| **Report to:** | *Trust Board 28th March 2013* |
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| **Title** | Equality Act 2010 & Equality Delivery System Annual report |
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| **Sponsoring Executive Director** | Vicky Morris , Chief Nurse |
| **Author(s)** | Graeme Mitchell , Associate Director of Patient Quality & Experience |
| **Purpose** | The purpose of this report is reprise the trust boards of its duties in respect of the 2010 Equality Act and to update the board on the progress of the Equality Delivery System framework and its delivery against agreed EDS outcomes |
| **Previously considered by** | Trust board 30th June 2011 |

| **Executive Summary** |
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| Following a change in the Equality Act in 2010, all NHS organisations now have to demonstrate that they are complying with the new public duty to ensure that decision making does not discriminate against the 9 'protected' groups: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. |

The trust has developed outcomes against the Equality Delivery System (EDS) following a consultative process which engaged with staff, commissioner and community partners. An action plan which details the outcomes and the progress made with delivery it attached as part of this report.

The Local Health Economy (LHE) EDS Steering Committee has determined that the trust has made good progress with it actions and is now engaged with local commissioners to determine the assurance process by which we will be held accountable by local community interest groups and the LHE Health and Wellbeing Board.

The internal assurance process for ensuring ongoing improvements will be through the Quality and Safety Committee.

| **Related SATH Objectives** | **SATH Sub-Objectives** |
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| We will always provide the right care for our patients | QS1. Ensure that we learn from mistakes and embrace what works well<br>QS2. Design care around patient needs<br>QS3. Provide the right care, right time, right place, right professional<br>QS4. Deliver services that offer safe, evidence-based practice to improve outcomes<br>QS5. Meet regulatory requirements and healthcare standards<br>QS6. Ensure our patients suffer no avoidable harm |

| **Risk and Assurance Issues (including resilience risks)** | Meet regulatory requirements and healthcare standards<br>Design care around a patients needs<br>Build a fully engaged workforce and attract and retain the best people |
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| | Provides positive assurance against the requirements of the Act. |
| | No risks are identified for Board attention. |
| **Equality and Diversity Issues** | The EDS is designed as a performance and quality assurance system to assist NHS organisations to improve their performance on the equality and diversity agenda. At this time the Trust's Integrated Performance Report does not report directly on equality and diversity matters but these are enshrined within improvements in quality and improved patient and workforce experience |
| **Legal and Regulatory Issues** | The EDS is being introduced to the NHS to assist in meeting the requirements of the Equality Act (2010), the statutory public sector equality duty and the statutory duty to consult and involve patients (NHS Act 2006). |

| Action required by the (insert name of meeting) |
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| To **NOTE** this annual report and action plan and the progress made to date against the Equality Delivery Scheme. |

**The Shrewsbury and Telford Hospital** NHS

**NHS Trust**

**The Equality Act 2010 and the NHS Equality Delivery System (EDS)**
**Annual Report**
**January 2013**

**1.0 Introduction**

The Equality Act 2010 created a statutory public sector equality duty on every organisation. The Equality Delivery System (EDS) was developed as an NHS-wide performance and quality assurance framework in order to meet the provision of the Equality Act 2010.

The Trust Board were first briefed on the EDS in a Board paper in June 2011 outlining the adoption of the EDS with the commitment to improve equality performance in service delivery and workforce.

**2.0 Purpose**

This Annual report provides an overview of the progress to date of how the Trust has adopted the Equality Delivery System by The Shrewsbury and Telford Hospital NHS Trust.

**3.0 Background**

Following a change in the Equality Act in 2010, all NHS organisations now have to demonstrate that they are complying with the new public duty  to ensure that decision making does not discriminate against the 9 'protected' groups: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The need to demonstrate that NHS organisations are, and will continue to meet this duty, is a fundamental part of their core business.  In response to this new duty, the NHS developed the Equality Delivery System (EDS) as a tool to help NHS organisations deliver against their statutory duty.

The EDS required the trust to have carried out a baseline audit of its current equalities performance and to discuss and grade this with community representatives from the 9 protected groups, and to then set objectives for the organisations to work to, to improve equalities performance. The baseline audit was completed in March 2012.

The EDS and associated performance framework are intended to be used annually to analyse our organisational performance in conjunction with local interests (e.g. Local Involvement Networks (LINks)/ Health Watch, Shropshire Equalities Forum).

**4.0 Context**

The Equality Delivery System (EDS)

The EDS is a tool designed to help NHS organisations:

- To help meet the public sector Equality Duty set out in the 2010 Equality Act
- To help deliver on the NHS Outcomes Framework and the NHS Constitution if they are providers, to help meet the Care Quality Commission's Essential Standards of Quality and Safety.
- To set out our commitment to promoting equality and inclusion for all, and to identify how this aspiration will be translated into measurable outcomes through the implementation of the Equality Delivery System objectives.
- To provide opportunities for the Trust to draw on the knowledge and experience of people from the protected characteristics to ensure services are provided that meet their needs.
- To build relationships with communities of protected characteristics that lead to mutual support and confidence.

The trust had a statutory requirement upon to them to prepare and publish equality objectives in support of the public sector Equality Duty (PSED) every four years, this requirement was highlighted in the June 2011 trust board paper. To identify these objectives the trust used the EDS self assessment toolkit to help us assess our position on equality and diversity.

The deadline for publication of the objectives was 6th April 2012, this was achieved.

However the general equality duty is continuous and there is flexibility within the regulations that allows the trust to refresh or revise their objectives if further evidence and engagement identify different or additional objectives are required. A process of engagement and review of our objectives was undertaken with community provider partners and community based interest groups who represented the nine protected characteristics.
It is suggested good practice for NHS organisations to align the review of equality objectives within our own business planning cycles. The NHS operates on an annual business cycle, prompted by the publication of the NHS Operating Framework in the autumn of each year. It is therefore recommended that the trust reviews and update its equality objectives on an annual basis.

**4.1 EDS Toolkit**

The EDS toolkit is a set of eighteen outcomes grouped in four goals, about assessing peoples' needs, delivering care, employment systems and leadership, against which the trust assesses and grade ourselves, then set improvement objectives, with input from service users and community groups representing people from equalities protected groups.

**The four goals**

1. Better health outcomes for all

2. Improved patient access and experience

3. Empowered, engaged and included staff

4. Inclusive leadership at all levels

For each EDS outcome, there are four grades, and a RAG "plus" rating, to choose from

**EDS Grades**
Excelling – Purple
Achieving – Green
Developing – Amber
Undeveloped – Red

An action plan providing detail of developments is outlined in appendix 1. The action plan utilises this rating system and highlights' the trusts current position in relation to the four EDS goals

**5.0 Process to implement EDS during 2011 and 2012**

The trust constituted an EDS Task and Finish Group to help formulate our actions in relation to the four goals, and to ensure that delivery of the actions were monitored. The trust leads for EDS are:
Graeme Mitchell, Associate Director of Quality and Patient Experience
Keith Hudson, the Deputy Director of Workforce.
The EDS task and finish group has representatives from corporate nursing, staff side, HR, local council equality/diversity officials and representative members of the nine protected characteristics within the community. The EDS Task and Finish Group framed the trust outcomes which reflect the four goals.

The outcomes identified were:
1.
    The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all

2. Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment

3. Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all

4. 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

5. Middle managers and other line managers support and motivate their staff to work in culturally competent ways within an environment free from discrimination

6. The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

The trust is represented on the local health economy EDS Steering committee. The Steering committee organised a county wide EDS event on 22nd March 2012 held at the Wroxeter Hotel. At this meeting the trust shared its EDS outcomes with community interest groups, and local NHS provider organisations.

The scope of the event was to:

1) Assess the grading of the baseline outcomes in the Equality Delivery System that each organisation had provided on the day
2) Determine what actions the organisations should consider taking forward (maximum 4 for each organisation) based upon the evidence presented in the baseline assessments of equalities performance and the areas of weaker performance
3) Determine how the community/staff representatives wish to hold the organisations to account for reaching their objectives.

Each NHS organisation had one community representative table focussing on the outcomes for patients and the public, and one staff table focussing on the outcomes for staff.
An appendix of the community interest represented is attached as appendix 2

- The trust submitted its baseline EDS self assessment in March 2012
- The graded objectives in April 2012.
- The trust has provided regular progress updates of the EDS action plan to the Local Health economy EDS Steering Group.
- Internally EDS progress will be reported and monitored via reporting to the Quality and Safety Committee on a six monthly basis.

## 6.0 Assurance process

- SATH EDS Task and Finish Group has been convened to facilitate and monitor the SATH EDS graded action plan.
- Progress against the action plan will be monitored via regular briefing to the Chief Nurse by the EDS Leads with six monthly updates through the Quality and Safety committee.
- The EDS T&F group then reports externally on a quarterly basis to the Local Health Economy EDS Steering Group.
- The Steering group meets quarterly and coordinates responses and updates from across the local health economy and submits a response on our behalf to the cluster.
- The EDS Steering group is tasked with ensuring that the local providers are able to demonstrate accountability with the Equality Act 2010 and EDS by providing a platform for local community interest groups to hold providers to account.

It is likely that within our LHE the provider organisations will be expected to report on EDS progress to the local Shropshire Equalities Forum and the Health and Wellbeing Board.

**7.0 Key achievements 2012/13**

- Better outcomes for all
  - Training of 26 patient dignity champions
  - Declaration of compliance with six LD Criteria
  - Recruitment of patient representatives from protected characteristics into PEIP
  - Effective patient representation and engagement in delivering real change to trust processes – Booking and Scheduling group
  - Supporting Staff and Promoting Health and  wellbeing programme commenced

**8.0 Progress for 2013/14**

The EDS Steering Committee has agreed with the community interest groups to a re run of the March 2012 event will be held in early 2013. The trust EDS Task & Finish Group will review our current goals and develop new outcomes which reflect the needs of both staff and patients. This review process will include input from internal groups such as PEIP panel and the 2012 staff survey results.

At the EDS event provider organisations will be expected to subject the EDS action and delivery plans to challenge, analysis and scrutiny by local community interest groups. This will form the annual assessment process by which our draft 2013/14 actions and outcomes will be graded. A report will then be submitted to the Quality and safety Committee and to local commissioners in the form of the EDS Steering Group.  The timescale for the publication of 2013/14 outcomes action plan has yet to be agreed with the EDS Steering Committee

**8.1 Major worksteams for 2013/14**

- Development of competency framework for nursing staff which encompasses behaviour standards
- The expansion of Making Every Contact Count programme into Supporting and Promoting Staff Health and Wellbeing

**9.0 Conclusion**

The trust is fully engaged with the process of implementing actions to support the delivery of its public sector Equality Duty using the EDS toolkit as delivery framework.

Work continues to engage our community partners and interest groups who represent or advocate for the nine protected characteristics to ensure review of our actions and that we deliver equity of access and the best possible patient experience.

**Recommendations**
The trust board are asked to **Note** this annual report and attached action plan to support the process of working with the Equality Delivery Scheme.

**Appendix 1**
**Equality Delivery System graded action plan**
**Graeme Mitchell**
**December 2012**

**For each EDS outcome, there are four grades, and a RAG "plus" rating, to choose from**:
• **Excelling – Purple** *For all protected groups*
• **Achieving - Green** *For most protected groups*
• **Developing – Amber** *For some protected groups*
• **Undeveloped** *No evidence at all or for few or none of the protected groups*

## EDS Goal 1 Better health outcomes for all
**Narrative**
The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results
**Outcome**
**1.4** The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all

| Factor | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| 1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all | | All revised polices to be Equality Impact Assessed which ensures protected groups are free from abuse, violence or discrimination | Training provided to policy writers to ensure EIA are incorporated when writing policy<br><br>Policy Approval meeting uses checklist to ensure EIA has been undertaken on all new policies prior to ratification | |
| | Develop competency framework and behaviour standards for all nursing staff – Sarah Bloomfield March 2013<br>Staff survey results to be used to demonstrate improvements in | Customer Care training for OPD staff – training programme delivered in 2012 and carried forward into 2013 | Engage Community Interest Groups and members of PEIP to develop behaviour standards across the Trust- LHE providers Wroxeter event June 2012 Shropshire Equalities forum | |

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| | behaviour standards | | attendance | |
| | Comments and complaints will evidence change in required behaviour s | Dignity Page for Intranet including resources – Wilf McSherry 2012 | Clinical centres to identify Dignity champions – 26 Champions trained presented awards and certificates December 2012

Update Nov 2012 – Equality & Diversity staff behaviour examples incorporated into generic KSF outlines and published on Intranet | |

**This outcome supports delivery on Goal 5 (Treating and caring for people in a safe environment and protecting them from avoidable harm) of the NHS Outcomes Framework, and should be reported through the organisation's mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS**

## EDS Goal 2 – Improved patient access and experience

**Narrative**

The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, and useable and used in order to improve patient experience

**Outcome 2.2**

Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment

| Factor | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| **2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment** | Patients with sensory and visual impairment are able to have equitable access to patient information and processes relating to booking and scheduling

Visual and sensory impairment advocates recruited to PEIP | Patient Information database to be updated and accessible to patients and members of the public  February 2013

Eidos patient information leaflets for surgery NHSLA approved until 31/12/13 | Instigate patient information group to standardise quality of patient information- PIP meeting held
Patient Information Policy to be revised, ratified and circulated across the Trust - July 2012 ratified

Patient Information Panel membership to include public/patient representation- | |

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|---|---|---|---|
| | | Patient representatives on trust Booking and Scheduling project board - meets monthly minutes<br><br>Trust completed Health Self Assessment Framework for LD September 2012<br><br>HSAF Validation visits carried out by Equip 4 Change 27th November /3rd December 2012 – outcome report awaited February 2013 | patient representatives from the 9 protected groups now included on PIP panel ( Learning Disability) -November 2012<br><br>Pre Op service has developed an SOP for LD patients which consolidates reasonable adjustments into practice-September 2012<br><br>Double appointment slots are offered to patients with Learning Disabilities<br><br>Consent to treatment for LD patients has been audited to ensure appropriate processes e.g. Informed consent and evidence of patient involvement are implemented for Patients with Learning Disabilities. Completed November 2012<br><br>Trust Board – declared compliant with 6 Learning Criteria for PMR October 2012<br><br>The trust spent £57k on translation services in 2011/12 this is forecast to be exceeded in the current year , with one full quarter to go YTD spend is £52.5 k | |

**This outcome supports delivery on the patient and public rights and pledges of the NHS Constitution, and should be reported through the organisation's mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS**

# EDS Outcome 3. Empowered, engaged and well-supported staff

**Narrative**
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

**Outcome**
**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
**3.6** 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

| Factor | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| **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 | | Current HR Dignity at Work training has been re-written, to take account of Equality Duty legislation. 18 sessions were delivered for staff in 2012. There are 19 sessions planned for 2013 with capacity to train 330 staff. Staff Survey 2011 results highlighted two areas to focus on 2 key questions in 2012 staff survey : <ul><li>Would you recommend SaTH as a place to work?</li><li>Would you recommend SaTH as a place to receive treatment?</li></ul> | | |
| **3.6** The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and | Making Every Contact Count (MECC) Training will be provided to Team Prevent staff to enable brief interventional advice to be given to staff on healthy lifetstyle choices- May 2013 | Staff Survey: Pledge 3:- To provide support and opportunities for staff to maintain their health, well-being and safety. Previous results show that staff report poor experiences, suggesting that more investment in | Supporting and Promoting Staff Health and Wellbeing paper agreed in principle by Executive Directors in January. Paper outlined a framework of how health and wellbeing initiatives can be | |

| the wider population | MECC resources will be distributed to all staff to promote healthy lifestyle choices <br> • Front line staff recived pens and MECC Flip cards in December 2012 | staff wellbeing is required. <br><br> Reviewing of the NICE guidance on Public Health has led to the development of smoking cessation clinic for staff to start in New Year. Free of charge for staff. <br><br> Trust has implemented Making Every Contact Count ; <br> • Training is being provided to 578 front line staff in delivering brief lifestyle interventions as part of CQUIN Scheme <br> • MECC resources available on intranet <br> • Funding received from Public Health for additional training resources and staffing to support the implementation training across all staff | introduced, and focuses on areas such as: <br><br> Dedicated HR team member employed to support initiatives for health and wellbeing of staff – delivering <br> Hot spot clinics for departments with high sickness rates identified using ESR <br> Occupational Health clinics for ward managers <br> Exercise classes for staff Tai Chi and Zumba- dates and attendance lists available <br> Revised Health and Wellbeing Intranet pages <br> Health promotion events held November 2012 at RSH and PRH <br> Rapid access clinics for staff access to physiotherapy and cognitive behavioural therapy- referral data available <br> Flu Fighter Campaign 2012 1907 staff (46% )as of 14/1/13 of staff have had injection target is 60% | |
|---|---|---|---|---|
| **This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011)** | | | | |

## EDS Outcome 4.2 Inclusive leadership at all levels

**Narrative**
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
**Outcome**
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within an environment free from discrimination
4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes

| Factor | Underdeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| 4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within an environment free from discrimination | | Employment law workshops for line managers which ensure they know their responsibilities under the law. Session to be built into management development workshops.<br><br>Staff training programme implemented to deliver specialist training in:<br>• Learning disability awareness<br>• MCA/DOLs<br>• Vulnerable adults and child training | Launch of coach development programme, to train and accredit coaches to assist managers in delivering a discrimination free environment.<br>Update Nov 2012 – On target. First cohort of 14 accredited coaches completed Nov 2012. Second cohort to start early 2013. | |
| 4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes | | Implementation of National Learning Management System with Diversity e-learning programme highlighted and uptake monitored.<br>Update – Implementation scheduled for Doctors in July 2012 with roll out to other staff groups to follow.<br>Package available on line<br>Username and passwords available for all staff<br>Update Nov 2012 - NLMS implemented, package available, username & passwords | | |

available to staff & uptake monitored via NLMS. But main roll out delayed to April 2013 by NHS nationally to enable additional tracking and monitoring functionality to be incorporated.

**This outcome supports delivery on the pledges to patients, the public and staff of the NHS Constitution (2010).**
**It also supports delivery on all other EDS outcomes leading to better patient care, better patient experience and better working environments**

# Appendix 2 - Community interest groups involved in aspects of implementation of the EDS toolkit

| Community interest groups involved in aspects of implementation of the EDS toolkit | |
|---|---|
| Shropshire and Wrekin Link<br>Telford & Wrekin Senior Citizens Organisation<br>Rights and Fairness -<br>Headway<br>Connecting Minds<br>Taking Part<br>Independent Living Partnership Ltd<br>Supporting Those Affected by Lifelong Epilepsy (STABLE)<br>Association Ltd Parent & Carers Council<br>Community Council of<br>Carers Support Service<br>Town Council<br>PACC ( Parent& Carers Council)<br>of Art and Technology<br>Albrighton Patients Group<br>Partners in Care<br>Gender Matters<br>Carers Association<br>MENCAP<br>Listen Not Label<br>Trident | A4U - Action Advice Advocacy<br>SCC Carer's Support Service<br>Carer's Advisory Panel<br>Shropshire Humanist Group<br>British Red Cross<br>Shropshire Disability Network/Pan Disability Forum<br>Deaf & Hard of Hearing Forum<br>LANDAU<br>Shropshire Disability Network<br>Equalities Forum<br>Assessment & Eligibility Team Shropshire Council<br>Unison/Shropshire<br>Shropshire Wheelchair User Group<br>Shrewsbury Access Group<br>Shropshire Bangladeshi Welfare Society and Interfaith Forum, Shrewsbury<br>Rethink Shrewsbury Carers Group<br>Assessment & Eligibility Team, Shropshire Council<br>Accord Housing<br>Wave-Length<br>Cleobury Patients Voice |

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