

Equality Objectives 2012

7. THE NHS EQUALITY DELIVERY SYSTEM (EDS)

The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business. The EDS covers patient, public health, compliance and workforce issues. It applies to commissioning organisations including GP Consortia, and to NHS providers including Foundation Trusts.

Under the system, NHS organisations are required to develop four-year Equality Strategies based on their grading of their equality performance against a set of nationally determined EDS goals and outcomes. (See below) When they grade themselves in discussion with local interests, organisations choose from 4 grades:

- Excellent
 - Achieving
 - Developing
 - Undeveloped
- 

Based on the grading, the system will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS will foster continuous improvements.

We have used information and the EDS ratings to identify a small number of specific and measurable quality objectives. This will help us meet the public sector equality duty.

Local Involvement Networks (LINKs) and their successors (Health Watch), or an equivalent local body, will help NHS organisations to engage with local interested groups. Performance will be shared with Local Authority Overview and Scrutiny Committees and Health and Wellbeing Boards. They will also be forwarded for review by the Care Quality Commission (CQC). The grades for all organisations will be published nationally in the form of red, amber or green rating. The CQC will take account of any concerns as part of its process to monitor registration.

The EDS contains a number of outcomes grouped under 5 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”.

7.1 Better Health Outcomes for All

The Equality Delivery System states that organisations should:

“Achieve improvements in patients’ health, public health and patient safety for all, based on comprehensive evidence of needs and results”.

This means that when we plan and deliver services we need to make sure that:

- We understand the needs of the people who use our services and we involve them in deciding what things are important for us to focus on.
- We coordinate care well when more than one service is involved.
- We have measures in place to check and make sure that our services are safe.
- The same outcomes are achieved for people of all groups.

Within Sunderland we are currently reviewing how we do this and identifying pathways for Acute, Primary, Public Health, and Mental Health, to work with GP consortia supporting to develop effective methods of involving all our community groups.

We have audits and reviews which take place including patient's real time feedback to enable the trust to act quickly on any findings.

We also monitor our complaints and access to PALS Services to enable our service delivery to improve.

7.2 Improved Patient Access and Experience

The Equality Delivery System states that organisations should:

“Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience”.

This means that when we plan and deliver services we need to make sure that:

- We have measures in place to identify and tackle any barriers to using our services.
- We provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs.
- We support people to make informed choices about their care and treatment and understand their rights.
- We have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things we do.

At City Hospitals Sunderland NHS Foundation Trust we are working as part of a regional group which includes NHS Foundation Trust, PCTs, councils, and LINKs developing accessible information/easy read we are developing ways of sharing our resources for the most effective uses.

We have developed the NHS Help Card supporting vulnerable people to access our services.

We are supported by patient groups to undertake audits and reviews of our services, the results of which are reported to the Board of Directors and to the whole organisation.

7.3 Empowered, Engaged and Well-Supported Staff

The Equality Delivery System states that organisations 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 community needs”

This means that when we plan and deliver our services we need to make sure that:

- We employ a workforce which is representative at all levels of our local community.
- We support our staff to live and promote healthy lifestyles.
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively without fear of discrimination.
- We have sufficient staff who are properly qualified and trained to confidently and competently do their job.

We offer work experience which is accessible to all diverse groups.

7.4 Inclusive Leadership at All Levels

The Equality Delivery System states that organisations should:

“Ensure that throughout the organisation, equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions”

This means that when we plan and deliver our services we need to make sure that:

- We recognise the individual diverse needs of our service users and treat them fairly with dignity and respect.
- We develop and support equality leaders and champions within the workforce to mainstream equality into every part of our business.

We involve our public in all aspects of our work making sure we listen and involve patient’s carers and the public from all diversity groups in our planning.

8. Grading Criteria for Equality Delivery System within City Hospitals Sunderland NHS

These criteria have been developed with the help and support of staff, patients/carers and external forums.

8.1 SERVICE USERS

Underdeveloped (Red)

- No policies or guidelines put in place.
- No equality analysis or equality impact assessment by protected characteristics groups.
- No data collected evidence for protected characteristics groups.
- No patient/carer involvement by protected characteristics.
- Little or no equality training put in place.
- No analysis of patient/service users views from protective characteristics groups.

Developing (Yellow)

- Policy is put in place. Little or no evidence that policy is being applied constantly in relation to protected characteristics groups.
- Some equality analysis or impact assessment by protected characteristics groups.
- Some protective characteristics groups data analysis available.
- Some patient/carer involvement with good consistency. Breakdown by protected characteristics groups.
- Some equality training in place.
- Some analysis of patient/service users views from protected characteristics groups.

Achieving (Green)

- Evidence on policy being applied and monitored by some protected groups.
- Equality impact assessment/audit uses robust evidence to ensure all protected characteristics are considered with action plans in place.
- For most protected characteristic groups, evidence of data is collected to inform services.
- Patient/carer involvement through some protected characteristic groups with involvement in service provision.
- Robust equality training provided across the organisation.
- Analysis of patient/service users views from most protected characteristics groups.

Excelling (Purple)

- Robust evidence of policy guidelines being applied and outcomes for all policy protected characteristics groups.
- Robust evidence of analysis through equality impact assessment with outcomes for all protected groups.
- Robust evidence through data analysis of all protected characteristics groups embedded systematically across the organisation with evidence of informing services and service provision.
- Patient/Carer involvement demonstrates positive outcomes and included in service delivery.
- Robust equality training in place, audited and development plans put in place with gap analysis.
- Analysis of patient/service users views from all protected characteristic groups.

8.2 STAFF

Underdeveloped (Red)

- No policies or guidelines put in place
- No equality analysis or equality impact assessment by protected characteristics.
- No data collected evidence for protected characteristics groups.
- No staff involvement by protected characteristics groups.
- Little or no equality training put in place for all members of staff.
- No analysis for staff views from protected characteristics groups.

Developing (Yellow)

- Policy is put in place. Little or no evidence that policy is being applied constantly in relation to protected characteristics groups.
- Some equality analysis or impact assessment by protected characteristics groups.
- Some protected characteristics groups' data analysis available.
- Some staff/carer involvement with good consistency groups.
- Some equality training in place.
- Some analysis of staff/service users views from protected characteristics groups.

Achieving (Green)

- Evidence on policy being applied and monitored by some protected characteristics groups.
- Equality impact assessment/audit uses robust evidence to ensure all protective characteristics groups are considered with action plans in place.
- Consistency with evidence of staff/carer involvement by some protected characteristics groups.
- Staff/carer involvement through some protected characteristics groups with an action plan put in place.
- Robust training provided across the organisation.
- Some analysis of staff/service users views from protected characteristics groups.

Excelling (Purple)

- Robust evidence of policy guidelines being applied and outcomes for all policy protected characteristics groups.
- Robust evidence of analysis through equality impact assessment with outcomes for all protected groups.
- Robust evidence through equality analysis of all protected characteristics groups embedded systematically across the organisation with real time feedback.
- Staff/carer involvement through all protected characteristics groups with evidence achieved through outcomes regularly received.
- Robust equality training put in place, audited and development plans put in place with gap analysis.
- PCPI involvement across all protected characteristics groups in relation to EDS criteria.

9. THE NHS EQUALITY DELIVERY SYSTEM (EDS) FOR CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

The Trust has with the support of staff members and service users, has graded itself by considering the goal, narrative and outcomes in accordance with the internal grading criteria of the EDS. This self assessment has been supported by external users.

Goal	Narrative	Outcome	Grade			
			Undeveloped	Developing	Achieving	Excelling
1. Better Health Outcomes	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 Individual patients health needs are assessed and resulting services provided in appropriate and effective ways.				
		1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly.				
		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.				
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups.				
Goal	Narrative	Outcome	Grade			
2. Improved patient access and experience.	The NHS should improve accessibility and information and	2.1 Patients, carers and communities can readily access services and should not be				

	deliver the right services that are targeted, useful, and useable in order to improve patient experience.	denied access on unreasonable grounds.			
		2.2 Patients are informed and supported to be as involved as they wish in their diagnosis and decisions about their care and to exercise choice about treatments and places of treatment.			
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how 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 equal work and work rated as of equal value being entitled to equal pay.			

Goal	Narrative	Outcome	Grade			
		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.		A		
		3.4 Staff are free from abuse, harassment, bullying and violence from patients or relatives and their colleagues, with redress being open and fair to all.		A		
		3.5 Flexible working options are made available to all staff consistent with the needs of the service and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers).			B	
		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.			B	
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.			B	
Goal	Narrative	Outcome	Grade			
		4.2 Middle managers and other line managers support and motivate their staff to work in			B	

		culturally competent ways within a work 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.				

10. OUR EQUALITY OBJECTIVES

Under the Equality Act 2010, City Hospitals Sunderland NHS Foundation Trust has a duty to publish equality objectives by 2012 and at least every four years after that. We are also required to publish details of the engagement work we have done to develop our objectives and set out how we will measure our progress against them.

The purpose of the equality objectives are to help us make a real difference to some of the most pressing issues facing the protected groups that we provide services for and any staff we employ. They will also help us demonstrate how we are meeting our statutory duties.

The following objectives have been created from the information gathered from members of the public as well as staff in accordance with the EDS guidelines. In order to identify any gaps in services from the service users and staff members, an internal grading criteria was formed and used across City Hospitals.

1. Ensure Appropriate Access to Services within City Hospitals for Black Asian Minority Ethnic (BAME) Communities.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To introduce Patient Forums for the BAME community empowering BAME members to raise awareness and support development of an agreed action plan to deliver change.

Measurable

- Working alongside the BAME community we can improve the collection and analysis of patient experience/outcomes data for different protected groups.
- The Patient and Public Involvement Steering Group will receive information from the forum and identify measures which will be addressed and overseen by the Equality and Diversity Steering Group.

Action: Establishment of a Patient Forum for the BAME community to identify specific issues related to access as a result of gaps identified.

Realistic

- The objective is fully supported by the BAME community and a recognition of the training required from both ourselves and the community to ensure meaningful discussion and resultant action.

Time

- Initial report to the Patient & Public Involvement Steering Group in August 2012 and thereafter quarterly reports.

2. Access to services for people with a learning disability.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To work with members of the Learning Disability Partnership Board, Sunderland People First and the Patient Forum group to identify gaps in service provision and access to services.

Measurable

- To evidence action from issues identified within Patient Forum which will be reported to the Patient & Public Involvement Steering Group who will monitor action.
- To develop patient surveys, mystery shopper and community focus groups. The Patient & Public Involvement Steering Group will receive 6 monthly reports which will form part of annual review process of access to services for patients with a learning disability.

Action:

- To design patient questionnaire and undertake first audit by September 2012.
- To agree action plan as a result of audit - September 2012.
- Undertake second audit and indentify progress - March 2013.

3. To implement the dignity at work advisor team.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- As an equal opportunities employer, the Trust supports a working environment for individuals in which dignity at work is paramount.

Implementing the Dignity at Work Advisors Network will provide support and advice to staff who perceive that they are subject to harassment and bullying within the workplace.

Measurable

- Key areas of concern will be identified within the quarterly and annual workforce report – Quarterly March 2013.
- The annual staff survey will also provide feedback.
- Feedback from First Assist usage.

Action:

- To launch the network by publicising on the Trust Internet – 17 April 2012
- To produce and distribute leaflet.
- All users email to staff and signpost advisors and other agencies.

4. Audit effects of appraisal policy and review policy requirements.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To review appraisal policy including any potential bias in its application across those staff covered by Agenda for Change pay and terms and conditions – information on any disproportionate impact on a particular protected group will be analysed and assessed for potential statistical relevance.

Measurable

- To monitor and review the characteristics within the ESR system of those individuals whose increments were deferred versus the workforce as a whole.
- 6 monthly reports to the HR Steering Group – May 2012.
- Revised policy ratified by the Trust – June 2012.

Action:

- To produce information by protected characteristics in ESR, on those whose incremental progression has been deferred due to the lack of a satisfactory appraisal – May 2012.
- To review implementation of policy to ensure its application is fair and consistent across all Agenda for Change staff groups – June 2012.

5. Undertaking a high level pay audit.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To conduct an equal pay analysis to assess the extent to which males are paid more than females in the Trust.

Measurable

- Equal pay action to be identified based on analysis of data and monitored through HR Steering Group – December 2012.
- Any resulting actions will address the reasons for any key differentials and will be included in the EDS for 2013/14 – March 2013.

Action:

- To produce a report on the average pay of males versus females across the organisation.
- To identify whether or not there is any evidence to show that there is a pay gap between genders (this will need to be undertaken across the whole organisation since differences in pay within a band are solely due to incremental progression based on length of service not discriminatory treatment) – March 2013.