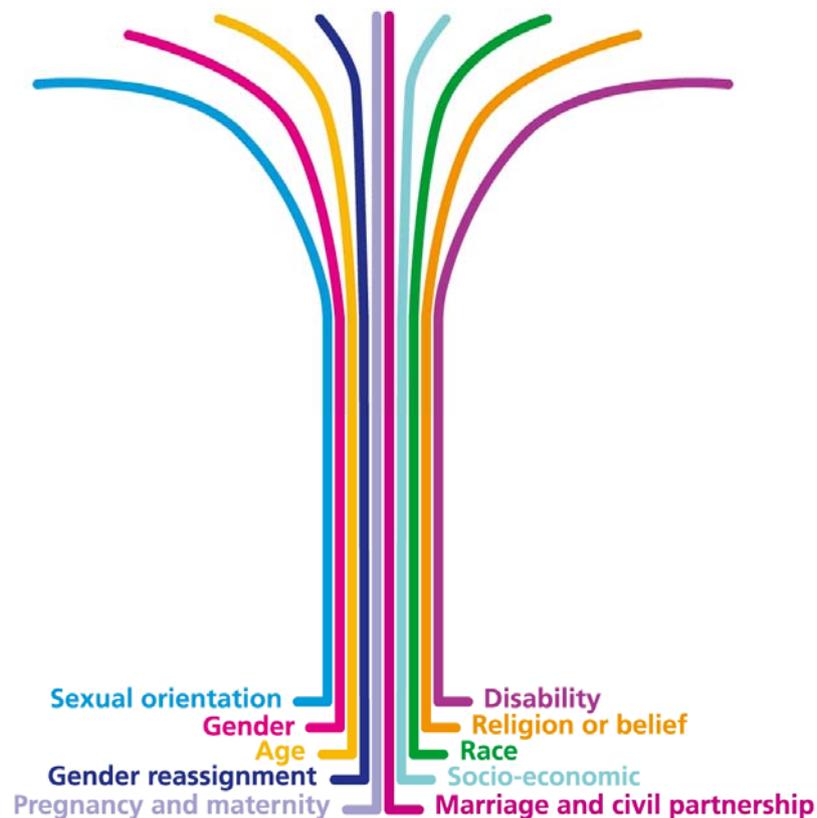




East and North Hertfordshire NHS Trust

Equality Delivery System (EDS)

Annual Report and Improvement Plan April 2012/13



If you would like this report in another format that would better suit your needs, or in another language, then please let us know by contacting us on: Tel: 01438 286523 or via e-mail at Claire.short@nhs.net

1. Executive Summary

At East and North Hertfordshire NHS Trust we take Equality, Diversity and Human rights seriously and want to ensure they are part of every aspect of our work. We believe that at every level within the organisation Equality, Diversity and Human rights should impact the provision and delivery of services, the employment of staff, the management of the workforce, the development of policies and functions and how we engage and interact with our local community.

Over the last year we have welcomed the arrival of the Equality Delivery System within the Trust. For the first time we have a system that can measure and assess our Equality performance against Goals and Outcomes that are most relevant to our staff and service users.

This report highlights the key stages in our progress to date, our EDS rating for 2012 and sets out our plans for improvement and objectives for the next four years.

2. Introduction

At East and North Hertfordshire our goal is to '**be amongst the best**' and '**become a high performing organisation**', this includes how well we perform at delivering on Equality, Diversity and Human Rights. During 2011 The Trusts 'Equality, Diversity and Human Rights Strategy' 2011-2014 set out our vision as follows:

- To 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 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

3. Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 requires our organisation to meet the General Equality Duty as follows:

- 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

(*Protected characteristics include; race, disability, gender, gender re-assignment, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity and age.)

And also to meet the Specific Equality Duty:

- Publish information to demonstrate compliance with the general duty by 31st January 2012 (published in the 'Equality and Diversity Annual Report' November 2011 on the Trusts website).
- Prepare and Publish Equality Objectives by the 6th April 2012 and then every four years.

In addition to the legal drivers the organisation is also regulated by the CQC who monitors our services to ensure we are meeting essential standards which are relevant to Equalities work.

4. Background to Equality Delivery System (EDS)

In order to achieve the requirements placed upon us within the law and as we strive to 'be amongst the best' we have adopted the EDS within the Trust. In summary the EDS is:

- A system designed to support NHS organisations to deliver better outcomes for patients and communities and better working environments for staff.
- Designed to help NHS organisations improve equality performance and embed equality into mainstream NHS business.
- Is one of the key products to come out of the Equality and Diversity Council, which is chaired by Sir David Nicholson.
- The EDS has been designed by the NHS for the NHS.
- It has been designed with other NHS requirements in mind such as NHS Constitution, Quality Accounts, CQC, IBP and NHSLA.
- A tool for both current and emerging NHS organisations – in engagement with patients, staff and the public – to use to review equality performance and to identify future priorities and actions.

At the heart of the EDS is a set of 18 outcomes grouped into 4 goals, the goals are:

- 1) Better health outcomes for all**
- 2) Improved patient access and experience**
- 3) Empowered, engaged and well-supported staff**
- 4) Inclusive leadership at all levels**

(See **Appendix 1** for full EDS background.)

5. East and North Hertfordshire NHS Trust EDS Progress

Communication and Engagement

During 2011 we worked collaboratively with other Hertfordshire NHS providers to communicate and engage with our local interests and stakeholders across the protected groups about the EDS. This was done through a range of activities with a number of different protected characteristics as shown in **Appendix 3**.

Evidence and Grading

During late 2011 and early 2012 evidence against the objectives was collected from leads across the Trust with various responsibilities. This evidence was presented in the form of case studies with additional supporting documents such as policies, procedures etc provided in a separate evidence pack for each outcome. Each outcome was self assessed by the lead and it was then the role of the panels to assess each outcome against a specific set of criteria outlined in the national EDS grading manual. Where the assessments did not match the stakeholders view was given more weight in line with national guidance.

In order to explain this process and equip individuals to take part in the grading process a number of local interests and stakeholders were invited to two training days held on the 1st December 2011 and 28th February 2012. Individuals at these events who expressed an interest in being on a grading panel were then invited to take part in the grading day on the 7th March 2012. The day was jointly run in collaboration with NHS Hertfordshire and both organisations were graded.

Our aim was to ensure the panels were representative of our local interests, as such the following were represented:

- LINKs (Local Involvement Network)
- HEC (Hertfordshire Equality Council)
- Protected Groups – As detailed in Appendix C
- NHS Staff
- Staff side
- Foundation Trust Membership

During the grading process some additional evidence was requested which was provided after the grading day. The Trusts grading outcomes can be seen in **Appendix 2**. In summary the Trust received the following:

- 10 – **Achieving**
- 7 – **Developing**
- 1 - **Undeveloped**

The panels were required to provide a rationale for each of the grades awarded against the outcomes. Where gaps in our performance were identified these have been used to inform the setting of our Equality objectives with the aim of progressing the Trust towards the next level for each outcome.

6. EDS Objectives

At East and North Hertfordshire NHS Trust we want to ensure that our Equality progress is meaningful, relevant to the purpose of our organisation and aligned with its aims. Essentially we have tried to focus on the needs, access, experience and outcomes for both our staff and service users.

We want to ensure that our Equality objectives are integrated into our business plans and as such we have developed a set of SMART (Specific, Measurable, Achievable, Relevant and Time Bound) objectives whilst considering the following:

- Information and feedback received from engagement with our local interests and stakeholders
- Quality Accounts
- Annual plan
- IBP – Integrated Business Plan
- CQC (Care Quality Commission) reviews
- EDS Grading Outcomes and feedback
- Annual Equality and Diversity Report 2011/2012
- Annual Staff Survey 2010 and 2011

The Public Sector Equality Duty requires us to set one strategic Equality Objective which we have set as:

- To implement the EDS

Having implemented the EDS and received our initial grading on the 18 outcomes we have identified four priority objectives aligned to the EDS that we will work towards achieving over the next four years:

EDS Outcomes and Objectives for 2012/2013

EDS Objective	EDS RAGP Rating 2012	Equality Objective
1. Better health outcomes for all	1.1 Achieving	To improve the delivery and outcomes of our elderly, maternity and children's and cancer services.
	1.2 Achieving	
	1.3 Achieving	
	1.4 Achieving	
	1.5 Achieving	
2. Improved patient access and experience	2.1 Developing	To improve the quality of information/data on our patients in relation to their protected characteristics and the information we provide to them.
	2.2 Developing	
	2.3 Developing	
	2.4 Achieving	
3. Empowered, engaged and well-supported staff	3.1 Achieving	Train and raise general awareness of Equality, Diversity and Human Rights issues with all staff.
	3.2 Achieving	
	3.3 Achieving	
	3.4 Achieving	
	3.5 Developing	
	3.6 Developing	
4. Inclusive leadership at all levels	4.1 Developing	Embed Equality into leadership structures across the organisation, ensuring alignment of patient/service user and workforce leadership.
	4.2 Developing	
	4.3 Undeveloped	

A detailed action plan against these objectives has been drafted and can be obtained from Claire.short@nhs.net.

7. Review and Monitoring

The objectives and related action will be reviewed annually by a representative group of local interests.

Progress will be reported and reviewed on a monthly basis by the ARC (Accelerate, Refocus and Consolidate) Committee, on a quarterly basis by the Equality and Diversity Committee and twice a year through the RAQC (Risk and Quality) Committee a committee of the board.

Appendices

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| 3. Communication and Engagement and Groups/Protected Characteristics Involved | page 10 |

Appendix 1

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:

✉ equalitydeliversystem@dh.gsi.gov.uk

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

✉ equalityanddiversitycouncil@dh.gsi.gov.uk

Appendix 2

EDS OBJECTIVES AND OUTCOMES

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

Objective	Narrative	Outcome		Feedback from Panels
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	Achieving	+ Identified working with 4 groups (age,sex,disability and race). Governors to be involved in strategic planning of services. - No current evidence will be working with others. Need to identify the gaps and put plans in place to address.
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective	Achieving	+ Collecting and using data well, good evidence of engagement and provision of support services to
		1.3 Changes across services are discussed with patients, and transitions are made smoothly	Achieving	+ Organisation is involved with individuals from most groups. - No visible feedback system
		1.4 The safety of patients is prioritised and assured	Achieving	+ Very detailed and precise evidence
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Achieving	+ Clear evidence that protected groups are engaged. Ground breaking work with the Trans community.
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	Developing	+ Intentions are demonstrated and specific actions for learning disabled group are identified - No evidence to support other groups
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	Developing	- Choose and Book evidence missing
		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	Developing	- Need to see more evidence of implementation
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Achieving	- No evidence to show all protected groups are addressed
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and	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	Achieving	- No evidence of Board Reports

		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	Achieving	-Some evidence missing + no equal pay claims lodged
		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	Achieving	- Evidence missing on who trains the trainers? - No evidence of patients feedback on staff competencies
		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	Achieving	+ Evidence of policies - Lack of evidence of implementation and by protected characteristics
		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	Developing	+ Process in place - Evidence of implementation lacking and any appeals raised, a one size fits all approach
		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	Developing	+ Health and Well being steering group to be re-launched, disadvantaged groups included. - Would like to have seen substance and alcohol abuse included - No other evidence other than
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	Developing	+ Processes in place - Equality Impact Assessments need to be included
		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	Developing	+ ARC program is good to help put values into action on the job - No current program of training to give disadvantaged groups skills to progress
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes	Undeveloped	+ Have decided to use Framework - No implementation yet, no action

Appendix 3

Communication and Engagement Activities

- Community conversations – Held in Letchworth, Watford, Cheshunt.
- Attending local events such as Rhythms of the World with stands and literature on the EDS
- Internal communication methods of Trust Bulletin, e-mails and team/departmental meetings
- External Communication – via the Trust website and Foundation Trust membership events
- EDS planning group
- RAGP training days
- Questionnaires
- ARC programme – The Trusts internal programme of cultural change to Accelerate – quality, staff training, communication, Refocus – on our patients, on our staff, on our values, on our partners and Consolidate – services, patient pathways, our hospitals, our teams.

Groups/Protected Characteristics Involved

- Patients, service users, carers
- Stroke Association
- Alzheimers Society
- Hertfordshire Cortex
- The Crescent
- Herts Hearing Advisory Service
- KIDS
- Patient/Action Groups
- Guideposts Trust
- Disability Watford
- Parkinsons Society
- Indian Association
- Asian Community Care
- African and Caribbean Association
- Homestart
- County, District and Parish Councillors
- CRUSE
- National Autistic Society
- Carers in Herts
- Viewpoint
- Health and Community Services
- Hertfordshire NHS Organisations including staff and staff side representatives
- Traveller community
- Herts Equality Council
- Stevenage Homes
- National Association Women's Clubs
- Herts Society for the Blind

