



Equality, Diversity and Human Rights Strategy 2011-2014

1. Introduction

The NHS constitution states that *'the NHS will provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.'*

This paper sets out the Trust's strategy for the promotion of Equality, Diversity and Human Rights in our service provision and our employment practices.

2. Organisational Context

East and North Hertfordshire NHS Trust have and continue to be going through a period of tremendous change. The 'Our changing hospitals programme' has involved the reconfiguration and consolidation of many services with an investment of over £100m across the Trust's hospital sites.

The Trust's current strategic aims are:

- To consolidate acute services for complex or serious conditions on to a single site
- To work with colleagues in primary care to expand local access to specialist acute services
- To maintain the pre-eminence of Mount Vernon as a tertiary cancer centre and to provide more cancer care locally
- To improve continuously the quality of all aspects of our service

No individual or service has or will remain unaffected by the rate and extent of change across the organisation. The Trust has embarked upon a comprehensive programme of cultural change that is designed to bring our values to life and is specifically designed to engage our workforce in continuously improving our patient's experience. This programme of cultural change in the organisation is entitled ARC – 'it's all about you' which encapsulates our aspiration to:

Accelerate – quality, staff training, communication

Refocus – on our patients, on our staff, on our values, on our partners

Consolidate – services, patient pathways, our hospitals, our teams

Our work in Equality and Diversity will become one of the key projects within the ARC programme and progress will be reported to the ARC Steering group.

At East and North Hertfordshire we aspire to be '**Amongst the best**' in healthcare provision. This commitment is set out clearly in our Trust vision and values:

Vision

- **To deliver quality healthcare that is valued and trusted**

Values

- **We put our patients first**
- **We work as a team**
- **We value everybody**
- **We are open and honest**
- **We strive for excellence and continuous improvement**

3. Equality and Diversity in East and North Hertfordshire

We also aspire to be among the best in relation to our Equalities work, as can be seen in **Appendix 2** there are a number of legislative and regulatory drivers that inform our Equalities work however this is not the only reason why the Trust is developing a strategy. This strategy is being developed because it supports our vision and makes good business sense.

Our vision for our work on Equalities is detailed in our '**Single Equality Scheme**' as:

- become a leading organisation for the promotion of Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment
- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination
- ensuring that East and North Hertfordshire NHS Trust is regarded as a model employer

Essentially the Trust aims to have a culture of fairness, equality, and respect for diversity that is evident to everyone. The following principles underpin our work:

- Support and respect for everyone's Human Rights
- Treating all people as individuals with their own experiences and needs
- Working with our service users and staff towards achieving Equality
- Learning from what we do – both from what we do well and from where we can improve
- Using everyday language in our work on Equality and Diversity

We do not want our Equalities work to be about box ticking or political correctness, we want to move away from the process driven approach and work towards simple objectives that produce positive outcomes for both our staff and service users. We want to recognise individuality, ensuring we do our best to remove the barriers that our staff or patients face and provide opportunities for them to succeed.

Equality information on staff in post

- Ethnicity: the Trust's workforce continues to be more diverse than the population served; 20% of the workforce are from ethnic minority groups in comparison to the local community which is 6% in the 2001 Census data.
- Age: staff are employed from all age bands across the grades of staff, however the Trust appears to have a lower representation of staff aged 29 years and less and 30-39 age band at Band 3 and Band 4.
- Gender: females continue to outnumber males in all staff groups with the exception of Medical and Dental, Estates and Ancillary groups. Females make up 79% of the workforce. Interestingly, just over a 39% of all Trust employees work part time, the highest percentage of part time workers being Additional Clinical Services and Nursing and Midwifery at 45.37% and 44.38% respectively.

More detailed information regarding the profile of the Trust's staff in relation to the protected characteristics of religion, gender, age, ethnicity, disability and sexual orientation can be found in Section 6 of the Single Equality Scheme (available on the Trust's website).

The Equality information available to the Trust on it's workforce is currently being updated.

Equality information on the local community

See Appendix 4.

4. Current Equality Position

At present East and North Hertfordshire have a '**Single Equality Scheme 2010-2014' (SES)** in place, which sets out how we aim to meet the legal and statutory duties placed upon us and includes a detailed action plan of how this is being achieved to date.

Key achievements include:

- That we are meeting the Equality requirements placed upon us under legislation including:
 - Conducting EqIA's (Equality Impact Assessments)
 - Publishing Equality information
 - Training our staff
 - Implementing a Single Equality Scheme – which involved consulting the community and developing an action plan.

The Single Equality Scheme is based on the following objectives, which can be seen in Section 8 of the SES:

- 1) Leadership, Corporate Commitment and Governance
- 2) Equality Impact Assessments
- 3) Partnership Working, Consultation and Involvement
- 4) Accessibility and Communications
- 5) Workforce and Training
- 6) Commissioning and Procurement
- 7) Monitoring Data, Reporting and Publishing
- 8) Complaints

The full scheme and detailed actions against these objectives can be found on the Trust's website under the Equality and Diversity pages.

5. Future Direction

The Trust is legally required to meet the General and Specific Duties of the Equality Act 2010 which are outlined in **Appendix 1**.

Previously the Trust's legal and regulatory requirements have been achieved through the '**Single Equality Scheme (SES)**', however the NHS Equality Council have endorsed a newly developed system which has been designed for the NHS by the NHS called '**The Equality Delivery System (EDS)**' detailed in **Appendix 3**. The system is aimed at improving the Equality performance of the NHS and embeds equality into mainstream business planning processes. The EDS applies to both current and planned NHS commissioning organisations, including GP Consortia, and to NHS providers, including Foundation Trusts. By using the EDS, we will not only be able to meet the requirements of the Equality Act but also the requirements placed upon us by CQC and the actions within our Single Equality Scheme.

During 2011/2012, in full engagement with our local interests we will develop four-year Equality Objectives and priorities based on a grading of our equality performance against a set of EDS goals and outcomes (see pg 15).

There are 12 outcomes grouped under 4 objectives:

- 1) Provide better health outcomes for all**
- 2) Improve patient access and experience**
- 3) Empower, engage, and support staff**
- 4) Create inclusive leadership at all levels**

It is important to note that the Trust will not be setting any Equality objectives in isolation but will be working closely with our local interests to identify and prioritise the key issues that have been identified through the engagement activity. The emphasis is on partnership working to identify the key priorities for the Trust to improve upon.

The table below shows the links between the Equality Delivery System objectives and our Single Equality Scheme objectives:

Equality Delivery System (EDS) Objectives	Single Equality Scheme (SES) Objectives
1) Provide better health outcomes for all	2) Equality Impact Assessments 6) Commissioning and procurement
2) Improve patient access and experience	2) Equality Impact Assessments, 3) Partnership working, consultation and involvement 4) Accessibility and communications 7) Monitoring data, reporting and publishing 8) Complaints
3) Empower, engage and support our staff	3) Partnership working, consultation and involvement 5) Workforce and training 7) Monitoring data, reporting and publishing
4) Create inclusive leadership at all levels	1) Leadership, corporate commitment and governance

In summary our,

Main Objective:

- **To ensure compliance with the EDS by April 2012 with ongoing reviews and annual reports.**

Short term objectives:

Action	Deadline
It is proposed that we migrate much of the work that is ongoing under the SES into the EDS.	September 2011
Gain Board approval of the EDS system for use within the Trust.	Initially March 2011 – Extended to July 2011
Identify resources to support the implementation of this system – staffing and financial resource to support engagement activity.	July 2011
Establish an EDS implementation group.	July 2011

Longer term objectives:

Action	Deadline
Engage with local community and workforce	Initially September/October 2011 but ongoing engagement required
Set priority objectives with our local interests. Improvement plan put in place, no RAGG rating.	End of October 2011
EDS Final Implementation with RAGG rating.	April 2012
Annual reviews to show organisational journey and improvement against objectives.	Ongoing based on 4 yearly objectives.

Outcome: By using the EDS the Trust will for the first time have a defined system for delivering Equality and Diversity, one that will be applied across the NHS enabling us to benchmark our progress whilst at the same time understand better our community and staff's needs and be in a position to respond to them.

6. LOCAL ACTION PLAN (deadlines in keeping with National plan)

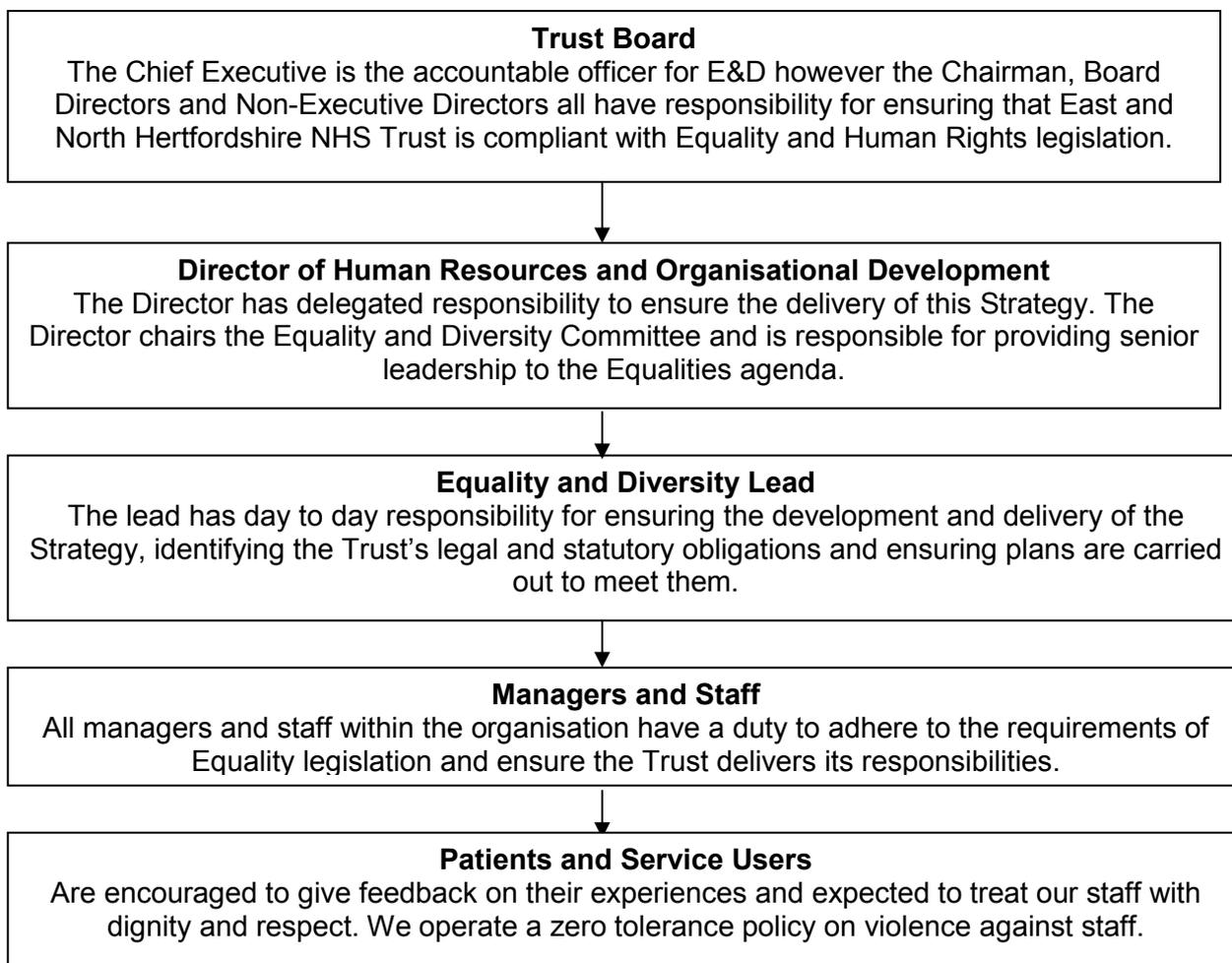
EDS 2011/2012-2016 – EAST AND NORTH HERTS NHS TRUST

Steps	Objective	Action	Lead	Target Date
1	Form an EDS implementation group	Review current Equality and Diversity Committee's capacity and identify key representatives who will implement and monitor the progress of the EDS within the organisation.	Equality and Diversity Lead	July 2011
2	Identify local interests	Work with other Herts and Beds NHS Organisations E&D leads to identify most appropriate and useful links within the region and the Trust's local community who reflect the protected characteristics. Make initial contact's with LINK's (Local involvement networks -made up of individuals and community groups) Health Watch (new independent consumer champion and a statutory part of the Care Quality Commission (CQC), who champion service users and carers across health and social care), Local Authority, GP pathfinders/commissioning consortia, emerging health and well being boards, patient and public representatives. Decipher the key representatives to mobilise the system within the organisation.	Regional EDS Group	June 2011
3	Engagement Activities	Engagement activities with the general public, service users, carers and staff. Engagement activities data used to identify future actions.	Regional EDS Group and Trust Implementation group	August /September 2011
4	Draft EDS Improvement Plan	Show background detail to local E&D work, EDS plan mapped against EDS objectives and outcomes. Consult Trust Board and Local Interests on Improvement Plans.	Trust Implementation Group	September 2011
5	Amendments made to plans following consultation exercises	Additional engagement activities take place to agree final actions, if necessary.	Trust Implementation Group	October 2011
6	Test EDS Plans	Test plans with internal and external stakeholders. Convene EDS RAGG panels – to be responsible for ongoing rating of the EDS who will include representatives from LINKs/Healthwatch, the workforce, Foundation Trust members, and local interests.	Trust Implementation Group	November/ December 2011
7	Agree first RAGG rating with interests	Arrange EDS panel meeting to discuss progress and first rating. Pull together evidence to support rating.	Trust Implementation Group	January/February 2012
8	First RAGG rating approved by Trust and local interests	Alongside LINKs/Health Watch make preparations to submit ratings to local Health and Well being board. Produce annual report highlighting organisational journey to implementation.	Trust Implementation Group	March 2012

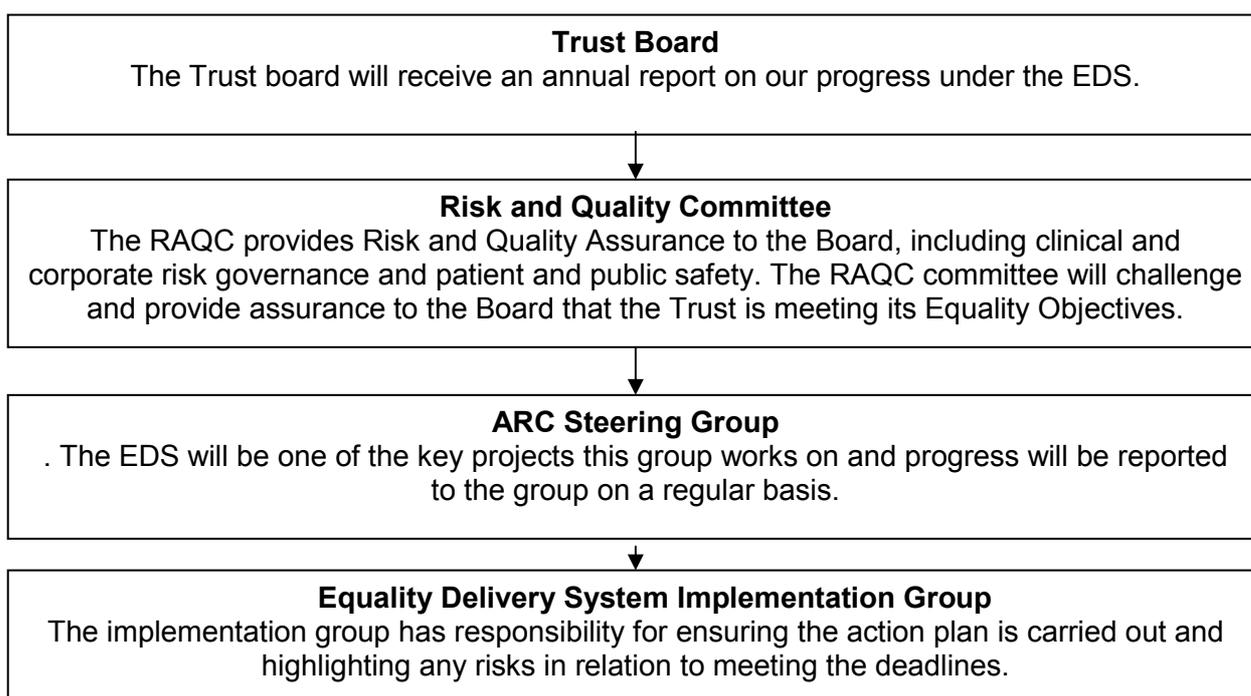
1st April 2012 EDS Final Implementation deadline (with RAGG)

7. Roles and Responsibilities and Meeting Reporting

Roles and Responsibilities



Meeting Reporting



8. Monitoring

The EDS is in the process of being approved for implementation within the Trust. As part of the system 4 yearly objectives will be set with annual reviews where our RAGG rating will be monitored, progress assessed and priority actions identified. The Equality Delivery System Implementation group will be responsible for implementing the actions. Annual improvement plans, actions, and risks will be reported to the ARC Steering group, the RAQC and the Board.

9. Appendices

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Appendix 1

The Legal Requirements under the Equality Act 2010 are:

General Equality Duties	Specific Equality Duties
<ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act. • Advance Equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>(Protected characteristics include; race, disability, gender, gender re-assignment, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity and age.)</p>	<p>At present the specific duties are being reviewed however initial proposals included the requirements to:</p> <ul style="list-style-type: none"> • Publish information – sufficient to demonstrate our compliance with the general duty across its functions. This must be done by 31 July 2011, and then annually thereafter. The information must include: <ul style="list-style-type: none"> ➤ Information on the effect our policies and practices have had on people who share a protected characteristic. ➤ Evidence of the analysis undertaken to establish the above. ➤ Details of the information they considered. ➤ Details of engagement they undertook. • Prepare and publish equality objectives – By 6 April 2012, prepare and publish: <ul style="list-style-type: none"> ➤ Objectives that we reasonably think should achieve one or more aims of the general duty. ➤ Details of the engagement that we undertook, in developing our objectives, with people who have an interest in furthering the aims of the general equality duty. The information on equality objectives must be published at least every four years.

Appendix 2

Legislative and Regulatory Background

There are a number of drivers that inform, regulate and monitor our equalities work, these include,

Equality Legislation – which has developed significantly over recent decades. More recently developments have been introduced under the Equality Act 2010, as detailed above in **Appendix 1**.

Equality, Diversity and Human Rights is subject to regulation by the **Equality and Human Rights Commission (EHRC)** which is a public body set up to challenge discrimination, to protect and promote equality and respect for human rights and to encourage good relations between different people of different backgrounds.

The **Care Quality Commission (CQC)** register and licence our services and monitors them to ensure we meet essential standards, which are relevant to Equalities work.

The **National Health Service Litigation Authority (NHSLA)** handles negligence claims and works to improve risk management practices in the NHS. We are assessed by the NHSLA against a set of core standards which encompass Equality and Diversity.

The Equality Delivery System (EDS) has been designed to improve the equality performance of the NHS and embed equality into mainstream business. By using the EDS we will be able to meet the requirements of the Equality Act and the CQC.

Together with our local interests we will agree where the Trust is based on an assessment of our performance against four objectives using a RAGG (Red, Amber, Green, and Gold) rating. **See Appendix 3.**

Appendix 3



AN EQUALITY DELIVERY SYSTEM FOR THE NHS

Overview

The Equality & Diversity Council (EDC) has asked Tim Rideout, Chief Executive of NHS Leicester City, to develop an Equality Delivery System (EDS), aimed at improving the equality performance of the NHS and embedding equality into mainstream business. He is supported by a Working Group comprising people from different organisations and backgrounds. The EDS is based on best practice, including the Equality Performance Improvement Toolkit that is operating successfully in the North West.

The EDC was established by the Department of Health (DH) in 2009. Chaired by David Nicholson, the NHS Chief Executive, it comprises NHS leaders and equality experts. The EDC has a clear vision for a personal, fair and diverse health and care service, which draws the best from its communities, and understands, respects and caters for all using and working within it.

Real people, real improvement

The EDS is about real people making real improvements that can be sustained over time. It focuses on the things that matter the most for patients, communities and staff. It emphasises genuine engagement, transparency and the effective use of evidence. The EDS is not about occasional consultation; it is not a paper-chase; it is not self-assessment.

The EDS applies to both current and planned NHS commissioning organisations, including GP Consortia, and to NHS providers including Foundation Trusts. By using the EDS, these organisations will be able to meet the requirements of the Equality Act. Providers will be better placed to meet the registration requirements of the Care Quality Commission (CQC).

Timeline

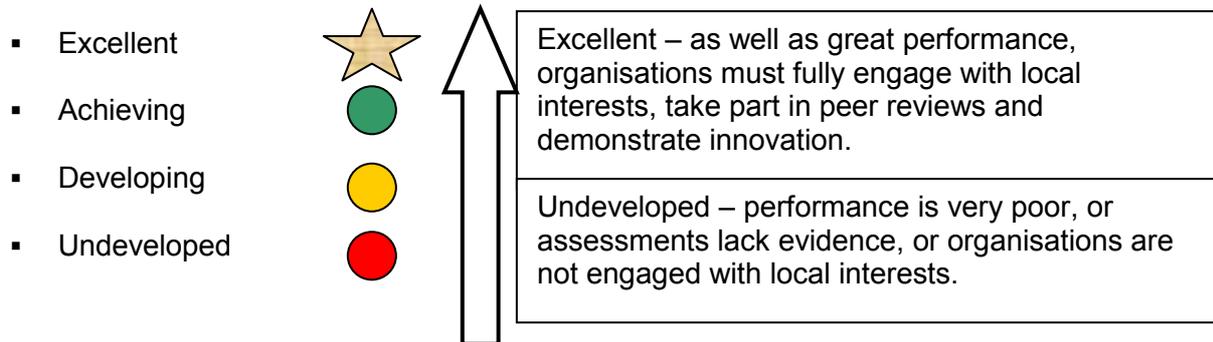
Following an intensive period of engagement, the EDS proposals will be issued for formal consultation in November. If all goes well, the EDS will be implemented across the NHS in April 2011.

How does the EDS work?

During 2011/12, in full engagement with local interests, NHS organisations should develop four-year Equality Objectives and priorities, based on a grading of their equality performance against a set of EDS goals and outcomes. There are 18 outcomes, grouped under four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Workforce – the NHS as a fair employer
4. Inclusive leadership at all levels.

Based on transparency and evidence, NHS organisations and local interests should agree one of four grades for each outcome. Where organisations and local interests cannot agree on particular grades, the view of local interests must prevail.



Based on the grading, Annual Improvement Plans will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvements. The first Annual Improvement Plans should be ready for April 2012.

Accountability

Local Involvement Networks (LINKs), and their successors (Health Watch) will help NHS organisations to engage with local interests. LINKs will share Annual Improvement Plans and grades with the Local Authority Overview & Scrutiny Committees and Health & Wellbeing Boards, before forwarding them to the NHS Commissioning Board or CQC. It is proposed that the NHS Commissioning Board will publish the grades for all organisations in the form of Red Amber Green rating. The CQC will take account of concerns as part of its processes to monitor registration requirements.

For more details on the EDS – please make your request to:

 equalitydeliverysystem@dh.gsi.gov.uk

For more details on the EDC – please make your request to:

 equalityanddiversitycouncil@dh.gsi.gov.uk

EDS OBJECTIVES AND OUTCOMES

The analysis of the outcomes will cover each protected group, and be based on comprehensive engagement, using reliable evidence

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

Appendix 4

Information on the local community

(Data taken from the Hertfordshire Census Data 2001 – Hertfordshire County Council Website)

RESIDENT POPULATION (KS01, 02)	AGES								
	Male	Female	0-14	15-29	30-44	45-59	60-74	75-89	90+
Total	505,059	528,918	201,880	182,951	248,799	196,909	130,090	67,093	6,255
1,033,977	48.8%	51.2%	19.5%	17.7%	24.1%	19.0%	12.6%	6.5%	0.6%
975,829	49.0%	51.0%	18.8%	21.8%	22.4%	17.4%	13.3%	5.9%	0.4%

RELIGION								
Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	No religion	Not stated
725,995	2,642	10,654	16,880	17,089	4,018	3,293	176,537	76,869
70.2%	0.3%	1.0%	1.6%	1.7%	0.4%	0.3%	17.1%	7.4%

ETHNIC POPULATION (KS06)								
WHITE			NON-WHITE					ALL BLACK & ETHNIC MINORITY GROUPS
Total	White British	White Non-British	Total	Mixed	Asian	Black	Chinese/Other	Total
968,643	917,848	50,795	65,334	14,057	30,909	11,866	8,502	116,129
93.7%	88.8%	4.9%	6.3%	1.4%	3.0%	1.1%	0.8%	11.2%
96.0%			4.0%		2.3%	0.9%	0.9%	

