Trust Board paper J

To:	Trust Board
From:	Deb Baker, Service Equality Manager
Date:	3rd November 2011
CQC regulation:	1,4,5,6,811&21

Title:	EQUALITY DELIVERY SYSTEMS (EDS) SELF ASSESSMENT REPORT

Author/Responsible Director:
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Purpose of the Report:

The purpose of the paper is to present a progress report on the implementation of the Equality Delivery System (EDS) and sets out:-

- What is expected of UHL in terms of external monitoring of compliance with the Public Sector Duty
- Provides a brief description of what the EDS is and how it can help with the delivery of our Duty
- UHL's baseline position against the EDS self assessment template that was published in July 2011
- The proposed monitoring process

The Report is provided to the Board for:

Discussion and agreement

Summary / Key Points:

The final Equality Delivery System framework and grades manual was published in July of this year with a national launch planned for 10th November 2011 in Leicester. Sir David Nicholson will be attending the launch event.

- The EDS is a tool or framework that helps us deliver the Public Sector Equality Duty and replaces what was the Single Equality Scheme. It is based around three goals 'Better Health Outcomes for all'
- Improved patient access and experience
- Empowered ,engaged and included staff
- Inclusive leadership at all levels

The completion of the EDS self assessment has identified some gaps in our data collection and evidence base but the overall grading has been assessed by the Equality Manager as amber (Developing).

As part of our current equality delivery plan we have a specific "Equality Programme of Work" the workforce elements being informed by the annual workforce report. The 2009/ 2010 Workforce Report told us that:

- In general terms, representation across the Trust for age, Black and Minority Ethnic (BME) and gender compared favourably with our local demographics
- The numbers of people declaring themselves to be gay, lesbian and bisexual were less than expected and this was also true for people with a disability

- At senior levels within the Trust, BME and women are under-represented.

Our two main workforce priorities have therefore been to address BME and female representation at senior levels and ensure good representation at all levels. We have seen an improvement in the latter and recognise that there is potentially a longer lead in time to impact on levels of senior representation across the Trust

Whilst the EDS framework is new many of the existing principles of equality remain as well as our legal obligation. UHL has a well developed approach to equality with work already being undertaken in all of the 4 EDS goals as part of our existing Single Equality Scheme. There are work streams identified for most of the outcomes but further refining is required as more guidance is made available. An equality action plan outlining our programme of work for the next four years will be developed and published by April 2011.

Recommendations:

1. The Trust Board is invited to agree the self assessment position and areas identified for improvement. This will form the basis of our equality programme for the next four years.

2. Agree the Governance arrangements proposed in the paper

3. The Trust Board is invited to note the annual workforce report will go to the Workforce and Organisational Development Committee

Previously considered at another corporate UHL Committee?
No

Strategic Risk Register	**Performance KPIs year to date**
Potential failure to deliver our Public Sector Duty means that enforcement powers by the CQC or the Equality and Human Rights Commission could be used.	Workforce profile Service Delivery – there are currently no specific KPI's other than compliance with our Public Sector Duty.

Resource Implications (e.g. Financial, HR)
There are no direct financial implications arising from this new framework.

Assurance Implications
The equality team are part of the Regional Equality and Inclusion network and provide a monthly dashboard to the SHA detailing progress on the implementation of the Equality Delivery System. Progress is in line with other Trusts in the region and compliant with our public sector duty is our key assurance.

Patient and Public Involvement (PPI) Implications
Engagement and PPI is a 'must do' feature of the Equality Act 2010 indeed, by April 2012, all organisations will be required to evidence how they have engaged people in producing their Equality Objectives.

PPI is at the heart of the EDS and engagement with local interests including patients, communities, staff, staff-side organisations and local voluntary organisations lay the foundations for effective EDS implementation.

Equality Impact
Any changes resulting from this work will have appropriate equality impacts completed**.**

Information exempt from Disclosure
None

Requirement for further review?
March 2012 to agree the equality programme for 2012-2016

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: November 3rd 2011

REPORT BY: Deb Baker, Service Equality Manager

SUBJECT: THE EQUALITY DELIVERY SYSTEM SELF ASSESSMENT REPORT

1. INTRODUCTION

UHL has been accepted as an early implementer of the Equality Delivery System (EDS) along with most other Trusts in the Region. The EDS has been developed through the leadership and resources of NHS East Midlands on behalf of the NHS. The final Equality Delivery System framework and grades manual was published in July of this year with a national launch planned for 10th November 2011 in Leicester. Sir David Nicholson will be attending the launch event.

2. PURPOSE

The aim of this paper is to:

- Outline what is expected of UHL in terms of external monitoring of compliance with the Public Sector Duty.
- Provide a brief description of what the EDS is and how it can help with the delivery of our Duty.
- Present UHL's baseline position against the EDS self assessment template that was published in July 2011.
- Outline the proposed monitoring process.

3. THE PUBLIC SECTOR DUTY

The Equality Act 2010 creates a **new general duty** on the NHS, when carrying out their functions to have due regard to:

a) **The need to eliminate discrimination, harassment and victimisation**

b) **The need to advance equality of opportunity** between persons who share a relevant protected characteristic and those who do not

c) **The need to foster good relations** between people who share a relevant protected characteristic and people who do not (which will therefore cover good relations between people of different faiths and between people who have a religious faith and those who do not).

The protected groups are:

- Ethnicity
- Disability
- Sex
- Sexual Orientation
- Age
- Religion and Belief
- Gender re-assignment
- Pregnancy & Maternity
- Civil partnership

The Equality Act 2010 provides protection from "prohibited conduct" for groups of people with protected characteristics. Examples of prohibited conduct includes, direct discrimination (including combination discrimination), indirect discrimination, associative discrimination, perceptive discrimination, harassment and victimisation.

4. WHAT IS THE EDS?

The EDS is a framework designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. If used effectively, it helps organisations to achieve compliance with the Public Sector Equality Duty. It will also help providers continue to meet the Care Quality Commission (CQC) "Essential standards of quality and safety".

5. HOW DOES IT HELP US DELIVER THE PUBLIC SECTOR DUTY?

It is important to note that compliance with the EDS **does not** guarantee delivery of our legal obligation in full so we need to be using the framework as a tool to deliver our Public Sector Equality Duty rather than as a means in itself. In particular we have a legal duty under the Equality Act 2010 to annually publish information relating to the protected characteristics of our employees and our general performance of the Public Sector General Duty. Specific information we have to publish is the:

- gender pay gap
- ethnic minority employment rate
- disability employment rate

We will be encouraged to increase the range of protected groups that we collect data on for both patients and staff. This may create a challenge for us and others and is being discussed at the Inclusion Leads Regional meeting in December. There is also a requirement to publish any data sources that have assisted us with identifying our equality objectives and could include satisfaction, complaints and patient experience data.

As part of the delivery of the Legal Duty we produce an annual workforce report that includes the staff profile by some of the protected characteristics and a work programme to address any shortfalls.

6. THE EDS REQUIREMENTS

The final framework and grades manual was published in July of this year with a national launch planned for November 2011. The EDS replaces what was the Single Equality Scheme. Our legal responsibilities remain largely unchanged. The Equality Delivery Council expect Trusts to:

- Publish workforce and patient information to demonstrate its compliance with the Public Sector Equality Duty no later than <u>**31 January 2012**</u>, as described in section 5 and subsequently at yearly intervals. Pending submission of the proposed specific duty requirements to The House of Lords at the end of September there is likely to be a requirement to collect and analyse work force and patient data on all 9 protected characteristics several of which are not currently collected by most if not all Trusts. Where there are gaps in the data it will be acceptable if as part of our equality work plan we submit / publish our plans that address the shortfalls.

- Prepare and publish at least one equality objective from each of the EDS four goals which are:

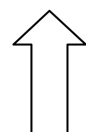
1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

- The objectives must be published not later than **6 April 2012,** and subsequently at four yearly intervals. All such objectives must be specific and measurable.

7. THE GRADING SYSTEM

The grades by which we will be measured are as follows:

- Excelling – **Purple**
- Achieving - **Green**
- Developing – **Amber**
- Undeveloped – **Red**



Each goal has a sub set of outcomes that demonstrate compliance/progress.

The grading system has been developed to help organisations and local interest groups identify equality progress and challenges. The key difference with this process is the need for solid, robust and regular community contact and engagement. The BME symposium events would be a good model to use with other protected groups.

The grading process should be conducted by the organisation and local interest groups such as the Trust internal EDS governance group, the Voluntary Sector and Health Watch (yet to be established). It is not anticipated that an externally validated EDS assessment is expected before 2013; this however has yet to be confirmed.

For the purpose of this paper the Equality Manager has undertaken a basic self assessment (without external scrutiny) to determine our baseline position. The results if agreed by the Trust Board in October will be shared with our newly established Equality Advisory group (a revamped Service Equality Panel) to agree and assure our equality priorities for the next four years. It is intended that the group may also support LLR's Integrated Equality Service with their EDS community Governance.

8. THE EQUALITY WORK PROGRAMME IN UHL AND HOW IT LINKS TO THE EDS

Whilst the EDS framework is new many of the existing principles of equality remain as well as our legal obligation. UHL has a well developed approach to equality with work already being undertaken in all of the 4 EDS goals as part of our existing Single Equality Scheme. There are work streams identified for most of the outcomes but further refining is required as more guidance is made available.

Our two main workforce priorities based upon our last workforce report were to address BME and female representation at senior levels and ensure good representation at all levels across the workforce. The workforce report for 2010/2011 is attached at Appendix 2 and will be discussed by the Organisational Development Committee in December 2011.

Our achievements to date have been positive in terms of the activity in respect of workforce equality. In particular we have seen an increase of the Black and Minority Ethnic (BME) representation across the organisation. However, this needs to be a much longer term objective.

In relation to service delivery there have been two major successes that stand out, one was the implementation of the Acute Liaison Nurse service and the other the improvement in the quality of interpreting provision. In terms of improving patient access to services two specific areas of work have already been identified from the BME symposium which is access to same sex practitioners and Do Not Attend rates for Gypsy Travellers in certain post codes. Neither of these pieces of work has been completed as yet but are intended to go forward as two of our equality objectives for the coming four years.

9. WHAT HAS THE EDS SELF ASSESSMENT REVEALED?

UHLs overall position has been judged by the Equality Lead to be developing at this stage with some of the sub sets graded as achieving. Over the coming weeks the Equality team will be populating the evidence base and benchmarking our position against other similar Trusts in the region with a view to progressing from amber to green where possible.

9.1 What do we need to do to progress from amber to purple?

It is important for us to recognise the achievements made to date and there are a range of improvement activities already identified that will involve working in partnership with colleagues in Health and Social Care as well as our staff and local communities. Broadly there are 3 main areas that will potentially improve the rating and these are:

- Working in a more 'joined up' way with appropriate partners locally to jointly determine and address our local equality priorities for our staff and patents.

- To routinely report key performance data by protected groups to identify gaps or differences in the levels of access to our services and the resulting patient/staff experience. It is envisaged that the Executive link role referenced in the self assessment document will support the Equality team in the development of a robust evidence base to assess compliance. Please note that the Executive Link role is a new proposal and has been added in an attempt to better integrate equality into mainstream business activity. The role is there to provide support for the Equality team in the delivery of the work programme once fully identified.

- Develop our equality work programme in accordance with what the evidence tells us.

10. EQUALITY GOVERNANCE STRUCTURE

The SHA held a regional EDS stakeholder workshop in October this year with a range of attendees from each County. The LLR delegation included members from our LINk, Public Health Colleagues, a Director of Human Resources, Equality team members from the LLR Integrated Equality Service and UHL and the NHS Leicestershire Chair.

The future LLR EDS governance arrangements were discussed at length in the workshop and there was general agreement that whatever structure we developed it needed to be directly linked into the Health and Wellbeing Boards and would also need to serve all of our organisations. The LINk representatives are part of a planning group looking at developing an external reference group for the Health and Wellbeing Boards and we proposed that EDS assessment and grading could form part of their terms of reference. This proposal is yet to be agreed by the Health and Wellbeing Boards.

Additionally, we need to strengthen the current internal reporting mechanism by refreshing the current Equality and Diversity Board. We are exploring the possibility of amalgamating the the Equality Board with the existing Patient Experience Group as membership of the two groups is similar. We will provide six monthly progress reports to the Governance and Risk Management Committee. Equality progress will become a standing item at the Divisonal Boards on a 6 monthly basis. Finally our existing Equality Panel made up of community members will also have a role in the development and monitoring of progress against our objectives.

11. MONITORING

All early implementers of the EDS complete an implementation dashboard (**see appendix 1**) which is submitted to the SHA monthly.

It is anticipated that the Commissioning Boards and the Care Quality Commission (CQC) will assess EDS compliance as part of their contract / service monitoring and authorisation processes. Details of how this will be done haven't been confirmed as yet.

Internal monitoring will be via the Equality and Diversity Board, the Organisational Development and Workforce Committee and the Equality Advisory Board. A six monthly update report will be provided for the Governance, Risk Management Committee.

12. FINANCIAL IMPLICATIONS AND RISK

There are no additional financial implications arising from this new framework other than a small amount of cost to cover our engagement activity. However there would be potential financial consequences as a result of tribunals if as an organisation we are found wanting in terms of tackling discrimination. Potential failure to deliver our Public Sector Duty means that enforcement powers by the CQC or the Equality and Human Rights Commission could be used.

13. WHAT HAPPENS NEXT?

- We need to confirm our partnership arrangements with the LLR Integrated Equality Service, Health and Wellbeing Boards and LINKs.
- Confirm the grades of our self assessment with the newly established external governance group. These should be shared with our Commissioners and Health and Wellbeing Boards (this may be dependent upon how informed they are of the EDS).
- Agree the equality objectives that have been identified through the self assessment process with the Equality Advisory group and Equality Board.
- Integrate the equality objectives into the next business planning cycle.
- By April publish our grades and equality objectives.
- Migrate our current Single Equality Scheme into an Equality Strategy.

14. SUMMARY

There is evidence to suggest that some communities/groups across LLR are less well served than they could be and that some staff experience more difficulty in developing and progressing their careers than others. One of the recognised failings of Single Equality Schemes was that they were process rather than people driven. One of the key aims of the EDS is that it will move organisations away from what some describe as 'box ticking' towards genuine personalisation.

We will grade ourselves in partnership with local interest groups on an annual basis against our objectives and publish this information in the public domain and inform the Health Overview and Scrutiny Committee and CQC of progress annually. Working with the services will be crucial in implementing in full the objectives of EDS.

15. RECOMMENDATIONS

1. The Trust Board is invited to agree the self assessment position and areas identified for improvement that will form the basis of our equality programme for the next four years.
2. Agree the Executive link for the various outcomes specified in the self assessment at **appendix 1.**
3. Agree the proposed internal governance structure outlined in section 10 of the paper.

Trust Board paper J Appendix 1

Equality Delivery System Self Assessment 2011 UHL

Grading: (purple) Excellent (Green) Achieving (Amber) Developing (Red) Under achieving

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities CQC standard 4,5,11&21	Divisional leads and Director of Strategy	Amber(d)	Divisonal teams are shown to have considered the needs of the local population in determining their service development strategies /priorities for all staff and patient communities. e.g. specific services for disadvantaged groups which include cardiac rehab for non- english speakers , outreach GU service for prostitites and the Square Mile Project providing sexual health information for people with a learning disability.	**The Equality and Diversity Board to report equality service development iniatives** **To be able to reference the links to public health and Health and Well being agenda as part of the annual plan planning process for 2012. Progress to be reviewed on an annual basis by 31st March year on year.**
			Director of Communica tions		An inclusive Engagement Strategy	**Collation of evidence that demonstrates what changes we have made as a result of engagement via PPI plans.**
			Director of Corporate		Public Board meetings annual general meetings	**Be able to demonstrate how Board engagement with the**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
			and Legal Affairs		and other events such as the BME symposium.	**public is inclusive.**
			Director of Human Resources		Having an Equality and Inclusion strategy in place	**The current Single Eqaulity Scheme to be developed into the strategy that reflects the requirements of the Eqaulity Act 2010. Awaiting DoH guidance.**
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways CQC standard 1	Director of Nursing	Amber(d)	Evidence of patient surveys with findings acted on through Patient and Public Involvement and Patient Experience service development plans.	**National and local patient surveys to be reported against some protected charecteristics. Actions to be agreed to ensure that levels of satisfactoin are on a par with non disadvantaged groups.**
			Director of Strategy		Evidence that health needs assessments and resulting services are delivered appropriately for all protected groups.	**Look at how we can develop patient profiling to include other protecetd charactersitics such as sexual orientation.**
			Director of Communica			**Develop a means of securing feedback from protected characteristic**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
			tions			**groups where routine data isn't collected,i.e. Refugee and Asylum seekers and the homeless.** **Review local demographics annually to ensure that the needs of new arrival communities are taken into consideration.**
		1.3 Changes across services are discussed with patients, and transitions are made smoothly CQC standard 6	Clinical Leads	Amber (d)	Evidence of Patient Surveys and evaluation with findings reported through Patient and Public Involvement	**Develop a method of doing this with the PPI lead.**
		1.4 The safety of patients is prioritised and assured CQC standard 7, 8,9,10,11&21	Medical Director	Amber(d)	Evidence of equality of safety outcomes across equality target groups.	**Produce Patient Safety reports that evidence that patient safety outcomes have been improved across the board and that a positive inclusive approach is embedded.** **Include the results in the annual Quality Account.** **Ensure that the mortality rate work stream includes reference to relevant protected groups where appropriate.**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups No equivalent CQC standard	Director of Strategy	Amber (d)	Evidence will show that the contribution of UHL is leading to reduction or elimination in differences between health expectations and outcomes within local communities	**Review of information capture and analysis.** **Promote Equality Monitoring across all services.**
2 Improved access and experience		2.1 Patient carers and communities can readily access services and shouldn't be denied access on unreasonable grounds	Director of Operations and Chief Nurse & Medical Director	Amber(d)	Evidence shows that the whole of the local community is equally able to access services and has the same quality of experience Evidence consists of actual monitoring results (e.g. PILS data, referrals, DNA's, performance data etc) showing how the organisation has developed a baseline for each equality group	**Report Patients Surveys national and local levels by gender, age , ethnicity, and disability.** **Some performance Data to be analysed by protected group.** **Proposed work stream to work with the Gypsy travelling Nursing service to improve DNA rates** **Provision of same sex practioners.** **Work with the deaf community to improve access to hearing services.**
		2.2 Patients are informed and supported so that they can understand their diagnoses,	Medical Director	(d)Amber	Evidence shows that all sections of the local community are able to	**Review current processes for enabling patients to make informed decisions**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
		consent to their treatments, and choose their places of treatment CQC standard 1,2,3&9			make informed choices and that the benefits of this are being felt through improved health outcomes	
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised CQC standard 1,2&17	Director of Nursing	Amber(d)	Evidence shows that in all areas and services, patients across all communities report positive experiences of the NHS, where they feel listened to and respected, and receive services tailored to their needs	**Identify groups that are not well represented in the surveys and develop actions to improve the response rate for particular groups. Patient experience team looking at improving the numbers of BME patients participating in patient polling.**
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently CQC standard 17	Medical Director	Green(g)	Evidence of a robust inclusive complaints system in place complaints	**Review the complaints procedures to include an assessment of its accessibility.**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades No equivalent CQC standard	HR Director	Green(g)	The workforce profile substantially matches the local demographic for all communities at all levels.	**Further work is to be undertaken to look at recruitment to Band 7 and 8a posts and specifically why BME staff and women in Band 6 appear to apply in disproportionately lower numbers.**
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally No equivalent CQC standard	HR Director	Amber(d)	Be able to evidence that through the collection and user of staff profiling data that staff from all protected groups have the same level of pay as those doing the same job.	**Undertake a gender gap analysis (legal requirement in the Public Sector Equality Duty)**
		3.3 Through support, training, personal development and performance appraisal, staff are	HR Director	Amber (d)	Number of staff trained in equality	**Review how we assess cultural competence as part of appraisal.**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
		confident and competent to do their work, so that services are commissioned or provided appropriately CQC outcome 12,13,14,&22	HR Director			
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all No equivalent CQC standard	HR Director	Amber (d)	Dignity at Work polices and programme of work in place. Staff on line training programme established.	**Quarterly reporting to the OD committee on incidences of Bullying, Harassment and Victimisation. Data is analysed by some of the protected groups** **Make staff aware of the changes under the Equality Act 2010 via the Corporate Induction Programme.** **Monitor and report numbers of staff accessing the anti bullying training.**
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives No equivalent CQC standard	HR Director	Amber (d)_	Flexible working arrangements reviewed as part of workforce information report.	**Identify the take up by protected characteristic to ensure the process is equitable.** **UHL to look at accessing the Leicestershire, Leicester and Rutland staff network group for staff with caring responsibilities**
		3.6 The workforce is supported	HR Director	Green (a)		**Complete the Mindful**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
		to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population No equivalent CQC standard				**Employer self assessment.**
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond CQC standard 1&16	Director of Corporate and legal Affairs	Amber(d)		**Further work is to be undertaken to look at recruitment to Band 7 and 8a posts and specifically why BME staff and women in Band 6 appear to apply in disproportionately lower numbers.**
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination No equivalent CQC standard	Director of Human Resources	Green (a)		**Review current training provision.**
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes No equivalent CQC standard	HR Director			**Although not exclusively for BME staff The UHL Leadership Academy exists to "give senior and talented people the confidence, credibility and tools to make the move from management to leadership. In doing so they will become greater assets for**

Goal	Narrative : The NHS is asked to …	Outcome	Link	Grade	Outcome Evidence	Key actions for improvement
						the Trust and more marketable assets for themselves.