

## Implementation of the NHS Equality Diversity System (EDS) in Hertfordshire Community NHS Trust

- 1.1 This paper outlines the steps taken by Hertfordshire Community NHS Trust (HCT) to implement the EDS and to provide assurance of delivery to meet the statutory equality objective publishing deadline of 6<sup>th</sup> April 2012.
- 1.2 It also reports progress on the objective setting and grading of performance for 2012-13 with the agreed grades and ratings included for information (Appendix 2).
- 1.3 There are a number of key drivers for this work which are outlined below:
  - the Equality Act 2010;
  - the implementation of the NHS Equality Delivery System framework by 6<sup>th</sup> April 2012; and
  - the specific public sector equality duty reporting requirements within the Act for public bodies by 31<sup>st</sup> January 2012

## 2 Background

- 2.1 The new public sector equality duties came into force on 5th April 2011. They harmonised and replaced the disparate equality duties of race, disability and gender. The general equality duty states that public sector organisations must:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality 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
- 2.2 Paying due regard to the equality duties involves:
  - removing or minimizing the disadvantages suffered by people due to their protected characteristics
  - taking steps to meet the needs of people from protected groups where these are different from the needs of other people
  - encouraging people from the protected groups to participate in public life or in other activities where their participation is disproportionately low
- 2.3 The new duty covers the following nine protected characteristics: age, marriage and civil partnerships, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation.

2.4 The EDS was developed by the NHS to provide NHS organisations with a systematic way of a) promoting equality, in particular the provision of healthcare and b) meeting the requirements of the Equality Act 2010. Under the Act we are required to publish one or more equality objectives by 6<sup>th</sup> April 2012. The EDS is the framework which enables us to deliver this statutory duty.

### **3.0 EDS - Analysis of Performance**

3.1 At the heart of the EDS is a set of nationally agreed goals and outcomes. The four goals are common to both NHS commissioners and providers. They are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

3.2 Within each goal are a set of outcomes. There are 18 outcomes in total across the four goals which were graded by a panel made up of representatives from local interest groups and HCT staff on 23<sup>rd</sup> March 2012 (Appendix 2)

3.3 HCT is required to assess its performance and develop actions for each of the 18 outcomes over the course of the four year lifespan of the EDS.

3.4 We have selected four outcome areas to focus on and these are listed in Appendix 1. Their choice reflects the key concerns voiced by the grading panel and are based on the evidence provided by corporate departments and our engagement with local interest groups and staff.

### **4.0 Engagement with Local Interests and Stakeholders**

4.1 An EDS engagement event was held on 1<sup>st</sup> December 2011 with local stakeholders and workforce representatives with the aim to:

- Make information on the EDS to local interests more accessible
- Offer support to those local interests to understand the EDS
- Include a range of professionals across the Trust
- Be sensitive to the resources and capacity of local interests

4.2 On 13<sup>th</sup> February 2012 HCT in partnership with West Hertfordshire Hospitals NHS Trust provided training to a group of external and internal stakeholders on how to grade outcome areas against the outcomes within the EDS. On 23<sup>rd</sup> March this group met as a grading panel to assess the 18 EDS outcome areas. HCT's EDS goals and EDS outcomes for 2012-13 are summarised in Appendix 1.

4.3 This process has enabled the Trust to successfully engage a wide range of community and voluntary organisations.

## **5.0 Development of HCT's Equality Goals and Outcomes and Alignment with the EDS**

- 5.1 We will continue to engage with our external stakeholders on health related outcomes over the course of the next four years. Progress in each outcome area selected for action planning will be assessed annually. Each year new outcome areas will be added to those already selected. Over the course of the next four years all 18 outcome areas will be delivered.
- 5.2 Progress against actions will be monitored by the Equality & Diversity Manager who takes up post on 1<sup>st</sup> April 2012. He will facilitate an EDS delivery workshop which will develop the actions required to meet the two patient focused outcomes identified. This will be supported by action plans developed in April 2012.
- 5.3 Workforce-related outcomes and actions will be assessed and developed through the Trust's Joint Negotiating Committee.

## **6.0 Local and National Reporting**

- 6.1 From April 2012 our agreed equality objectives will be reported to the Midlands and East SHA Cluster Lead for Equality.
- 6.2 The EDS grades of all healthcare providers will be shared with the NHS Commissioning Board once established.
- 6.3 HCT's equality objectives, priority actions and grades will be published as stand-alone documents on our website by 6<sup>th</sup> April 2012.

## **7. Recommendations**

- 7.1 To note EDS implementation progress to date and the assurance this provides to the Trust that it will meet its public sector equality duties under the Equality Act. Overall, HCT should be proud of its achievement under the 18 outcomes. We are a newly-formed organisation and have shown good progress in a short space of time to achieve these positive grading outcomes in partnership with our local stakeholders.

### Appendices:

- 1 Trust EDS Goals and Proposed Equality Objectives for 2012-13
- 2 Trust EDS Goal and Outcomes Grades Framework

## EDS Goals and HCT's Equality Objectives

EDS Goal	EDS Narrative	Equality Objective 2012/13
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	To Improve patient diversity monitoring in order that HCT can report on NHS Outcomes Framework indicators by diversity
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	To monitor both complaints and compliments in line with the Equality Act by all of the protected characteristics.
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	Develop and implement a Health & Wellbeing Strategy for the Trust and ensure fully inclusive talent management initiatives.
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	Implement the competency framework for equality and diversity leadership to recruit, develop and support middle managers and above to advance equality outcomes; and deliver a Board training session on the EDS framework

### Equality Delivery System - Goals and Outcomes

	Excelling	All protected groups
	Achieving	For most protected groups (6 – 8)
	Developing	For some protected groups (3- 5)
	Underdeveloped	No evidence at all, few or no protect groups

Goal	Narrative	Outcome	HCT Grade
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 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	
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 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	
		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 prioritized	
		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	

Goal	Narrative	Outcome	HCT Grade
		work rated as of equal value being entitled to equal pay	Green
		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	Green
		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	Green
		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.)	Green
		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	Orange
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	Green
		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	Green
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	Orange