. ▪ Ensure equality of opportunity for BME people in accessing health and social care services. ▪ Reduce language and communication barriers. **Sources: The Health of**	**Interpreting support** To support the implementation of the findings of the review of interpreting support for health and social care appointments commissioned by the Health and Social Care Board (HSCB). Support will be provided through participation in a regional oversight steering group established to ensure the review findings are taken forward.	Regional Oversight Steering Group established. Action plan developed. Regional Strategy developed. Sustainable, fit for purpose model of interpreting to help facilitate language support for increasing linguistic diversity in HSCNI.	Increase in the number of people who access interpreting support including those who do not speak English as a first language, for example, BME Communities and Migrant Workers and those who speak Irish as a first language. Increase use of telephone interpreting where appropriate to make best use of available resources. Trusts will have a consistent approach to interpreting and	Year 1 Action Plan that will be subject to on-going monitoring.	HSCB Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) Equality Leads/HSC organisations

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
BME, King's Fund, London **NICEM** **Ethnicity, Equality and Human Rights: Access to H&SS in NI** **New to Northern Ireland – A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland** **European Charter for Regional or Minority Languages** **Review of Interpreting Support for Health and Social Care Appointments (HSCB) 2013**	To run "working well with interpreters" training across all Trusts. To promote awareness of the Code of Courtesy for the Irish Language through above Working Well with Interpreters sessions, via associated Professional Codes for Interpreters and HSC Practitioners - to include guidance on the Code of Courtesy for the Irish Language.	Programme of awareness raising to promote guidance. Service Level Agreement for future interpreting service. Extension to the regional register of interpreters to meet demand for minority languages Arrangements are in place for telephone and face to face interpreting for the Irish Language as well as for written translations.	translation Service model that will deliver future interpreting services.		

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

Action 1 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Northern Ireland Health & Social Care Interpreting Service (N.I.H.S.C.I.S.) was established in 2004 and was originally managed by the legacy Eastern Health & Social Services Board. In 2007, Legacy Trusts were asked to express an interest in taking on management and running of the Service. SEBT obtained responsibility for the Interpreting Service and in 2008 this was subsumed by the Belfast Health and Social Care Trust.

A review was commissioned by the Health & Social Care Board (HSCB) in 2011 - largely due to the seismic increase in demand for interpreting. Additionally, there was a need for increased accountability mechanisms and a regional strategic direction.

A comprehensive review was conducted by the HSC Leadership Centre and was issued for full public consultation. The Southern Trust's Race Equality Forum provided a detailed and informed response to this public consultation. Notably the SHSCT remains the biggest user of this service routinely drawing down 50% usage rate - as evidenced in the management information provided to HSC Trusts - see number of requests per Trust below.

Amongst the recommendations for change was a re-profiling of interpreting usage by increasing the ratio of telephone interpreting to face to face interpreting. Previously there had been a disincentive to use telephone interpreting as HSC Trusts were not able to recover the costs from the Health and Social Care Board - unlike face to face interpreting where costs are recouped by Trusts. In order to encourage increased uptake of telephone interpreting the HSCB agreed to cover costs for both services.

Another key recommendation was the transfer of management responsibility from Belfast Health & Social Care Trust (BHSCT) to the Business Services Organisation (BSO) in line with strategic direction of travel for regional services that are deemed transactional in nature. This transfer took place on 1st October 2014 as it was seen a better strategic fit.

During the year under review staff in the Equality Unit worked hard to successfully ensure a seamless transition of this service from one provider to another. In the lead up to and following the change over a series of global emails were circulated throughout the SHSCT to alert staff to the change in provider and contact details for interpreting provision. The Southern Trust's 'Desktop' (on staff PCs) also highlighted key details of the changeover with new contact number/email address displayed. Details were also uploaded to the Trust's intranet, including the revised procedure for booking interpreters flowchart (which also contains contact details for Irish face to face interpreting provision). Working Well with Interpreters training was also delivered by the NIHSC Manager to frontline staff to assist with the changeover thus avoiding any disruption to patient care.

A Project Group chaired by the HSCB's Director of Commission oversaw the transfer of this service to the BSO.

| Key Inequalities Identified and Source | Action Measure | Performance Indicator | | Timescale & Description of Monitoring Arrangements | Lead Person |
		Output	Outcome/Impact (For S75 Groups)		
Further, the Review acknowledged that there was a need to invest and overhaul the database that was no longer fit for purpose particularly in view of the significant increase in demand for this service. Work has progressed in terms of the production of a consistent set of regional guidelines and the development of an IT web-based portal for booking interpreters and for their acceptance or rejection of assignments. Notably, this new system will also comprise an interface with Finance which will significantly reduce the volume of paper invoices, which were produced for the 95,000+ interpreting interactions. In moving forward, HSC practitioners will be required to log onto the system and will be prompted to answer a series questions (against stipulated criteria) to discern if their interaction warrants a face-to-face or telephone interpreter. Depending on the duration, nature and complexity of the appointment, the appropriate interpreting source can be selected. Interpreters will use a barcode to scan in each practice to verify the duration of the appointment. Work has also been ongoing with The Big Word, the sole telephone interpreting provider, to ensure that they are geared up to cater for the anticipated increase in demand once the new IT system goes live in Autumn 2015. A Regional Advisory Group will be established to inform the strategic direction of the service. HSC Trust Equality Leads will be invited to participate in the Group in coming months. The Trust's Equality Manager will participate in this Forum representing the interests of the Trust as the biggest end user. It is anticipated that service users will also be invited to particpate in a regional service user panel - representatives from the Trust's Race Equality Forum have already expressed their interest. The total number of requests per Trust for face to face interpreting for the period 1st January 2014 to 31 December 2014 was as follows: SHSCT 46027 (48%), Belfast Trust 28035 (29.24%), NHSCT 10845 (11.31%), WHSCT 6586 (6.80%), SEHSCT 4401 (4.59%). The top main languages in the SHSCT are as follows: Polish, Lithuanian, Portuguese, Tetum, Russian, Slovak, Latvian, Bulgarian, Romanian, Hungarian.					
Action 2: Regional Ongoing Action ▪ Support disabled people to better exercise their rights. ▪ Support the continuing	**Physical and Sensory Disability Strategy** To continue participation on the Regional Physical Sensory and Disability Strategy Implementation Group	Framework established which sets out the key actions that will be taken forward until 2015. Project action and implementation plan that includes	Improved understanding of future demand for Services by mapping existing services to establish potential gaps in addressing need. Improved provision of high-quality advice and	Year 2 Project subject to on-going monitoring. The Disability Strategy Implementation Group is	HSCB Equality Leads/HSC organisations including Specialist Services Team within Trusts.

| Key Inequalities Identified and Source | Action Measure | Performance Indicator | | Timescale & Description of Monitoring Arrangements | Lead Person |
		Output	Outcome/Impact (For S75 Groups)		
development of an inclusive and effective range of high quality health and social care services. ▪ Develop a more integrated approach to the planning and management of services. **Source: Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA) Physical and Sensory Disability Strategy and Action Plan 2012–2015**	to direct, coordinate and manage the project infrastructure and implementation of the Physical and Sensory Disability Strategy and Action Plan.	actions to promote positive health, wellbeing and early intervention and actions to provide better services to support independent lives. Fully accessible communication and training materials, (including where appropriate web-based material) both for those using services and for health service professionals and practitioners.	information to HSC, voluntary and community sectors to ensure effective decisions regarding the future planning, commissioning, delivery and monitoring of services. Improved collaboration between Trusts and local providers when designing new service models. Improved sharing of emerging service-based learning and good practice across NI.	accountable to the DHSSPS for implementation of the Strategy. The Group ensures summary progress reports within each Trust area is provided to the HSC Board on a six-monthly basis. The measures of outcome and improvement achieved are assessed against Key Performance Indicators.	

Action 2 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Taking action to address inequalities and identify gaps in service provision is the overall rationale for the Physical & Sensory Disability Strategy 3 Year Action Plan which is now entering its final phase. The Strategy Implementation Group leading the work is cross Departmental and includes HSC Board, PHA, Trusts, DEL, DSD, voluntary organisations and service users. Actions taken forward to date include the following:

- A Good Practice Guidance Checklist has been developed to ensure the needs of people with disabilities are considered in the design and development of health promotion programmes/campaigns.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
• Developing Eyecare Partnership Regional Group has been established under the leadership of Dr J McCall (PHA) and R Curran (HSCB).Task Group 5 Promotion of Eye Health has been established and SIG is represented on this. • A Task & Finish Group has been set up to identify and promote preventative messages in eye care. • A regional deafblind needs analysis report has been produced with key recommendations. • The HSCB has established a Project Board and Project Team structure to take forward Self-directed Support Programme. The promotion of Direct Payments will come under the auspices of the Self-directed Support Programme • The Accessible Formats policy and guidance has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation. • Trusts Making Communication Accessible guide has been reviewed. • A Level 1 E-Learning awareness raising programme for hearing and sight loss has been road tested with Trust Staff Groupings. The following Trust staff have participated in the pilot of the new E-Learning Sensory Disability module: Ray Maxwell, SHSCT, Colette Begley, SHSCT, Frances Steenson, SHSCT. The module was launched by Action on Hearing Loss on 5th November 2014 at Lough Neagh Discovery Centre – Lynda Gordon, Trust's Equality Officer and Pat McAteer, Trust's Sensory Team were in attendance. • The HSCB continues to work with the NI Human Rights Commission to develop a human rights based approach model and associated resources. • An evidence based analysis of a best practice model for emergency short breaks/respite was produced which included a checklist for identification of people at risk in a caring relationship. Trust contingency plans are in place to manage emergency situations.					
Action 3: Regional Ongoing Action ▪ Increase staff awareness of cultural needs to eliminate barriers. ▪ Ensure equality of opportunity for BME people accessing	**Health and Social Care Booklet** To review and launch updated Health and Social Care Booklet to provide information about health and social care to people from minority ethnic backgrounds who have moved to Northern	Booklet reviewed and launched. Resource for people moving into Northern Ireland.	Improved awareness of health and social care structure and services among people from minority ethnic backgrounds who have moved to NI. Improved access to services. More timely intervention	Year 1 Monitored through Annual S75 Progress Report to Equality Commission.	Equality Leads/HSC organisations

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
services. ▪ Need for clear up to date information for BME people. **Source: New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland, 2010** **OFMDFM Race Strategy 2005-2010**	Ireland.		and ultimately better health outcomes.		

Action 3 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The booklet has been subject to review by the Health and Social Care family. Progress was delayed due to legislative reform in terms of the Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015. HSC Trust Equality Leads responded to the consultation on this legislation along with many other organisations such as the Law Centre NI who wished to see an extension of the previous entitlement to allow asylum seekers free access to health care. The most recent version of this booklet has been issued for comments to HSC Trust Equality Leads and to the Health and Social Care Board and DHSSPSNI Equality Leads. The booklet has also been shared with the Counter Fraud Unit in the Business Services Organisation for quality assurance. Subject to general consensus on the content of the booklet, it is envisaged the resource will be made available in the autumn of 2015.

This booklet is intended to help new arrivals to NI and those unfamiliar with the NIHSC system with way-finding. Amongst other things it explains the role of interpreters; how to register with a GP; the Out of Hours Service along with a range of other hospital based and community based services. How to make a complaint is also explained. There are links to other useful information such as the Choose Well Campaign – which is about signposting to the appropriate service.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 4: New Regional Action ▪ Increase staff awareness that different cultural, faith and belief groups have a variety of views on health, ill-health, birth, dying and death. ▪ Total care includes care for the physical, social, psychological and spiritual dimensions of the person. **Source : Code of Conduct for HPSS Healthcare Chaplains (UKBHC 2010) (DHSSPSNI (2011)** **Meeting the Religious and Spiritual Needs of Patients and Staff (DHSSPSNI 2004)**	**Spiritual Care Policy** To develop a Spiritual Care Policy based on the template provided by the Northern Ireland Healthcare Chaplaincy Service.	Policy on how spiritual care services are recognised and provided within hospital and community services.	Increased awareness among health and social care staff of spiritual needs. Improved holistic care for patients. Improved multidisciplinary working among health and social care professionals.	Year 1 Monitored through Annual S75 Progress Report to Equality Commission.	Executive Council of the NI Healthcare Chaplains' Association Local Chaplains Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 4 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
Meetings took place during the year under review with the Trust's Quality and Patient Support Officer, the Trust's Records Management Officer and the Trust's Equality Manager to discuss this draft Policy which is premised on the NI Healthcare Chaplains Association template and intended for adoption by all HSC Trusts. The main topics of discussion were issues surrounding confidentiality of patients' records and Data Protection/Management. A number of actions emanated from these meetings and included a presentation of the draft policy to the Trust's Chaplaincy Forum in February 2015 to obtain their views on the draft policy and to secure their buy in. Records Management & Data Protection training was provided to the Chaplaincy Forum to address any concerns and to provide clarity around records management. The latest draft policy along with the equality screening template were shared with both the Trust's Chaplaincy Forum and tabled at the Trust's Race Equality Forum in February 2015 for further discussion. One of the Hospital Chaplains also attended the Race Forum meeting which resulted in a few minor adjustments to the draft policy. The draft policy and associated screening template were finalised during the year under review and will now proceed to the Trust's Policy Scrutiny Committee and SMT for sign off.					
Action 5: New Regional Action • Access to mental health services for minority ethnic communities. • Important to consider issues relating to ethnicity and culture - Mental Health and Ethnic minorities in mental health services.	**Cultural Competence in Mental Health Services** To develop an online toolkit to offer practical advice and good practice information for mental health practitioners on optimising their cultural competence. To develop a DVD and associated training materials on cultural competence in Mental	Draft online toolkit - developed in partnership with mental health service users and representative organisations. Toolkit piloted with mental health practitioners across the region. Online toolkit formally launched	Increased awareness among mental health practitioners of potential barriers and challenges for minority ethnic communities accessing services. Improved access to mental health service for increasingly culturally diverse population. Better health outcomes in mental health for BME service users.	Year 1 Monitored through Annual S75 Progress Report to Equality Commission and project steering group.	Belfast Trust in conjunction with HSC Trusts and Aware Defeat Depression.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source: University of Birmingham & Northern Birmingham Mental Health Trust February, 1995 **Research in 2013 conducted by Rooney for Ballymena Inter-ethnic Forum**	Health Services.	as regional resource on PHA website.	Increased confidence among BME service users to access and use mental health services.		

Action 5 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Northern Ireland now is home to a much greater breadth of cultural diversity - the Census 2011 identified that 1.8 per cent (32,400) of the resident population of Northern Ireland belonged to Black and Minority Ethnic (BME) Groups, more than double the proportion in the 2001 Census. Research in 2013 found that there was a low uptake of mental health services by BME communities. Delivering mental health services can be complex, but this becomes even more difficult when cultural and linguistic differences exist. In 2013 the Public Health Agency (PHA) provided funding on a regional basis specifically to examine how HSC mental health providers could be supported in the delivery of culturally competent services. Aware Defeat Depression worked in partnership with Health and Social Care Trust representatives to look at how best to support this initiative. This partnership convened a regional conference in June 2013 for mental health specialists across the statutory, community and voluntary sectors. The focus of this event was "Developing Cultural Competence when delivering Mental Health Services to Black and Minority Ethnic Communities", which looked at the complexities of delivering mental health services in this context. There was general agreement that mental health professionals would welcome the development of an online toolkit for specific advice or good practice in this area.

An Ethnic Minorities Mental Health Toolkit which essentially is a guide for Practitioners was developed as a result of the regional conference and feedback. It is available online at the PHA website and a number of hard copies have been provided to each Trust. The toolkit is broken down into quick reference sections with hyperlinks to more detailed reports or useful resources and there are a number of appendices with useful links. http://www.belfasttrust.hscni.net/pdf/BME_Cultural_Awareness_Document_sml.pdf. The SHSCT responded with details of local contacts and initiatives to be included in the final Toolkit. Nuala Quinn, SHSCT, Mental Health Directorate participated in the roll out of training – T4T. The final version of the Mental Health Toolkit – A Guide for Practitioners - has been uploaded to the Trust's intranet and promoted in the Trust's 'Southern-i' (corporate magazine). It has also been highlighted in Primary Care settings via the GP intranet and in Practice Talk.   An

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
accompanying DVD and Train the Trainer session will help improve usage and awareness of the resource and the concept of cultural competency.					
Action 6: **Ongoing Regional Action** ▪ Need for enhanced networking structures with BME communities. **Source : Regional Minority Ethnic Health and Social Wellbeing Steering Group**	**Partnership working with BME Communities** To further promote partnership working with BME organisations such as Stronger Together to help identify and address health and social care issues affecting BME communities.	Engagement process established with representative individuals and organisations. Trust membership of local and regional networks. Regional Funding of Network.	Improved Networking with key groups. Enhanced health and social care services to BME service users.	Year 1 and on-going Annual monitoring via ECNI Progress Report. Monitoring of Steering Group Action Plan.	HSC Equality Leads and Trust PPI Leads.

Action 6 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Regional Minority Ethnic Health and Social Wellbeing Network continue to support the Stronger Together Network. During the reporting year, one BME Health and Social Wellbeing Initiative was held in each of the 5 Trust areas. Local engagement sessions included workshops on No Recourse to Public Funds and Domestic Abuse. The database for local BME Groups was also updated. There is a plan to expand the New Entrance Service (NINES) Project to the Southern and Western Health and Social Care Trust areas during 2015/16. In addition to this an application for funding has been made to support a Regional BME Carers Research Project. Trust staff have also been engaged in working with the new Councils in the development of an assessment of need and profiling of BME communities.

The Trust's Race Equality Forum continued to meet during the current reporting period. Its membership was extended to include the Head of Early Years and Parenting – SHSCT. The Forum also produced a Progress Report of key activities against its agreed action plan – a copy of which can be obtained by contacting: Mrs Lynda Gordon see page 7 of this document for contact details.

Section 1 – Cross Cutting Themes
Theme 2 – Service Monitoring

Recurring Theme Inequalities Audit – Absence of an effective monitoring system makes it difficult to plan and respond to the changing need profiles of the population and model services accordingly

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 7: Ongoing Regional Action - ▪ A need to improve ethnic monitoring of services. **Source : NICEM Seminar Report, Ethnic Monitoring in NI (2010)** **Race Equality in Health and Social Care, A Good Practice Guide. ECNI (2011)** **Racial Equality Policy Draft Priorities and Recommendations ECNI (2013)**	**Ethnic Monitoring** To continue to roll out ethnic monitoring to key information systems such as CHIS, NIMATS and PAS.	Data on BME service users accessing services. Potential gaps in data identified. Guide on Ethnic Monitoring of Service Users in HSC (NI) launched - September 2014.	Improved data on BME communities accessing Trust services. Improved monitoring of service provision.	Year 1 Monitoring of ethnic monitoring returns.	DHSSPS, HSCB, HSC Trusts.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 7 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
Ethnic Monitoring of Service Users is in place in a number of key information systems – Child Health System, PAS, SOSCARE, SureStart and NIMATS. An audit of progress on implementation on each of these systems was planned for July / August 2015. The Ethnic Monitoring leaflet for Service Users has been translated into the top five languages for use across all HSC Trusts. This has been circulated throughout the five Trusts. Information for staff in the form of Key Tips for Staff has also been circulated and is available on the Trust's intranet sites. This information has also been included in information packs for a Regional Midwifery Conference (23-1-15). Specific training has also been provided to other groups of staff e.g. through the Social Work Forum. The Regional Ethnic Monitoring Guidance has been finalised and the Regional Ethnic Monitoring Group are in discussions with the HSCB in relation to the roll out of this Guidance. The Ethnic Monitoring Project in HSC has been positively referenced by the OFMDFM Race Equality Unit. Ethnic Monitoring of staff continues to be collated by the Trusts and this has been enhanced by HRPTS Self-Service functions.					
Action 8: New Local Action ▪ Absence of an effective monitoring system makes it difficult to plan and respond to the changing need profiles of the population and model services accordingly.	**Monitoring - Traveller uptake** Develop mechanisms to monitor and evaluate the uptake of services by Travellers and other BME communities.	Implement and roll out new Community Information System.	Trust able to plan and respond to the changing need profiles of the population and model services accordingly.	2014 - 17	Community Information System Team, SHSCT

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 8 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
As stated above - the PARIS community information system (CIS) is currently being deployed and has a long term implementation plan. Using a phased approach PARIS is being rolled out across the Southern Trust and will provide a single integrated community based service electronic record. PARIS has the ability to capture ethnicity. Teams who have CIS installed are being targeted. To date, a number of services have been implemented and plans are in place for further deployment. All staff using the system are provided with training on use of the system and the importance of data quality. Data quality and system usage is also monitored at monthly project board meetings. Ethnic Monitoring poster, leaflet and guidance developed regionally are now available on Trust intranet. Slides on ethnic monitoring and the resources to support managers with the introduction of same have been included in staff training on 'Data Quality'.					
Action 9: Ongoing Regional Action - ▪ Low number of complaints received from deaf and hard of hearing community. **Source: Action on Hearing Loss 2013**	**Complaints DVD** Promotion of Regional Complaints DVD: 'Complaints Procedure: A guide on How to Complain'.	Resource available for the Deaf and Hard of Hearing Community. Resource available on HSC Trusts websites. Promotion of availability of DVD through training and awareness events. Alternate formats available for the submissions of, and response to, complaints Evaluation of the effectiveness of the DVD.	Increased awareness among the deaf community of the complaints procedure and how to access the procedure. Improved access for the deaf community to the complaints procedure.	Year 1 and on-going Monitoring of the number of complaints received. Reporting through S75 Annual Progress report. Service user feedback.	HSC Trust Equality Lead Complaints/Patients Liaison Manager RNID
Action 9 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
A DVD has been produced and promoted regionally. The DVD is now available on all Trust websites. NB: There has been no notable increase in volume of complaints from service users who have gained a better understanding of the complaints process through the DVD. Also no quantifiable					

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

increase in number of complaints from the deaf and hard of hearing community who have learnt about complaints process through the DVD. Various ways have been discussed with regard to capturing information e.g. anecdotal, BDA, survey monkey.

South Eastern Trust Complaints/Patient Liaison Manager is working with colleagues from other HSC Trusts to identify any potential regional increase of complaints from this community. Also further feedback is to be gathered from Survey Monkey with regard to finding data on how patients discovered how to make a complaint e.g. through the website.

Section 1 – Cross Cutting Themes

Theme 3 – Mainstreaming Equality, Good Relations, Disability Duties and Human Rights Considerations into the Corporate Planning Cycle and Decision Making Processes

Recurring Theme Inequalities Audit – Absence of mainstreaming makes it difficult to ensure an equality perspective is incorporated in all policies at all levels and at all stage by those normally involved in policy

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 10: New Regional Action ■ User friendly version of Annual Progress Report will be accessed by wider audience. **Source: Review of Equality Scheme (ECNI)**	**Annual Progress Report** To work with the ECNI to develop a user friendly and accessible Annual Progress Report.	Annual Progress Report available in accessible user friendly format.	Increased awareness among stakeholders of the equality work taken forward by Health and Social Care Trusts.	Year 1 Monitored through Annual S75 Progress Report to Equality Commission.	HSC Trust Equality Leads in conjunction with ECNI
Action 10 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence An ECNI led event was held on 11th March 2015 where a presentation on the new template was provided by Lisa King (ECNI). A follow up meeting					

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
took place on 21st April 2015 with the ECNI and HSC Trust Equality Leads to discuss in more detail the new template and expectations in going forward with the completion of same. The new template is now in use to record progress for the current reporting year 2014/15 and here on in. HSC Trust Equality Leads have fed into the consultative process led by the ECNI.					
Action 11: **New Regional Action** • Current template not reflective of the clinical policy areas. **Source: Review of Equality Scheme (ECNI)**	**Screening Template** To review the HSC Trust screening template and associated guidance.	Easy to follow screening template and guidance that meets the needs of health and social care. All Trust policy makers will use easy to follow screening template and guidance.	All Trust policy makers will use easy to follow screening template and guidance. Increased satisfaction among policy leads and decision makers when using template and guidance.	Year 1 Monitored through feedback from staff using template and guidance and Annual S75 Progress Report to Equality Commission.	HSC Trust Equality Leads in conjunction with ECNI

Action 11 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

A review of the current equality screening template was undertaken during the current reporting period and has been piloted by 2 HSC Trusts i.e. the Belfast Trust and the Northern Trust. Discussions about the screening template have been ongoing for some time between all HSC Trust Equality Leads and the Equality Commission for NI. Much of the discussion has centered on the length of the screening form and its application where policies are clearly technical or clinical in nature and have no bearing on equality of opportunity or good relations. Essentially, this is what prompted a review of the screening template which, under the pilot, allows for HSC managers to screen out policies that are technical or clinical in nature at an early stage - subject to adhering to a number of stipulations laid down by the Equality Commission to ensure continued compliance with the S75 Statutory Guidelines.

The Trusts having notified consultees of their intended pilot in advance and, having drawn their attention to the quarterly screening outcome reports in the interest of transparency, have piloted the revised screening template over the last number of months. The Commission sought assurance that completed screening templates would be centrally quality assured and monitored to ensure that there was no misuse of the template.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Feedback to date has proved positive and it has been decided to extend the pilot for another 3 months to further scope the user friendliness and identify any further improvements in policy assessment. All HSC Trusts will review the outcome from the pilot along with the Commission's views/advice before rolling the revised template out across the wider organisation and subject to SMT and Trust Board approval.					
Action 12: New Regional Action ▪ Good practice guidance required to ensure consistent and effective approach. **Source: Review of Equality Scheme (ECNI)**	**Equality Impact Assessment Template** To work with the ECNI to develop best practice Equality Impact Assessment Template.	Easy to follow EQIA template that meets the needs of health and social care. All Trust policy makers will use easy to follow EQIA template. Consistent approach adopted by all Trusts.	Increased satisfaction among policy leads and decision makers when completing EQIAs.	Year 1 Monitored through feedback from staff using template and guidance and Annual S75 Progress Report to Equality.	HSC Trust Equality Leads in conjunction with ECNI
Action 12 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence HSC Trusts are committed to working with the ECNI to develop best practice in relation to EQIAs. The Southern Trust continues to conform with the Commission guidance on Equality Impacts Assessments at the same time seeking to ensure its EQIA process is as robust and as user friendly as possible – see recent examples i.e. 'Proposal for the Future of Stroke Services' and more recent EQIA 'Proposal for the Future of Statutory Residential Care for Older People'.					

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
Action 13: Ongoing Regional Action ▪ Multi-Identity Issues. **Source: ECNI Guide to the Statutory Duties (ECNI 2005) Rainbow (2014)**	**Multi-Identity** To ensure that key multi-identity issues are incorporated into Policy and Service Developments.	Update Screening and EQIA Tools to ensure they are sufficiently sensitive to include assessment of impact in relation to multi-identity.	Increased awareness among staff of multi-identity issues and their impact on access to Health and Social Care. Improved screening and EQIA processes.	Year 1 and ongoing Monitored through quarterly screening reports and S75 Annual Progress Report to Equality Commission.	HSC Equality Leads
Action 13 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence – see action 11 above Screening template to incorporate multi-identity issues with useful examples. Screening Guidelines to include a better mix of worked examples including employment based examples and potential impacts on staff e.g. centralisation of services, retraction of services and outsourcing together with S75 impacts. Procurement examples are also to be included in the revised guidelines.					
Action 14: New Regional Action - ▪ Need for greater awareness amongst Health and Social Care staff of	**S75 Training** To review S75 Training Programme so that it reflects any of the changes made to the screening and EQIA templates.	Updated training programme reflective of new screening and EQIA resources. All Trust policy makers trained in screening and EQIA resources.	Increased awareness of policy leads and decision makers on new templates for screening and EQIA.	Year 1 Monitored through feedback from staff using template and guidance and Annual S75 Progress Report to Equality Commission.	HSC Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
Section 75 issues. ▪ Need to further mainstream Section 75 considerations into the corporate planning cycle and core business of the Trust. **Source: Guide to the Statutory Duties (ECNI 2005) Five Year Effectiveness Review**					

Action 14 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Feedback from the screening pilot – see action 14 above - will further shape training resources and materials.

The Trust is committed to the provision of training as a key component of meeting its legislative requirements – see Chapter 5 of the Trust's Equality Scheme. The Trust's Equality Leads deliver a range of training to ensure that staff are equipped with the necessary knowledge and skills to discharge the S75 equality duties – see training section of this year's Annual Progress Report (point 24) for full range of training which includes e.g. corporate induction for new staff; S75 Equality Screening Master Classes for those involved in policy development and decision making processes of the Trust.

The health and social care Discovering Diversity E-Learning package, which now extends to 7 modules, continues to be rolled out to staff - 1,643 staff have completed this. HSC Trust Equality Leads plan to review and further extend this platform during the coming months – discussions are at

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
an early stage with the software provider.					
Action 15: Ongoing Regional Action - ▪ Information required to allow service providers to identify key inequalities and investigate their causes. **Source : Guide to the Statutory Duties (ECNI 2005)**	**Emerging Themes** To annually review and maintain the 'Emerging Themes' compendium of research literature to inform current and future action based plans.	Up-to-date and reliable evidence and staff resource on emerging themes in relation to key inequalities experienced by the nine equality categories. Collated data (qualitative and quantitative) that is analysed, themed and disaggregated by the Section 75 categories. Indicators of levels of inequalities. Evidence available for future screening and equality impact assessments. Relevant and evidence based action plan.	Improved screening and EQIA processes. Better assessment of impact on S75 equality categories when planning and reviewing services.	On-going Monitored through S75 Annual Progress Report to Equality Commission.	HSC Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 15 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence Emerging Themes document was updated July 2015 and is available on all Trust websites and intranets.					
Action 16: Ongoing Regional Action ▪ Relevant up to date information on consultees for engagement and consultation processes. **Source : Guide to the Statutory Duties (ECNI 2005)**	**Maintenance of Regional Consultation List** To annually review regional list of consultees.	Up to date, relevant list of consultees. Revalidated consultee database.	More effective and targeted consultation. Increase in consultation response rate.	Annually. Monitored through Annual Progress Report to ECNI.	HSC Equality Leads in conjunction with other HSC organisations
Action 16 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence Regional and local lists updated by SHSCT May 2014 to support EQIA on 'Proposal for the Future of Stroke Services, Dementia and Hospital Services for Older People'. The list was updated again in May 2015 to support the EQIA on 'Proposal for the Future of Statutory Residential Care for Older People'. Task is ongoing – reviewed annually. There are approximately 800 organisations on the master consultation lists.					

Section 1 – Cross Cutting Themes
Theme 4 – Promoting Participation and Inclusion

Recurring Theme Inequalities Audit – Lack of Involvement of S75 groups in planning and decision making

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 17: New Regional Action - ▪ Commitment to ensure PPI is integral to decision making. **Source : HSC Trusts Consultation Schemes** **Effective Stakeholder Engagement - Good Practice Guidelines (Policy Champions Network) Health and Social Services (Reform) Northern Ireland Act 2009.**	**E-Learning PPI toolkit** To work with Trust PPI Leads on the development, launch and dissemination of a multifaceted PPI awareness raising & Training Programme for HSC in partnership with Public Health Agency (PHA).	Multifaceted PPI awareness raising and training programme ranging from Introductory level 1 to level 4 specialised PPI training (modular and eLearning mix).	Increased awareness raising of PPI. Greater understanding of values, principles and methods of effective PPI. Greater understanding of the needs of S75 groups and how to effectively engage with hard to reach groups. Will lead to an increase in S75 groups' involvement in planning and decision making.	Year 2 Uptake monitored through E-Learning monitoring process.	PHA Trust PPI Leads HSC Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 17 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence New PPI Standards "Setting the Standards" was formally launched on 4th March 2015. These new regionally agreed standards set out the new PPI standards which HSC Trusts are expected to strive to implement as a model of good practice for developing PPI approaches to Health & Social Care. The five new standards are; Leadership, Governance, Opportunities and support for Involvement, Knowledge and Skills and Measuring Outcomes. A regionally approved Train the Trainer PPI programme has been developed and Trusts PPI Leads have received the training tools to allow for each Trust to roll out the PPI training locally. This will also be supported by the development of a PPI e-learning programme to complement the face to face training tools.					
Action 18: **New Local Action** ▪ Lack of involvement in planning and decision making by S75 groups.	**Service User, Carers, Stakeholder Involvement** Implementation of methodologies to ensure involvement of service users, carers and other relevant stakeholders in planning and decision making of health care services. Target recruitment of marginalised/hard to reach groups.	Development and implementation of Annual Directorate PPI Action Plans. PPI Roadshow to raise awareness of how people can become involved, showcase involvement work to date and promote opportunities for further involvement. Continued facilitation of service user and carer led PPI Panel.	Increased involvement in planning and decision making of health care services. Service User Panel / User Groups are representative of S75 groups. Involvement of S75 groups at all 5 levels of personal and public involvement to ensure inclusiveness and representativeness. Ability to influence the development of	Annual Progress Reports Mid and end of year accountability reports to DHSSPS. PPI Performance Management reports to PHA. Quarterly reports to Patient Client Experience Committee. Monitoring Arrangements Levels of representation to Trust PPI activities across programmes of care. Summary of PPI Impact	Carolyn Agnew Head of User Involvement and Community Development (SHSCT)

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
		Development of Advocacy Information Booklet. Continued facilitation of Race Equality Forum and Traveller Action Group. Range of involvement activities under annual Directorate PPI Action plans.	methodologies to ensure involvement of service users, carers and other relevant stakeholders in planning and decision making of health care services. Increased awareness of definition of advocacy and provision across SHSCT area. Increased involvement of Travellers and BME communities in planning and decision making of health care services.	of involving Travellers and carers following pilot of PPI Impact template. S75 monitoring of PPI Reimbursement.	

Action 18 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Directorate PPI Action Plans for 2014/15 have been developed and are being implemented. A PPI Road Show was held in April 2014 - a Newsletter detailing the event and an evaluation questionnaire was developed and made available on Trust website and intranet. A DVD is being finalised. The Trust's PPI Panel continues to meet quarterly - an Action Plan for 14/15 has been completed and a 15/16 plan is being developed. PPI Panel induction refresher training was completed on 14/11/14. An Advocacy Booklet has been developed and was launched at PPI Event and is also available on the Trust website and intranet. The Trust's Race Equality Forum and Southern Trust Traveller Action Group continue to meet.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Traveller Action Group Progress report 14/15 has been developed and an Action Plan for 15/16. Funding has been secured and a Health Trainer Coordinator to support Travellers and other disadvantaged communities to complete accredited and non-accredited training to increase employability - commenced 20/4/15. PPI Performance Management self-assessment completed as part of Public Health Agency (PHA) PPI Performance management framework. A PHA PPI Verification visit was completed on 24/3/15 - focus on PPI in Cancer Services. Regional PPI Standards were launched Feb 2015. PHA pilot PPI training programme completed. SHSCT is part of a research team with QUB, University of Ulster, Willowbank and peer service user researcher to monitor, measure and evaluate impact of PPI in HSC in NI. Ethical approval obtained, literature review completed, fieldwork being carried out April 2015 with report due end of June 2015. Carers Reference Group continues - 14/15 progress report being developed and Action Plan for 15/16. Consultation process for development of new tender specification for generic carer support services completed. Carers' resources translated into top 12 languages to increase accessibility to support services. Funding for Community Development Carers Worker secured for 15/16. At the time of completing this year's report the job description and personnel specification were being banded.

PCES Improvement Plans have been developed for key areas of non-compliance and are being implemented. Quarterly progress reports have been submitted to Public Health Agency. #hellomynameis has been launched 23/10/14 as a Trust key improvement initiative. 10,000 Voices Phase 1 Unscheduled Care has been completed - action plans have been developed and are being implemented. Phase 2 of 10,000 Voices i.e. Care in the Home has been completed. | | | | | |
| **Action 19 New Local Action**

• Patients accessing services can experience poor attitude / behaviour / respect / communication/ privacy and dignity from | **Patient Client Experience**

Implementation of methodologies to record patient client experience across a range of facilities. | **DHSSPS** commencing PCES audit programme 14/15.

Phase 1 In-patients May/June 2014.

Phase 2 ED Dec 2014.

PHA 14/15 Work plan. | Greater than 90% compliance with each of the 5 standards. | Monitoring Arrangements Monitoring quarterly to PHA. | Fiona Wright AD Nursing Governance

Carolyn Agnew Head of User Involvement and Community Development (SHSCT). |

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
staff. **Source: DHSSPSNI Patient Client Experience Standards**		**Quarter 1** Review PCES Audit programme 2009 - 2014 and identify areas for improvement. Develop Improvement plans and agree Key Improvement Initiative **Quarters 2 , 3 & 4** Actions to improve issues identified. Continue to monitor progress on regional PCES priorities. 15/16 Work plan - as for 14/15 but with different agreed areas based on feedback from 10,000 Voices and NQI			

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 19 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					

Action 19 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

DHSSPS PCES in-patient audit circulated – Audit Report published. No further audits planned.

Trust PCE Work Plan14/15 agreed. PCES Improvement Plans developed for key areas of non-compliance and being implemented. Quarterly progress reports submitted to PHA. #hellomynameis has been launched 23/10/14 as Trust key improvement initiative. 10,000 Voices Phase 1 Unscheduled Care completed - action plans have been developed and are being implemented. Phase 2 Care in the Home completed.

Recurrent funding secured for B6 10,000 Voices Support Worker from 15/16. Discussions commenced internally and regionally regarding interfaces between PPI and PCE and streamlining of monitoring and reporting mechanisms.

Section 1 – Cross Cutting Themes
Theme 5 – Procurement

Recurring Theme Inequalities Audit – Those organisations that Public Authorities contract with should be required to have equality policies and procedures in place in relation to the delivery of their services.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 20: Ongoing Regional Action - • Need for consistent compliance with ECNI guidance Equality of Opportunity and Sustainable Development in Public Sector Procurement. **Guide to the Statutory Duties 2005** **Public Procurement and Human Rights in**	**Procurement – Section 75 Duties** To continue with on-going training delivered by BSO to HSC staff involved in contracting and commissioning function to ensure S75 duties are embedded in the procurement processes and to promote an increased awareness of Human Rights in Procurement.	Training sessions delivered to relevant HSC staff. Evidence of S75 considerations in HSC procurement process.	Increased awareness among relevant HSC staff of S75, Disability Duties and Human Rights obligations in procurement process.	Year 2 Uptake monitored through training programme.	BSO HSC Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
NI (NIHRC) Equality of Opportunity and Sustainable Development in Public Sector Procurement 2008					

Action 20 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

A regional workshop is planned for 14th August 2015 focusing on Equality and Human Rights Issues in relation to Procurement, Commissioning and Planning processes. Good practice examples and legal implications will be discussed at the event. Invitations have been extended throughout HSC organisations. Staff from Performance and Reform and Contracts Management functions and Trust Equality Leads will be in attendance. Inputting to the event is June Turkington, Directorate of Legal Services, BSO and Orla Donaghy, Procurement and Logistics Services (PaLs).

SECTION 2

Service Related Issues

Measures to promote equality of access to Health and Social Care Services
Pages 41 - 65

Section 2 – Service Related Issues

Recurring Theme Inequalities Audit – Measures to promote equality of access to health and social care services

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 21: Ongoing Regional Action - • For persons in need who are destitute and have no or limited recourse to public funds. • Current constraints include lack of regional guidance and	**No Recourse to Public Funds** To ensure that decisions in this area are compliant with key legislative requirements e.g. Human Rights Act.	Guidance updated for staff to use during decision making. Staff informed of Guidance.	Northern Ireland Entrants Scheme (NINES). Increased staff awareness of key considerations when determining if treatment or support can be provided.	Year 2 Monitored via BSO, Counter Fraud Unit and Trust internal monitoring arrangements.	HSC Trusts, BSO, DHSSPS, HSCB

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
funding implications. **Source: No Home From Home Research (NIHRC)** **Policy Briefing Accessing Healthcare for Migrants in NI: Problems and Solutions, Law Centre (NI) (2013)** **DHSSPS Consultation on 2005 Provision for services to Persons not ordinarily resident in NI (2013)**					

Action 21 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Counter Fraud & Probity Services has set up a Pilot in 2 Trust areas i.e. the Western and Southern Trusts. The outcome of these pilots will be evaluated to assist with next steps to be taken across health and social care. The Pilot involves a process where patients who present without GP details or a Health & Care number are asked to provide proof of residency. It will be up to the patient to prove residency not the Trust. Patients will be asked to provide photographic ID along with a further piece of evidence to confirm residency. Trust Equality Leads have provided feedback and will continue to provide advice to ensure HSC Trusts equality and human rights statutory obligations are met.

On 28 May an event entitled "Domestic Abuse and Women with No Recourse to Public Funds: Where Human Rights Do Not Reach" was held to celebrate Africa Week by raising awareness on issues affecting Black Minority and Ethnic Women in Northern Ireland. It brought together

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
Women's groups, NGO's, policy-makers, victims of domestic violence, service providers, health practitioners and other public bodies to share information and establish a collaborative approach to addressing the issue of "Domestic Abuse and Women with no Recourse to Public Funds" in Northern Ireland as it impacts on the protection of children and vulnerable adults. Trusts will consider the outcome from this event to ensure compliance with best practice. The Stronger Together Network held a seminar on 24 June 2015 to discuss the implications faced by people that have no recourse to public funds and how they can be supported by the community and voluntary sector. The event agenda included what 'No recourse to public funds" means and who it applies to, understanding the legislation and short, medium and long term support solutions. Outcomes from this event will be considered and during 2015/16 Trust Equality Leads will consider how Trusts can work in partnership with the voluntary and community sector.					
Action 22: Ongoing Regional Action ■ Need for culturally sensitive services. **NICEM Report Black and Minority Health and Wellbeing Development Project September 2006.** **Out of the Shadows Report – An action research report into families and racism and exclusion in NI**	**Multi-cultural and Beliefs Handbook** To maintain the Multi-cultural and Beliefs Handbook to ensure that reflects current migration trends.	Updated Multi-cultural and Beliefs Handbook available for staff. Provision of culturally sensitive services. BME service users treated with dignity and respect regardless of their ethnic background.	Improved patient experience for BME communities. Increased awareness among staff of beliefs, needs and preferences.	Year 1 Monitored through PPI/Patient Surveys/Complaints monitoring.	Southern Trust on behalf of all HSC Trusts

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Race Equality Audit for NI – NICEM **New to NI – A study of issues faced by migrant, asylum seeking and refugee child in NI**					

Action 22 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Designed to assist staff in ensuring they provide culturally sensitive services in their day to day work this regional resource, which is maintained by the SHSCT on behalf of HSC Trusts, was updated during the current reporting period to reflect recent changes to the provision of the interpreting service (now managed by the BSO on behalf of the HSC family) and to reflect the growth in diversity of the NI population profile. This newly revised resource is available on the Trust's intranet and now includes information on the Roma community.

Resource updated and circulated to Equality Leads – April 2015 as latest version.

Action completed but subject to on-going review to reflect migration trends.

| **Action 23:**
New Regional Action

▪ Need to ensure Trusts prepared for extension of Age Discrimination Regulations. | **Age Discrimination Regulations**

To work with Trust service areas to identify the key issues to address in preparation for extension of Age Discrimination Regulations into the sphere of goods, | Workshop with service areas to identify issues.

Actions developed to ensure Trusts are prepared for extension of regulations.

Good practice adopted across | Increased staff awareness of legislative requirement. | Year 3 (dependent on legislation enactment).

Monitored through action plan and S75 Annual Progress Report. | Service Leads

HSC Trust Equality Leads |

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source: Old Habits Die Hard – Tackling Age Discrimination in Health and Social Care **ECNI - Awareness of Age Regulations 2006 and Attitudes of the General Public in Northern Ireland towards Age Related Issues**	facilities and services.	service areas.			

Action 23 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Legislation has not been introduced as yet – however note below announcement made by Junior Ministers:

Junior Ministers Jennifer McCann and Jonathan Bell announced proposals on the way forward for new age discrimination legislation on the provision of goods, facilities and services - Thursday, 19 February 2015. The Programme for Government contains a commitment to extend legislation to give legal protection from unfair age discrimination by those providing goods, facilities and services. The proposed legislation will apply to people aged 16 and over. Junior Minister McCann said "The aim of the new legislation is to protect all people aged 16 and over from discrimination because of their age when accessing goods, facilities and services. This will put age discrimination outside work on a similar footing to discrimination law in employment. It sends out the clear message that ageist attitudes and practices are as unacceptable in service provision as in the workplace." Junior Minister Bell commented: "We are eager to progress this Programme for Government commitment as soon as possible. It will give individuals confidence to know their rights to fair treatment, and provide legal clarity for service providers. The next step will be to bring forward a consultation document in the near future, setting out our proposals. Following consultation, we will then consider all the options available to us for bringing this legislation before the Assembly."

In certain circumstances it is appropriate to treat people differently because of age, such as the prohibition on the sale of alcohol to people under

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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18. The proposals will not affect other legislation which currently imposes statutory age limits. At the time of completing this year's annual report OFMDFM has announced the commencement of public consultation on the Proposals to Extend Age Discrimination Legislation (Age Goods, Facilities and Services) from 3 July 2015 – 8 October 2015.					
Action 24: New Regional Action ▪ Support for Black and Minority Ethnic (BME) Carers. **Source: Diversity in Caring. Towards equality for carers, Yeandle, Bennett, Buckner, Fry and Price, University of Leeds**	**BME Carers** To develop ways of identifying and supporting BME carers by working in partnership with health and social care organisations, community and voluntary groups and others seeking to improve the health and social wellbeing of BME carers across Northern Ireland.	Initiatives identified to reach out to and to support BME carers. At a practical level this work includes: Information leaflet translated into 9 languages. Training event for health and social care staff to be run during Carers Week 2014. Good practice shared across organisations working with BME carers.	Raised profile of the issues affecting BME carers in NI. Increase in staff awareness of the needs of BME carers. Improved information available for BME carers.	Year 1 Monitored through identifying and supporting BME carers group.	Regional Minority Ethnic Health and Social Well-Being Steering Group PHA Trust Carers Co-ordinators HSC Trust Equality Leads

Action 24 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Regional initiatives to support BME carers during 2014 – 2015 included:
➤ Development of an information leaflet aimed at raising awareness of carer support and details of Carer Co-Ordinators translated into 11 languages and launched at a regional event in June 2014 in the SHSCT. This leaflet was distributed throughout all HSC Trusts and is available on the Trust website.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

➤ Funding was secured by the Regional BME Carers group (from PHA) to run events in each Trust to raise awareness of BME carers. Events included:
  - The development of an App to promote the needs of Carers from BME Communities. This App will help identify and assist individuals with caring responsibilities and sign post them to appropriate services.
  - A workshop 'Cultural Approaches to Caring' which aimed to raise awareness of cultural differences to caring, and to provide a networking opportunity between the Trust and other organisations supporting BME carers.
  - A seminar for BME organisations on Carer support.
  - A support event for BME carers.
  - A coffee morning for BME organisations to raise awareness about Trust support for BME carers
➤ Funding has been sought by the Trusts' Carers Co-ordinators from PHA to conduct research into BME Carers. This research will help to establish a baseline of BME Carers throughout NI and help identify their needs and plan for future services. One of the key objectives of the research application is to develop a support network for BME Carers and further promote social inclusion for BME Carers and their families.

The Trust's Carers Reference Group continues - 14/15 progress report has been completed and Action Plan for 15/16 is being developed. Consultation process for development of new tender specification for generic carer support services has been completed. Carers resources have been translated into top 12 languages to increase accessibility to support services. Funding for Community Development Carers Worker has been secured for 15/16. At the time of completing this year's report the job description and personnel specification were being banded.

Key Inequalities Identified and Source	Action Measure	Output	Outcome/Impact (For S75 Groups)	Timescale & Description of Monitoring Arrangements	Lead Person
Action 25: New Local Action ▪ Lack of specific childcare and information to meet the needs of BME communities.	**Childcare Provision** Increased provision of flexible, affordable childcare. Increased numbers of registered child minders from BME communities.	Develop and implement SHSCT action plan to address recommendations of NICEM/ Barnardo's "Believe in Childcare?" research report as they pertain to	Increased provision of flexible, affordable childcare. Public information campaigns on childcare which also target information to those that have limited or no written or spoken	Research launch 12/3/14 Working Group established April 2014, terms of reference and action plan developed in year 1.	SHSCT Working group and NICEM. Membership to include: Carolyn Agnew, Head of User Involvement and Community Development; Bronagh Shields, Health Visitor; Lynda Gordon, Head of Equality; Ciaran Eastwood,

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source: Believe in Childcare? Believe in Children. NICEM and Barnardo's NI **An investigation into the childcare needs of ethnic minority communities in NI March 2014**		Southern Trust. Liaise with NICEM and Barnardo's to develop action plan.	English language. Increased numbers of registered child minders from BME communities.	Actions to be implemented over the lifespan of the current plan 2014/17. Invite representative from Early Years to join Race Equality Forum. Monitor increase in provision of flexible, affordable child care and increase in numbers of registered child minders from BME communities.	Head of Early Years Outcomes to be shared across HSC Trusts

Action 25 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Initial Meeting: Monday 7th April 2014. Key areas identified for development of the action plan include:

➢ Communication
➢ Training
➢ Social Economy Models
➢ Monitoring & Evaluation

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
The Early Years Service is also currently completing the Article 20 Review which is a statutory requirement to review the provision of childminding and day care in the Trust area every three years.					
Action 26: **New Regional Action** • Low uptake of cancer screening services by some S75 groups. **Source: Public Health Agency 4-year Regional Action Plan 2012-2015**	**Screening Services** Action plan to improve uptake of cancer screening services.	Promote informed choice in cancer screening. Work with external representatives and hard to reach groups to promote cancer screening services.	Improved access and greater uptake to cancer services by S75 groups.	2012 - 2015	HSC Board, Public Health Agency, HSC Trusts, GPs and regional working group

Action 26 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Travellers are one of the groups of people who are historically low attenders of cancer screening. This was discussed at the regional Travellers Health and Wellbeing Forum and it was agreed that a pilot would be undertaken in the Southern Trust area to provide special breast screening clinics arranged on a date and location to enable groups of Traveller women to attend together for breast screening. The aim of the pilot was to facilitate special breast screening clinics for Traveller women and also to raise awareness of breast cancer and of the breast screening programme.

There was support and enthusiasm from the Southern Trust Breast Screening Unit who have arranged specific breast screening sessions for Travellers in the past. A project team, including Trust staff and Traveller Support Workers, was established to oversee the facilitation and delivery of the breast screening clinics and engagement with Travellers. The clinics were arranged for November / December 2014 when the Southern

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

Trust had taken delivery of new mobile screening units with digital mammography. The mobiles replaced the previous analogue mammography equipment and offered a higher quality screening experience.

Out of a total of 37 eligible Traveller women 5 attended, and 8 who had booked appointments did not turn up. While the numbers were low, there was a good spread across the area.

Reasons for women not attending clinics or cancelling at the last minute:
➢ Anxiety and a fear of cancer.
➢ A fear of knowing that something is wrong.
➢ The clinics were arranged too close to Christmas.
➢ Women from Dungannon had previously attended breast screening.
➢ Sick relative so could not make it.
➢ If appointments are on a Monday morning the Traveller Support Worker has little time to remind and organise the women.

Feedback on the clinics from those attending:
➢ Would not change anything, the clinics were organised very well.
➢ Staff at the breast screening unit were very nice.
➢ The Breast Care Nurse was excellent and crucial to the positive experience.
➢ It is very important for the Traveller Support Worker to be in attendance with the women.
➢ Results letters should be tailored for Travellers.

Feedback from the screening unit:
➢ The Breast Care Nurse was highly valued. The nurse would not normally attend breast screening clinics.
➢ It had a significant impact on her time as she was travelling for clinics with one or two women. If all of the women could be screened in one session it would help, however, the unit appreciated the need to have different clinics for different localities.
➢ The Traveller Support Workers were key to the women attending.

Views on attending for breast screening in future
➢ All women said they would attend again and would encourage others to attend.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
> Traveller Support Workers believe some women would attend following a normal screening invitation, but others would only attend if it was a special clinic arranged again for Travellers. > Travellers have a lower life expectancy so the screening age should be reduced to 40 for Travellers. > "My husband has completed his bowel screening kit on the back of me attending breast screening."					
Action 27: Ongoing Local Action ▪ Promotion of equality of access to health and social care and other support services for S75 Groups.	**Community Development Plan** Reduced health inequalities and disadvantage and improved access to services across all population groups including: Older People Children and families Carers BME Communities People with a Disability Volunteers.	Development and implementation of annual Community Development Action Plan.	Reduced health inequalities and disadvantage and improved access to services. Capacity building. Development of new services to meet identified need.	Annual Progress Report. HSCB Community Development Performance Management Framework.	Carolyn Agnew Head of User Involvement and Community Development (SHSCT).

Action 27 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Community Development Annual Report 13/14 completed. Community Development Action Plan 14/15 completed and being implemented.
Community Development Action Plan 15/16 being developed.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 28: New Local Action ▪ Poor social supports for older people in the community and reduced access to services that increase independence at home. **Source : Baseline study for the CAWT Older Peoples Project**	**Establish Age Friendly Pilots** Establish baseline of service provision for older people across Trust area. Work in partnership with PHA and local Councils to develop Age Friendly pilots in each of the council areas. Work in partnership with N&M District Council to enable Newry to achieve Age Friendly status.	Development of directory of services that support older people. Community Conversations held in each council pilot area Feb/March 2014. Development of action plans to address gaps in provision. Implementation of action plans. Evaluation of pilots and lessons learnt.	Increased awareness of existing social supports available for older people, development of new provision to meet identified need. Increased access to services that increase independence at home.	Community Development and Health Improvement progress reports Progress reports.	Gerard Rocks, Assistant Director of Promoting Wellbeing (acting) (SHSCT).
	Further development of Access and	Recruitment of 2 additional A&I	Extension of A&I service across all	Big Lottery monitoring	Carolyn Agnew Head of User Involvement and

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
	Information Service as single point of contact for referrals to older people services.	Officers.	ICTs.	requirements.	Community Development (SHSCT).
	Continued support for development and implementation of Mind the Gap – Big Lottery funded project led by Carers Trust.	Identification and signposting of older carers not currently known to services. Volunteer support for vulnerable people following discharge.	Older carers supported in their caring role. Additional support for vulnerable people following discharge.	Quarterly monitoring reports. Monthly monitoring returns	Carolyn Agnew Head of User Involvement and Community Development (SHSCT). Patricia McCrink Carers Coordinator
	Continued provision of British Red Cross Care in the Home Scheme.	Professional referrals to British Redcross Care in the Home Scheme	Support for clients over 55 on discharge from hospital or for community support to reduce admission rates.		Lynne Smart Head of Health Improvement (SHSCT) Brenda Toal Promoting Wellbeing Specialist Lead(SHSCT

Action 28 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Searchable database of services that support older people developed and being used by Access and Information Team. Ready to be made widely available on Older People and Primary Care (OPPC) SharePoint.

Community Conversations completed, evaluation reports and action plans developed, feedback sessions held with local people in pilot areas.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Steering Group established and local Implementation groups established to implement agreed actions. Launch of Age Friendly initiative in Newry and Mourne 6th October 2014. 2014 - Action Plan, Leaflet, Older Peoples Forum and Website launched. Access and Information - Further 3 Band 4 A&I Officers were appointed in January 2015 and induction training was completed at the end Feb 2015. PARIS implemented and A&I working with new system to get best out of it. Roll out of A&I Service - Going live with ICS with current A&I electronic processes 13/4/15. Plan for ICS to go live with PARIS 20/4/15. Reablement - preparation for all teams to go live at end May 2015 dependant on staffing in Reablement Teams being in place. ICT SW – awaiting date for PARIS from CIS Team. District Nursing - scoping commenced. This will be a massive undertaking and will lead to GP referrals. Additional 2 staff have been requested. Mind the Gap - Expert reference group meetings attended on quarterly basis. Links in to the Good Day good Carer service to share information with carers on upcoming events and training when available. Links to Mind the Gap Outreach support worker for the Southern Trust, to advise and signpost for services.					
Action 29: Ongoing Local Action ▪ Lower life expectancy, poor uptake of all services, low levels of literacy, lack of targeted work for male Travellers, families and children.	**Traveller Action Group** Continue to coordinate Trust Traveller Action Group to address the key priorities identified within All Ireland Traveller Health Study and emerging issues from local Traveller communities in relation to health and social care.	Improved ethnic monitoring databases. Targeted services. Improved health status & equitable access to services. Links with regional PHA Traveller Health and Wellbeing Forum.	Improved life expectancy. Improved services to families & children. Programmes for target groups.	Action Plan reviewed annually and implemented. Progress report April 2014. Summary of PPI Impact developed.	Gerard Rocks, Assistant Director of Promoting Wellbeing (acting) (SHSCT).

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source : All Ireland Traveller Health Study 2010					

Action 29 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

This group which meets every quarter comprises representation from Travellers and local Traveller Support Groups together with key Trust staff across all programmes of care. Following a baseline mapping exercise to provide an overall picture of the approaches taken within each Directorate, an action plan was developed. Traveller Action Group Progress Report 14/15 has been developed. An Action Plan for 15/16 is being developed see future plans below. Funding has been secured and a Health Trainer Coordinator to support Travellers and other disadvantaged communities to complete accredited and non-accredited training to increase employability has commenced 20/4/15.

NB: Southern Health and Social Care Trust Traveller Action Group Progress Report 2014/2015 is appended to this year's S75 annual progress report. The Trust Traveller Action Plan focuses on 6 key areas: Policy and Culture, Information, Involvement, Service provision, Volunteering, and Employment.

Future Plans:

The Traveller Action Group will continue to meet on a quarterly basis. Membership has been widened to include representation from NIHE, Southern Regional College and the Department of Education and Learning. A new action plan for 2015/16 is currently being developed focusing on the following priorities:
  ➢ Expanding membership to include a range of support providers
  ➢ Continued promotion of awareness about Traveller culture
  ➢ Continued up-dates to ensure TSG workers and Travellers are aware of Trust services, referral pathways and the range of programmes to improve the health and well-being of Travellers
  ➢ Development of mechanisms to monitor and evaluate the uptake of services by Travellers
  ➢ Continued Traveller involvement in planning, evaluation and development of improved services and continued support for Traveller development
  ➢ Development of an accredited Health Champion and Health Trainer programme
  ➢ Continued promotion of employment and volunteer opportunities for Travellers.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 30: Ongoing Local Action ▪ Improved awareness of risk factors of CVD for Travellers and Migrant Workers and improved access to support services	**Hearty Lives Projects** Continued roll out of Hearty Lives Craigavon Project funded by BHF £100k over 3 years in partnership with CBC, CTSC, CIP, PHA, GPs and local employers.	Continue to implement work plan based on feedback from stakeholder events.	Increased awareness of risks of CVD. Increased access to services. Reduced levels of CVD in Traveller and Migrant Workers in Craigavon area.	Jan 15 BHF monitoring and progress reports.	Lynne Smart Head of Health Improvement (SHSCT)

Action 30 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

There is a concerted need to address cause-specific issues for respiratory and cardiovascular disease. Hearty Lives Craigavon is a British Heart Foundation 3 year project located in and managed by SHSCT which commenced in January 2013. The aim of the project is to improve heart health in BME and Irish Traveller communities and to raise awareness of the causes of cardio vascular disease and the associated risk factors and to provide screening, information, resources and sign posting to local support services to facilitate early intervention for Traveller and BME communities in the Craigavon Area. Working in partnership with Craigavon Traveller Support Committee and other local BME support groups, this Project in now well under way. Jane Ferguson, a qualified Nurse employed as the Hearty Lives Health Co-ordinator, has worked closely with Craigavon Traveller Support Committee and after school, Polish Saturday School, Wah Hep, Splash Sure Start, Richmont Community Association and Community Intercultural Programme, local workplaces and many others to provide Heart Health screening, British Heart Foundation resources and health advice.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
To date: ➢ 488 individuals with a Black and Minority Ethnic background have received Cardiovascular Risk factor screening ➢ **67** Irish Traveller have received Cardiovascular risk factor screening ➢ 22 BME Individuals have been assisted to register with GP, ➢ 138 people have been trained in Heartstart ➢ Smoking cessation, walking and healthy eating session have been facilitated with children within these communities. This raises individual awareness of risk factors for heart disease and encourages individuals to make lifestyle changes or access GP for treatment as appropriate. The project has also raised awareness of the need for GP registration and supported people unaware of how to register. Brenda Toal (Programme Manager for Hearty Lives Craigavon) and Jane recently presented at the Business Services Organisation Conference 'The Business Benefits of Equality, Diversity and Human Rights' and their presentation was very favourably received by the audience. This was also reflected in the evaluation. The success of the Project has been recognised both locally and nationally. Jane Ferguson, Hearty Lives Health Coordinator (SHSCT) and Lisa Hogg, CTSC, attended an awards ceremony hosted by the British Cardiovascular Society in Manchester (3rd June 2014) where the project was Highly Commended. Jane was also a finalist in Trust Excellence Award category for partnership working. Consultation events to inform the final year of the project have commenced. All learning from the project will be evaluated internally and by an external evaluator to inform future planning of service provision in SHSCT as the SHSCT is committed to providing quality care for all.					
Action 31: Ongoing Local Action ▪ Obesity and poor health choices by those with Mental Health	**REACH Programme** Continue implementation and development of Regenerating Environments and Communities' Health (REACH) programme	Monitor targeted health improvement programmes delivered under key headings: ▪ Family Weight Management ▪ Green Gym ▪ Community	Greater opportunity for participation in targeted health improvement programmes. Evidence of improved health and wellbeing.	2015 Monitoring Arrangements Annual Reporting 2011-15. Annual milestones set against 5 overarching project	Lynne Smart Head of Health Improvement (SHSCT)

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
issues, disability and BME groups including Travellers. **Source: Consultation exercise in southern area - KPMG Management Consultants (2008) SHSCT Race Equality Forum**	to target groups. Provide training to support Health Promotion Programmes that target Section 75 groups. Increase awareness of health improvement and community regeneration issues. Creation of more opportunities for target groups to participate in health improvement and community regeneration programmes including Green Gym, community lifestyle programmes and Family Weight Management.	Lifestyle Community Health Mentor Scheme. Application for additional 1 year funding.	Extended opportunity for participation in targeted health improvement programmes.	outcomes.	

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

Action 31 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

REACH Big Lottery Project

In 2010, a multi-agency partnership led by the Southern Health and Social Care Trust (SHSCT) was funded by the Big Lottery Fund Safe and Well Programme to deliver the REACH project (Regenerating Environments and Communities Health) across the Southern area.

The REACH Project aims to empower individuals, families and communities, faced with inequalities in health, to improve their health and wellbeing through interaction with, and improvement of their environment. REACH activities engage specific groups of people including: those living in disadvantaged areas; Black and minority ethnic (BME) communities; Travellers; people with disabilities and mental health problems and families and children at risk of obesity.

Key strands of activity within the REACH project have included as follows :

➢ Delivery of Community Lifestyle Programmes, including physical activity programmes that make use of the outdoor environment, to help promote physical and mental wellbeing
➢ Family Weight Management Programmes
➢ REACH Green Gym –the Conservation Volunteers provide opportunities for people to enhance their fitness and health while taking action to improve the outdoor environment through grading and conservation sessions.
➢ Training and supporting volunteers to act as Community Health Mentors

From 1st March 2014 – 28th February 2015 across the 3 localities the REACH team and volunteers have delivered **81** Healthy lifestyle programmes with **1568** participants.

Over the last year 184 Green Gym sessions have been provided with 287 participants, resulting in 1683 Volunteer days. A partnership proposal has been developed with Armagh Council to build community groups use of a garden area within the council grounds at Palace Stables.
NB: Traveller women play an important role in facilitating engagement with Traveller men by encouraging their involvement. Men's health issues need to be addressed specifically - Traveller men are dying 15 years younger than their settled counterparts.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 32 Ongoing Local Action ▪ Homonegative attitudes and prevailing heterosexism in Northern Irish society, together with the isolation that being non-heterosexual may bring, play a major part in the incidence of emotional and mental health difficulties, suicidal ideation and self-harm in this (LGB) population.	**LGBT Engagement – Promoting positive attitudes** Continued implementation of a range of approaches to increase engagement with LGBT groups and reduce social stigma, isolation and related negative health impacts. Improve attitudes towards the social integration and wellbeing needs of LGB groups. Reduce social stigma, isolation and related negative health impacts.	Active targeting of anti-stigma training programmes towards Trust staff, community and voluntary organisations. Support for development of Newry Rainbow Community, including training and mentoring of volunteers.	Increased social integration and advocacy for LGBT groups in service planning and delivery.	Commenced March 2011 and ongoing (rollover action to new plan 2014-17). Monitoring Arrangements Staff attitudes survey. Evaluation/impact of training. Partnership development with Rainbow Community. Monitoring of volunteer training/support.	Lynne Smart, Head of Health Improvement (acting) (SHSCT).

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source: Rainbow Project, 2006					

Action 32 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Public Health Agency (PHA) commission and fund training and support services for the LGB&T community in the SHSCT area. The Rainbow organisation is funded to provide a 6 week personal development course for individuals who identify as LGB&T within the Southern area. They are also funded to provide Befriending and Mentoring service for individuals and their families and to provide Training on Sexual Orientation and Gender Identity to a minimum of 20 staff within the Southern area. The PHA monitor this contract.

The Promoting Wellbeing team continue to offer HIV Awareness Training which includes a focus on tackling stigma and discrimination and challenging perceptions about communities at risk of HIV.

Key Inequalities Identified and Source	Action Measure	Output	Outcome/Impact (For S75 Groups)	Timescale & Description of Monitoring Arrangements	Lead Person
Action 33: Ongoing Local Action ▪ Teenagers and adults with learning disabilities should have access to information about sex, sexuality and relationships. **Source: FPA 2008**	**Teenagers and Adults with Learning Disability – Sexual Relationships** Provide a consistency of service provision regarding sexual relationships for people with a learning disability. Enhance sexual health and wellbeing of people with a learning disability.	Provision of guidelines and training for Learning Disability staff and other providers.	Enhanced sexual health and wellbeing, including reduced stigma, for people with a learning disability.	Commenced March 2011 – ongoing (rollover action to new plan 2014-17). Monitoring Arrangements Sexual Health Strategy Steering Group.	AD Learning Disability Noreen McComiskey Lynne Smart, Head of Health Improvement (acting) (SHSCT).

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 33 – Notes of Attainment: Action Completed/**Action Ongoing****/Action to Commence** The PHA continues to fund the FPA to deliver a sexual health programme for young people with a Learning disability called Just Ask. This programme is offered across the Trust area and the contract is monitored by the PHA. The Trust LD teams continue to provide the SHAPE programme (Social Health And Personal Experience) across the Trust area. Sexual health resources have been purchased by Promoting Wellbeing for use by Learning Disability teams. Regional Personal Development guidelines for Learning disability are being developed and will be used across Trusts. Learning Disability team have facilitated training and work with youth clubs, parents and young people with a LD to support the safe integration of young people with a learning disability into mainstream youth settings.					
Action 34: Ongoing Local Action ▪ Lower participation rate in physical activity among adults with disabilities. ▪ Participation rates for disabled people are around half of the adult population as a whole.	**Continued Roll out of Fit4U Project** Fit4U Project seeks to empower people with physical / sensory disabilities to improve their health through participation in a range of physical activity and leisure opportunities, which promote independence and citizenship.	Fit4U Project Officer appointed and working across SHSCT area, developing accessible physical activity opportunities for adults with physical/sensory disabilities in local leisure centres.	Improved physical, mental and social health. More people participating in physical activities and sports. Strategic and Operational Partnerships developed. Weekly physical activities across SHSSCT area. Leisure services staff,	Commence March 2011 and ongoing (rollover action to new plan 2014-17). Monitoring Arrangements Access rates, qualitative surveys, focus groups.	Lynne Smart, Head of Health Improvement (acting) (SHSCT).

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
▪ In 2005/06 13% disabled adults participated in the last week, compared to 29% for adult population as a whole. **Source: NISRA – Continuous Household Survey, Adult Sports Participation Survey**			coaches, carers and volunteers trained in relevant disability training.		

Action 34 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Fit4U Project primarily seeks to empower people with physical / sensory disabilities to improve their health through participation in a range of physical activity and leisure opportunities, which promote independence and citizenship. Fit4U clubs have been established in all 4 Trust areas – Newry & Mourne, Craigavon & Banbridge, Armagh and Dungannon. The SHSCT provides non-recurrent grant covering all 4 areas.
Fit4U clubs are user led and responsive to members' needs. Support continues to be provided to a range of strategic area wide programmes and projects that deliver community based physical activity programmes including Fit4U.

The Fit4U programme continues to facilitate access to physical activity opportunities for people with disabilities and from April 2014 – March 2015 the following outcomes have been achieved :

April 2014 – March 2015
▪ 195 activity sessions

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

▪ 309 Referrals on database (currently in process of being updated closing date 13/4/15)

Links with existing services and disability organisations
April – June 2014
  ▪ 9 Partnership programmes
  ▪ 9 Partnership events/sports competitions
July – September 2014
  ▪ 9 Partnership programmes
  ▪ 6 Partnership events/sports competitions
October - December 2014
  ▪ 6 Partnership programmes
  ▪ 6 Partnership events/sports competitions
Jan – March 2015
  ▪ 8 Partnership programmes
  ▪ 8 Partnership events/sports competitions

Continue to identify and support provision of training for coaches, volunteers and Fit4U Club committees.
April – June 2014
  ▪ Basic Signs Training (March to May 2014) - 10 Participants (Fit4U Club Members)
July – September 2014
  ▪ 2 Active Community coaches attended 1 day walk leader training 25 September 2014
  ▪ 2 Active Community coach attended 2 day Chair based exercise 3 & 10 September 2014)
October – December 2014
  ▪ 2 Active Community coaches attended 1 Day Boccia Training 3 December 2014
  ▪ 3 Fit4U Club volunteers attended 1 Day Boccia training 3 December 2014
  ▪ 2 Fit4U Club members attended 2 Day Archery training
January – March 2015
  ▪ 1 Fit4U Club volunteer attended 1 Day Walk Leader Training February 2015
  ▪ 1 volunteer attended 2 day cycle leader training

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
	- Availability of Visual Awareness Training within SHSCT (sent 23/3/15) 1 volunteer attended SHSCT Volunteer Induction Training Feb 2015 **Co-ordinate programmes within public leisure facilities, in partnership with Leisure Services within agreed protocol.** April – June 2014 14 programmes at Leisure Centres 1 Taster event at Leisure Centre - users linked to Craigavon Disability Sport Inclusive Project 4 users use gym at leisure centre independently July - September 2014 10 programmes at Leisure Centres 4 users use gym at leisure centre independently - users linked to Craigavon Disability Sport Inclusive Project Oct – December 2014 9 programmes at Leisure Centres 6 users use gym at leisure centre independently 2/3 linked to Archery Club in Craigavon 1 attended Wheelchair Basketball in conjunction with Craigavon Disability Sport Inclusive Project - users linked to Craigavon Disability Sport Inclusive Project January – March 2015 10 programmes at Leisure Centres 6 users use gym at leisure centre independently 2/3 linked to Archery Club in Craigavon 2 attended Wheelchair Basketball in conjunction with Craigavon Disability Sport Inclusive Project - Users linked to Craigavon Disability Sport Inclusive Project				

SECTION 3

EMPLOYMENT

**Measures to promote participation, equality of opportunity
and good relations in the workplace
Pages 69 - 92**

SECTION 3 – EMPLOYMENT RELATED ISSUES

Measures to promote participation, equality of opportunity and good relations in the workplace

Introduction

This section of the Trust's Equality Scheme Action Based Plan has been developed in recognition of the following context as it relates to employment equality within the Trust:

- The Trust has already in place a range of Employment Equality and Human Resource Policies which have been developed in consultation and in partnership with a range of key stakeholders and Trade Unions. These Policies are reviewed as a matter of course on a 3 yearly basis but earlier if there is a need to take account of legislative and case law developments. These Policies are subjected to Section 75 screening to ensure the promotion of equality of opportunity and good relations across the nine equality groups, to highlight and address multiple identity issues and the avoidance of discrimination. Employment Policy is benchmarked against the Equality Commission for NI's Employment Codes of Practice and Best Practice Guidelines. The Trust will continue to monitor and publish screening outcomes on the implementation of these policies as part of its commitments in its Equality Scheme.

- Further, the Trust provides a comprehensive menu of Equality Training. This includes corporate induction training for all newly appointed staff; equality training for managers which includes specific training on Working Well Together and Harassment; E-Learning online Discovering Diversity training for staff which includes specific training on Disability Awareness and Good Relations e.g. Customer Care. Further training is provided for policy authors and decision makers as it relates to S75 equality duties and Human Rights. In addition Working Well with Interpreters training is provided to frontline staff to ensure the effective use of the interpreting provision. A specific aspect of this Plan i.e. Action 36 is to increase the provision of equality training and monitor and evaluate its effectiveness.

- The Trust has in place a Working Well Together Policy and Harassment At Work Procedure which detail the support in place to ensure appropriate and confidential facilities to enable individuals or groups facing discrimination to raise their concerns. Further, the Trust has a Disciplinary Procedure with clear and explicit measures, remedies and sanctions for acts of discrimination, harassment and unacceptable behaviour at work. Through its Health and Wellbeing Strategy and

associated Action Plan, collaborative working with Health Improvement, Health and Safety, Education, Learning and Development, Occupational Health and Absence Management Teams, in partnership with Trade Unions and relevant others the Trust is involved in a programme of work to improve the working lives of staff and provides appropriate support, guidance and advice on a range of issues.

- The Trust undertakes a systematic audit of its workforce composition as part of its statutory annual and three yearly monitoring requirements under Fair Employment and Treatment (NI) Order 1998. The Trust has just recently completed its second Article 55 Review Report which includes a comprehensive analysis of existing workforce composition, workforce flows, leavers, employment policy and practice. HSC Trusts are working in partnership with the ECNI and a range of relevant stakeholders as part of an agreed multi-dimensional approach to address current employment trends within health specific occupations. In addition, HSC Trusts will continue to work with the ECNI and TUs with regard to local labour force issues. See below action measures arising from the review to be taken forward in this the Trust's second Action Based Plan which are aimed at promoting fair participation in the workplace. Of note, the Introduction of a new information system for both Payroll and Human Resources will ensure that equality data for current staff is accurate and as up-to-date as possible as it will be facilitated by Employee Self Service – which gives staff direct access to update their own equality data. The Trust will continue to utilise this data when drafting and reviewing employment policy and to inform on-going equality screening and EQIAs.

- The Trust has also established a local implementation team with representatives from service and functional areas within the Trust along with the disability sector to take forward the actions in its revised Disability Action Plan, including actions to increase the participation of disabled people in public life and to promote positive attitudes toward disabled people as set out in its Policy on the Employment of People with Disabilities and related information sources.

- There follows a series of actions as they relate to employment equality for the incoming plan and 3 year period 2014-17:

Section 3 – Employment

Measures to promote participation, equality of opportunity and good relations in the workplace

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
Action 35: New Regional Action • University of Ulster Jordanstown (UUJ) Survey of: Male and Female Employee Views of Gender Equality at Executive/ Senior Managerial levels in the NI Public Sector. **Source : OFMDFM Funded Research Project in partnership with UUJ – Research**	**Gender Equality** Survey aimed at investigating a number of gender equality issues at executive/senior managerial levels **which may affect an individual's career aspirations to reach a senior position within the public sector**. NB: The work is being conducted by the UUJ on behalf of OFMDFM and in co-operation with the Public Sector.	To gain a greater insight to the barriers/impediments that impact on an individual's career aspirations and progression to a senior position with the public sector.	Improved career pathways for men and women in securing senior management positions within the public sector.	Year 1 Production of Research Report and Associated Recommendations which will feed into the lifespan of the current Plan 2014/2017.	HSC Equality Leads, Senior Managers in HSC Care in partnership with UUJ and ECNI – in terms of roll out of any forthcoming recommendations

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 35 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
The research, which was funded by OFMDFM, is concerned with investigating Gender Equality at Executive/Senior levels within the NI public sector which may affect an individual's career aspirations to reach a senior position within the public sector.

The Report findings have since been launched. Initial research findings highlighted that women fair better where there is a female Chair and CE at the head of public sector bodies. The Trusts have examined the recommendations to see what further steps can be taken to further ensure gender equality in the workplace.   The Trust has an expanding range of initiatives in place such as Work Life Balance schemes to enable employees to reconcile competing demands/commitments, succession planning programmes aimed at growing potential, and various other leadership and professional development courses to develop the potential of future managers. | | | | | |
| **Action 36: Ongoing Local Action**
■ Potential issues re. Racism and Sectarianism in the Workplace.

Source: Racist & sectarian attitudes. PSNI stats on Sectarian & Hate Incidents & Crimes during 2009/10 increased by 15.4 % (245) & racial by 4.8% (48) in comparison to | **Tackling Racism, Sectarianism and other types of hate crime**

Continue to raise awareness amongst staff of racism and sectarianism and other types of Hate Crime.

Continue to review, develop and support workplace initiatives to promote respect and cultural diversity. | Continue to increase provision of training for all staff, specific training for managers and promotion of e-learning - Discovering Diversity training.

Ensure Induction training includes cultural diversity training.

Ensure Management | Improved uptake of training and the promotion of positive attitudes on the part of staff and managers toward all S75 groups.

Increase awareness of Trust Equal Opportunity Policies and procedures e.g. Working Well Together Policy and Harassment Procedure along | 2014-2017

Over 3 year period.

Monitoring Arrangements: Training evaluation and regional staff survey results. | Equality Lead, Employee Relations, Management and Trade Unions |

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
2008/09 **Programme for Cohesion, Sharing & Integration – OFMDFM.** **Zero Tolerance of Abuse of HSC Staff (DHSSPS)/Trust Policy Embracing Diversity Good Practice Guide for HSC Employers (DHSSPS) 2004 Recent HSC Staff Survey**. **Source: Embracing Diversity Good Practice Guide for H&SC Employers (DHSSPS)** **Source: HSC Complaints**	Continued roll out of training on equality and diversity and evaluation of effectiveness of on line equality training.	Development programme includes responsibilities of managers.	with the promotion of Health and Wellbeing initiatives to promote staff welfare. Reduce levels of harassment complaints and equality related grievances		

Action 36 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Trust's commitment to promoting a harmonious working environment is set out in its umbrella Policy i.e. its Equal Opportunity Policy statement. Point 6.3 specifically states the Trust's commitment to promote a supportive and harmonious working environment free from material or behaviour likely to be offensive, provocative or intimidating, or in any way likely to cause apprehension to any employee. In accordance with

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
this principle, the Trust's Harassment at Work Procedure and Joint Declaration of Protection, reflecting the Equality Commission's guidelines on promoting a harmonious working environment, have been drawn up and agreed with the Trade Unions and Staff Organisations and drawn to the attention of staff. The Equality Commission was also consulted in the formulation of this policy. This commitment is further underpinned in the Trust's Guidance on Promoting a Good and Harmonious Working Environment and Working Well Together Policy. The Trust provides ongoing equality training for its staff including corporate induction which includes the Trust's duty to promote a welcoming environment; management development training for all managers with a specific module on equality and promoting positive relationships at work, as well as ongoing Discovering Diversity training for staff which covers all forms of discrimination including unacceptable behaviour in the workplace. The Trust continues to roll out training on equality and diversity and conducts ongoing evaluation of the effectiveness of its training provision. For further detail see point 24 of this year's S75 Annual Progress Report. Traveller Information Leaflet for Staff - Promoting Good Relations. In furtherance of the Trust's equality and good relations duties a staff information leaflet has been drawn up to celebrate and aid understanding of the Traveller community and culture. This resource is available on the Trust's intranet.					
Action 37: Ongoing Regional Action ▪ Tackle prejudicial attitudes and behaviour towards LGB&T individuals. ▪ Promote	**Supporting LGB&T – Staff Forum** To continue to support the Health and Social Care LGB&T Staff Forum. To develop training and awareness raising sessions for staff with regard to LGB&T Adults in residential homes.	Promotion of the Staff Forum through display of Posters and Information on Trust Intranet, Wards and Facility Notice Boards. Training programmes for staff working with clients in residential homes.	Increased profile of and attendance at Staff Forum. Increased staff awareness and good practice adopted. Increased staff understanding of issues faced and promotion of inclusive culture.	Year 1 – 3 On-going Monitored through S75 Annual Progress Report, training feedback and service user feedback.	HSC Trust Equality Leads, PHA and Rainbow

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
positive attitudes towards LGB&T. ▪ Raise awareness of the rights of LGB&T. **Promoting Sexual Orientation Equality ECNI October 2013** **Lesbian, Gay, Bisexual or Transgender Planning for Later Life AGE UK July 2013** **Older People in Care Homes: Sex, Sexuality and Intimate Relationships RCN 2011**	To raise awareness of issues facing LGB&T with multiple identities and tackle barriers experiences. To work with PHA to Promote Training workshops for Healthcare Professionals. To develop a Training Seminar to address the needs of lesbian women with regard to access to maternity and fertility services.	Multiple identity issues incorporated into equality and diversity training. Workshops organised and regionally advertised. Training seminar held on the needs of lesbian women with regard to accessing maternity and fertility services.	Increased understanding of appropriate terminology and barriers experienced. Raised awareness among staff of issues affecting lesbian women accessing maternity services.		

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 37 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
The Discovering Diversity E-Learning platform has been augmented with an additional module on LGBT. This latest module was developed by the Public Health Agency in partnership with the LGB&T sector bringing the total modules to 7. The Trust continues to monitor the staff uptake – see the Training section (point 24) of this year's S75 Annual Progress Report for further details of training – staff uptake 1,643. The Trust continues to support the Regional LGB&T Forum in the interest of promoting inclusive workplaces and in furthering its equality and good relations duties. During the year under review the LGB&T Staff Forum provided stands in CAH and DHH to coincide with the week of Newry Pride 2014. The stalls which were supported by the Trade Unions provided information leaflets, flyers and lanyards publicising the HSC Staff Forum. The Chair of the LGB&T Staff Forum also presented at the annual Equality Conference which was held on Friday 27 February 2015. The LGB&T Staff Forum continues to meet quarterly and ongoing communication on issues relating to LGB&T are included on the dedicated website for staff www.lgbtstaff.hscni.net. HSC organisations have agreed to progress toward LGB&T 'I am an Ally!' Diversity Champions status in partnership with Public Health Agency and other HSC organisations and The Rainbow Project. This initiative was discussed and agreed at a regional wide Diversity Workshop.					
Action 38: Ongoing Local Action • Under representation of people with disabilities employed in the Trust (1.8% self-declaring that they have a disability). • Employment	**Increase in employment and involvement of marginalised groups (persons with a disability)** Continued Implementation of the Trust's Disability Action Plan and Regional Framework on the Employment of Persons with a	Increase in employment of marginalised groups (disabled persons). Make available a minimum of 20 work placements year on year over the lifespan of the current plan December 2014 -	Enables disabled people to become economically and socially active in the workplace and in the community. Promote participation and involvement of persons with a disability.	Monitoring Arrangements – Trust's HRPTS System	Employment Equality Lead, Trade Unions, Service Managers, Disability sector.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
rate of those without disabilities (79%) is over twice that of people with disabilities (32%). **Source: Statement of Key Inequalities in NI (ECNI 2007).** **Employment inequalities in an Economic Downturn ECNI 2010** **Source: Trust's Disability Action Plans (DDA 1995 as amended)** **Source: Analysis of Trust equality opportunity monitoring reports**	Disability. Increase in employment of marginalised groups (disabled persons) on a number of levels e.g. volunteering, work placements, substantive employment etc. Ensure existing employees who are or who become disabled are supported and facilitated through the Trust's reasonable adjustment arrangements and, where appropriate, conditions management scheme. Provide disability equality training for managers.	onwards. Continue to build upon links with Disabled Employment Service (DES) and Disability sector. Greater staff awareness. Take forward action arising from the Forum.			

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
	Continue to facilitate and support the Trust's Disability Forum the purpose of which is to shape and influence Trust policy and practice with regard to employment of people with disabilities and to address issues raised by the Forum.	Promote a culture that empowers and supports disabled employees in the workplace.	Promote participation and involvement of employees and persons with a disability.	Forum to convene 2-3 times yearly.	Equality Assurance Unit and Forum Members, Trade Unions and Disability Sector
	Produce an information news sheet – highlighting case studies and good practice in order to promote a culture that involves and supports employees with a disability.		Promotes and facilitates positive attitudes towards employees and person with a disability.	Twice yearly.	
	Access support and advice set out in the ECNI's Employability	Promotion of Reasonable Adjustment Guidelines for Managers. Ensure			

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
	Toolkit in relation to employability initiatives for persons with a disability.

Ensure the fair application of Recruitment and Selection Processes to promote the participation of people with a disability. R&S Panels to ensure reasonable adjustments are considered in a timely manner and that RAs are put in place and considered at interview.
Keep under review the need for further reasonable adjustments for new and existing employees. | appropriate assessments are carried out, provision of tailored induction. | | | |

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
	Ensure disabled staff are aware of flexible working options available in the Trust that may assist them to manage their disability. Review induction processes for employees with a disability. Ensure staff and managers are aware of physical accessibility issues and that it is unacceptable to park in designated space – continue to monitor the usage of same.	Appropriate use of designated parking for people with a disability.			

Action 38 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Trust continues to implement its Disability Action Plan (DAP) in partnership with the disability sector – see Part B of the Annual Progress Report for a review of progress to date in relation to the Trust's DAP.

The Trust values all its employees and seeks to ensure the continued employment of any employee who acquires a disability during the course of their employment with the Trust. The Trust's Reasonable Adjustment Guidelines for Managers were reviewed during the current reporting period to take account of recent developments in case law and to ensure the timely provision of reasonable adjustments in the workplace.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

The Trust's Recruitment and Selection Procedures were also reviewed during the year under review. Having taken into account recent case law **James Byrne v BSO** amendments were made to the application form in relation to sickness absence recording - in the interest of upholding best practice. In this case the individual had taken issue that the application form required him to disclose information on his sickness absence (*which was disability related*) and he believed this disclosure compromised his position before the interview panel as he felt the information should have been dealt with separately. He believed the disclosure of this at the application stage was potentially prejudicial.

The case was settled through the LRA but one of the conditions of the settlement was that the respondent should *liaise with the Commission in relation to the re-consideration of the construction and wording of the regional HSC job application form and that such reconsideration of the form would include representatives from the other Health and Social Care employers in Northern Ireland with the responsibility for Human Resources and specifically the regional application form.* This has been addressed during the current reporting period. Linked to this same case the Equality Commission were also keen that the wording relating to Disability be removed from the application form and that this be dealt with as a separate issue and at the relevant point in the process i.e. conditional offer stage. This has also been addressed during the current reporting period.

Trust's Local Disability Forum - Promoting Positive Attitudes. During the current reporting period the Trust launched the first edition of its Disability Action Plan Newsletter. The Newsletter has been produced as a result of the Trust's Disability Action Plan, the aim of which is to promote positive attitudes towards disabled people and encourage the participation of disabled people in Public Life. The Newsletter provides an overview of the Trust's disability related Policies and Practices available to support both management and staff in the workplace; as well as providing an overview of the disability legislation as it relates to employment policy and practice and current case law. Further, it provides a personal insight into the working lives of staff members who have a disability and how the Trust has catered for their needs in terms of reasonable adjustments.

A futher development included the commitment to establish a **Regional Disability Forum**. During the year under review, the Human Resources Directors' Forum gave their approval to the establishment of a Regional HSC Disability Staff Forum. Human Resource Directors, whilst supportive of this initiative, were also keen that any regional forum would complement and augment local fora arrangements. An initial scoping exercise was conducted to establish the extent to which local disability forums where in existance across HSC organisations. In addition, a terms of reference was drafted for a Regional HSC Disability Strategic Steering Group whose remit it would be to:
➢ Gather and share information of good practice to local networks;
➢ Coordinate any agreed regional initiatives or work, such as conferences or awareness events; and
➢ Develop and evolve as deemed necessary and appropriate by local networks.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Trust's Placement Policy - Promoting Participation. The Trust's Placement Policy acts as a bridge to gaining work experience in order to equip persons including those with a disability for future paid employment within the Trust and elsewhere. During the year under review the Trust faciliated 10 placements. The Trust's Placement Policy stands alongside the Trust's volunteering scheme which also caters for persons with disabilities by providing meaningful volunteering opportunities for those with or without a disability. In addition, the Trust also receives referrals directly from local schools and colleges. Continuing with the theme of participation, HSC Trusts hosted a **Disability Action Plan Workshop entitled: Public Appointments – Why Not You?** on 30th September 2014. The workshop took place in the Glass House on the Stormont Estate. Over 40 participants were in attendance from across the disability sector, including representatives from the Equality Commission for NI. Now that links have been established, further work is planned with DHSSPS and the Disability Sector to endeavor to make the public appointments as user friendly as possible working within existing legislative parameters with the aim of increasing the number of disabled persons in public life positions.					
Action 39: **New Local Action** • Barriers to employment experienced by BME groups. **Source: ECNI Statement on Key inequalities in NI Employment Inequalities in an Economic Downturn ECNI 2010**	**Promotion of ECNI Employment Tool Kit – to enhance employment opportunities for marginalized groups** Removing barriers to employment and improving access for BME communities. Continue to implement employability initiatives and utilise the ECNI	Implementation of positive action strategies to increase the participation of BME communities on placement, volunteering and employment within the Trust.	Improved opportunities for BME communities. Improved integration and social cohesion.	Year 1 and on-going.	Trust Race Forum and Wade Training.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
	Employability Toolkit to reduce health and social inequalities issues e.g. poverty, long-term unemployment.				

Action 39 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Arising out of the **CAWT Social Inclusion project** an opportunity arose, during the current reporting period, for the Trust to provide 12-week work placements for 2 Travellers who had recently completed an Employment and Skills Training & Train the Trainer course, OCN Level 2 & 3. The placements were funded through the CAWT Social Inclusion Project.

Cooperation and Working Together (CAWT) is a partnership between the Republic of Ireland's Health Service Executive Dublin North East and West areas, the Northern Ireland's Western and **Southern Health and Social Care Trusts,** the Health and Social Care Board and the Public Health Agency. CAWT's aim is to facilitate the partner organisations to work collaboratively in order to achieve the best possible health and social care outcomes for the population of the border area. The CAWT Social Inclusion programme is one of 12 projects supported through the European Union's INTERREG IVA programme.

The Traveller strand of this project was established to improve social inclusion and demonstrate health and social gain by establishing a 40-week training programme for 20 Travellers. Upon completion of the training programme the Traveller participants were able to avail of paid work placements to enhance their job opportunities and to build on the skills they have developed.

The Southern Trust through its Traveller Action Group has secured funding from the Public Health Agency to employ a Health Training Coordinator for 1 year to develop an accredited training programme to provide Travellers with the opportunity to enhance their skills and knowledge and become qualified Health Champions and Health Trainers and increase employability options. The programme will consist of 2 options:
  (i) Volunteer opportunities - *Health Champion (Accredited at L2) with additional PWB* and other support training as required providing:
    ➢ A firm grounding to become involved in raising awareness of and signposting health improvement initiatives in their community, workplace

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

or voluntary organisation.
  ➢ Knowledge and understanding of the benefits of good health and wellbeing, and of the barriers to making a change of lifestyle.
  (ii) Employment opportunities - *Health Trainer (Accredited L3)* with additional PWB and other support training as required providing:
  ➢ Knowledge, understanding and skills required to deliver Health Champion training and health improvement initiatives in their community, workplace or voluntary organisation and enable individuals to change their behaviour to improve their health and wellbeing.

Volunteering

The Southern Trust has a Volunteer Policy and Procedures in place - these have recently been reviewed (during the current reporting period). While there is still 1 Traveller volunteer community health mentor active under REACH Project, the requirement for occupational health checks is a barrier for some Travellers who prefer to register and volunteer with their local Traveller Support Groups.

2 Travellers were supported to begin the volunteering application process and 2 volunteered throughout the summer programmes with the Armagh Traveller Support Group. 4 Travellers are now fully supported and trained to deliver cultural awareness training with Safe and Well staff.

Within the Craigavon Traveller Support Committee **1** individual was supported to begin the volunteering application process and **2** individuals volunteered throughout the summer programmes.

In Newry and Mourne, 1 Traveller completed 1 day of the of the 2-day accredited Health Champions training course and is now volunteering in Community Restorative Justice.

In addition, the **Craigavon Traveller Support Committee** have supported:
  ➢ **5** young people to access vocational training.
  ➢ **3** remain in their chosen course at this time.
  ➢ **4** adults have completed 9 sessions of literacy programme
  ➢ **4** young people completed Driving Theory programme
  ➢ **4** young people have completed and Introduction to ICT
  ➢ **14** individuals have been supported in job search.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 40: Ongoing Regional and Local Action • Lack of fair participation in the workplace. **Source: Fair Employment A Generation On (ECNI)** **Source: Statement of Key Inequalities in NI (ECNI 2007).** • Promotion of fair participation in the workplace. **Source: Article 55 Review Reports (ECNI)** **ECNI Annual Fair Employment Monitoring Report No 23**	**Fair Employment and Treatment (NI) Order 1998** Completion of Article 55 Review Report in line with Fair Employment and Treatment (NI) Order 1998.	Fair Participation in the workplace. Participate in multi-dimensional approach in partnership with the ECNI and relevant stakeholders to address current employment trends across all 5 HSC Trusts as it relates to health specific occupations. HSC Trusts to continue to work with the ECNI and TUs in addressing any localised labour force issues.	Both main communities in NI are fairly represented in the workplace.	2014-2017	Employment Equality Leads, Trade Unions, ECNI and other relevant stakeholders

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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Action 40 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Article 55 Review Reports have been completed by HSC Trusts showing workforce composition, employment trends, recruitment flows and appointments together with leavers. The Equality Commission for NI has since met with employment equality leads to discuss the findings from their respective reviews. Each Trust is to take forward actions as they relate to their local workforce. In addition, the Equality Commission agreed to undertake further research as regards emerging trends from University re health specific occupations (i.e. professional occupations) in partnership with local universities and will discuss their findings with HSC Trusts.

The purpose of this review is to enable the Trust to determine whether or not Protestants and Roman Catholics are enjoying, and are likely to continue to enjoy, fair participation in the organisation. The Trust is mindful that fair participation must be considered at the level of the individual employer and workplace location and recognises that a fuller understanding of apparent sectoral patterns will only come as part of the completion of its triennial review. The review helps to identify appropriate and practical affirmative action programmes, to ensure the achievement of equality of opportunity and fair participation. Where it is practicable to do so, the Trust is required to set goals and timetables as a means of measuring change and assessing the effectiveness of any affirmative action measures put in place.

The Trust's Head of Equality met with representatives from the ECNI during the current reporting period to consider the assessment of fair participation from the Trust's 2nd Review Report. The ECNI undertook to review the Trust's completed assessment of fair participation (which it had completed against the 2011 Census figures) and to report back its findings to the Trust. The ECNI has since done this and has replied to the Trust highlighting a number of areas of under representation notably within nursing, social services, professional and technical and at some levels within admin and clerical and support services. The Trust will be following this up with the Commission in the coming months.

It is, however recognised that the position with regard to **health specific occupations** is more complex with Health Trusts recruiting employees who have already, in the main, been trained in the relevant health disciplines, for example nurses, doctors, social workers and other related occupations. As noted in the Commission's own composite report, released in May 2012, much of the recruitment at this level is at a regional rather than at Trust level and therefore the control which individual Trusts have over the composition of employees recruited is limited. For these employment positions the need for a multi-dimensional approach has been recognised, with the Trusts working together with other partners, including the Commission, to develop and take forward a strategy to ensure that all communities in Northern Ireland are aware of and are encouraged to work in health related professions. Such partners may include the Department of Health, Social Services and Public Safety as well as the various professional and regulatory organisations which impact on the recruitment and employment of health care staff in Northern Ireland.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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As stated above the Commission have however indicated a need to conduct further research into the current trends with local Universities re health specific occupations (i.e. professional occupations) to inform the way forward. The Trust looks forward to playing its part in this multi-dimensional approach and engaging further with the Commission, other HSC Trusts and key stakeholders as regard health specific occupations. This multi-dimensional approach does not replace the ongoing discussions the Trust has had to date and will continue to have with the Commission regarding the particularities of its own localised labour force and employment situation.					
Action 41: Ongoing Local Action Poor outcomes for care leavers in education, training and employment. ***The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2013*** Target 26: By March 2014, increase the number of care leavers aged 19 in education, training or employment to 75% • Marginalised	**Young Persons leaving care** To enhance access to employment, training and education opportunities for young persons leaving care. .	Increase in number of care leavers aged 19 are in education or training in order that they are better prepared for transition to adulthood and independence. Increase by 50% the proportion of care leavers in education, training or employment at age 19.	Young people leaving care are socially integrated and economically active.	**2014-2017** Monitoring Arrangements - Over 3 year period. Monitoring and evaluation of effectiveness of initiatives as a Priorities for Action target. Progress monitored and reported via the Trust's S75 Annual Progress Report to the ECNI.	Liz Stevenson, Head of Long Term Residential Care, Leaving Care and After Care Services (SHSCT). (Supported by Learning and Development Manager) (SHSCT).

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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groups - care leavers - not in education, training or employment. **Source: Priorities for Action**					
Action 41 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence Young Persons in Transition from Care - Employability Project - Promoting Participation The Trust has made significant investment in supporting the education, training and employment needs of Looked After Children. This has been achieved through the introduction of an Employability Project which aims to provide young people with the 16Plus Leaving and Aftercare Service with support to enter and sustain education, training and employment opportuntiies within the Southern Trust locality. Currently as of April 2015 - 87% of young people aged 19 leaving care are in ETE (Education, Training or Employment) within the Southern Trust.					
Action 42: New Regional Action ▪ Need for a consistent approach for regional recruitment **Source: ECNI Unified**	**Development of a Regional Recruitment Policy for the management of regional recruitment exercises**	Provides for a consistent approach to the management of an increasing trend toward regional recruitment across the HSC sector.	Policy which promotes best practice across the HSC sector and provide for consistency in approach together with a more effective use of resources.	Year 1	Business Services Organisation in partnership with HSC Recruitment and Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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Code of Practice on Employment					
Action 42 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence HSC Trusts continue to operate under their own Recruitment Policies which have been recently reviewed. The BSO are progressing work on a regional policy – work is on-going.					
Action 43: New Regional Action ▪ Promotion of inclusive workplace **Source: Sex Discrimination (Gender Reassignment) Regulations (NI) 1999**	**Development of a Regional Transgender Policy**	To promote an inclusive workplace where: Transgender people feel comfortable to express their gender identity; Transgender people can fulfil their full potential and fully contribute to the workplace; All staff made aware that discrimination against transgender people (whether by	Policy which promotes best practices across the HSC sector.	Year 1	Business Services Organisation and Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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		staff or third parties) is not tolerated and any allegations thereof are dealt with in an effective manner.			

Action 43 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

First meeting to discuss Transgender Policy was held on Thursday 8 May 2014 in the Business Services Organisation. The first meeting was very productive. Areas requiring legal clarity included: scope of protection and records management/disclosure. BSO agreed to engage with legal services on the following issues: absence management and handling of information records.

General agreement was reached that the policy should be short and that protocols for managers, staff and HR are to be produced separately to underpin/assist with the roll out of the policy in the workplace. Training materials are also to be produced. Timeline for key activities and consultation produced following first meeting. It was agreed that the development of the policy will be progressed in the following steps: network (operational level), finalise 1st draft, engage with trans sector and trade unions, 2nd draft, bring feedback and 2nd draft to regional HR network (operational level), SMT/Board sign off for consultation, 12-week public consultation, finalise policy, bring consultation report and final policy to regional HR network (operational level), approach HR Directors Forum and trade unions for endorsement, SMT/Board sign off.

A second meeting took place on 26th September 2014 – Policy redrafted to reflect considerable changes to the policy and procedure on the back of informed discussion from the first meeting. HR practitioners to feed in re potential impacts of the draft policy in relation to records management in particular when to change records to reflect newly acquired gender status and all others aspects of potential impact. The policy will require equality screening and public consultation as detailed above.

A workshop was held on 2nd June 2015 to discuss outstanding issues such as when to amend staff records.   Following the workshop it is hoped that the HSC will be in a position to finalise the draft policy which will proceed to formal consultation.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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Action 44: **New Local Action** • Need for Trust Domestic Violence Workplace Policy. **Source: HSC Emerging Themes Document 2010** **Women's Aid** **UNISON**	**Development of a Domestic Violence Workplace Policy**	Develop Workplace Policy. To raise awareness of domestic abuse and offer support to staff. Establish domestic violence support worker service.	Policy Launched. Policy communicated throughout the Trust. Staff awareness raising sessions. Specific training sessions for domestic violence support workers.	Year 1 – lifespan of current plan - 2014. Monitoring Arrangements - Ongoing review of policy and training evaluations. Feedback from staff.	HR Lead Vivienne Toal, EER Department (SHSCT), SHSCT - Health and Wellbeing Group in partnership with Trade Unions.

Action 44 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Development of Domestic Violence Policy is ongoing in conjunction with the Trust's Childrens and Young Peoples Directorate. Consideration is also being given to how designated staff, who will act as confidential Domestic Violence contacts for staff, can be nominated – when the policy is finalised. In addition the training requirements of these individuals/contacts will be considered and addressed. December 2015 is a more realistic time scale for completion of this work.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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Action 45: Ongoing Local Action • Men who present as unavailable for work, only one in twenty link their situation to family or home commitments. In any comparable group of women that figure rises to more than one in three. • Childcare costs in NI are approximately 44% of an average income, which is almost four times the EU	**Gender Equality – Promotion of Flexible Working Practices** Promote work-life balance policies and procedures to enable staff to reconcile their work life commitments. Promote the uptake of Employers for Childcare voucher scheme. Keep under review Trust policy in light of case law developments and evolving legislative framework.	Greater uptake of work life balance provisions. Reduction in staff absence. Improved retention rates.	Improved staff satisfaction. Policy updated to reflect legislative developments and case law.	Ongoing – policy subject to review at least once every 3 years in line with FETO 1998. Monitoring Arrangements - Production of annual activity report showing the uptake of work life balance provisions. Monitoring of reasons for refusal.	Human Resources - EER Department and Equality Assurance Unit, SHSCT

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	**Outcome/Impact (For S75 Groups)**		
figure of 12% **Source: ECNI Getting a Fair Share**					

Action 45 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

During the current reporting period the Trust reviewed its Work Life Balance Policy to reflect the latest in legislative developments to enable staff to reconcile their work life balance commitments. This new legislative development came in the form of Shared Parental Leave and Pay. The Work and Families (Northern Ireland) Act 2015 which gave effect to this new legislative provision received royal Assent on 8 January 2015 and came fully into force on 5th April 2015.

In summary, the Act sets out a legislative framework allowing for the voluntary sharing of leave and pay entitlement between parents following the birth or adoption of a child. The Trust has reviewed its current policy to take account of this new provision. At the time of compiling this year's report further work was being led by the regional Terms and Conditions Network to ensure consistency across the HSC sector.

The Trust continues to monitor the uptake of this policy and provides regular reports to the Senior Management Team.

Key Inequalities Identified and Source	Action Measure	Output	Outcome/Impact (For S75 Groups)	Timescale & Description of Monitoring Arrangements	Lead Person
Action 46: Ongoing Local Action • Age Friendly workplace. • Trust age profile as at 1st April 2014 - 46.7% of employees	**Promotion of an Age Friendly Workplace** Promotion of Flexible Retirement Policy: The Trust recognises that many staff may wish to retire from the Trust in a phased and managed way.	Greater choice and control for staff planning their retirement. Promotion of post retirement options e.g. bank working, volunteering etc.	Greater uptake of flexible retirement policy options. Greater staff satisfaction. Improved health and wellbeing.	Ongoing promotion over the Life Span of the current Plan i.e. 2014-17. Monitoring Arrangements - • S75 Annual Progress Report. • Work Life Balance –	Human Resources – EER Department and, Equality Assurance Unit, SHSCT

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
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were aged 45 and over.	The Trust's Flexible Retirement Policy aims to assist staff when planning and managing their retirement.			Uptake/Activity report.	

Action 46 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Workage: Active Ageing Through Work Ability - Age Positive

Workage is a three year EU-funded project designed to test the proposition that the engagement and retention of staff aged 50+ will be improved by enhancing levels of involvement and participation in the workplace for all employees. The project aims to raise policymakers' and employers' awareness by demonstrating that targeted workplace interventions to improve job design and work organisation will facilitate enhanced engagement and retention of older workers. The research is predicated on the knowledge that some older workers start to lose enthusiasm for their job in their final years of employment and may even bring their retirement plans forward as a result. It aims to develop new strategies to help organisations re-engage with their older employees to the benefit of both the organisation and the individual. Workage is facilitating the transformation of work practices and cultures in two pilot sites: the maternity service in the Southern Health & Social Care Trust, Northern Ireland, and the Place Division, Stoke on Trent City Council, England. Interventions are focused on job design, self-organised teamworking, continuous improvement, high involvement innovation, workplace partnership and employee voice in strategic decision making. The carefully measured outcomes will be of considerable interest to policymakers, employers, trade unions, researchers and others across Europe with an interest in active ageing, employee engagement, workforce health and workplace innovation.

The Workage programme were delighted that SHSCT has chosen to participate in this project and are grateful for the commitment shown to date in making it a success.