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| <p>PAPER BOD 111/2011 (Agenda Item 10)</p> |
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**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

27 July 2011

Equality Delivery System

For: Approval

Report

This is a new paper that introduces the Equality Delivery System and proposes that the Trust adopt this to ensure compliance with the legal requirements of Equality Act 2010. It also proposes that the Equality Delivery System form a part of the Quality Account and contains some critical milestones for the project.

The Equality Delivery System report was considered by the Extended Executive Board.

Recommendation

That the Board accepts the Equality Delivery System as a tool for Quality Audit for Equality and Diversity work in the Trust and that this sits in the Quality Account from March 2012.

Author and Title: Sarah Coleman Equality and Diversity Support Officer

Lead Executive Director: Ros Alstead, Director of Nursing and Clinical Standards

- 1. A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
- 2. This paper provides assurance and evidence against the Care Quality Commission Outcome*

Equality Delivery System – Board Paper

1. Purpose

The aim of this paper is to introduce the Equality Delivery System (EDS), as a framework to help NHS organisations to meet the requirements of the Equality Act (2010), and the statutory duty to consult and involve patients, communities and other local interests (NHS Act 2006 and Equality Act).

2. Background

The NHS Equality and Diversity Council (EDC) was formed in 2009 and is chaired by Sir David Nicholson. The EDC reports to the NHS Management Board and supports the NHS to deliver services that are fair, personal and diverse. It is planned that the EDS will become part of the system architecture of the NHS and NHS commissioners and providers will be issued with a set of equality objectives and outcomes, against which each NHS organisation, in collaboration with local stakeholders will analyse and grade its performance in the form of Red, Amber, Green and Purple Star rating. The EDS replaces the Single Equality Scheme and has similar reporting measures as the Quality Account.

There are 18 outcomes in total, grouped under four objectives:

1. **Better health outcomes for all**
2. **Improved patient access and experience**
3. **Empowered, engaged and inclusive staff**
4. **Inclusive leadership**

As a result of this analysis, NHS organisations, again in discussion with local interests, will confirm their objectives for the coming business planning period (as required by the Equality Act) and agree a limited number of priority actions. Performance against the selected priorities should be annually reviewed. These processes should be integrated within mainstream NHS business planning.

It is intended that the grades for NHS providers will be published nationally. The Care Quality Commission (CQC) will take account of concerns highlighted by the EDS through the Quality Risk Profiles it maintains on all registered NHS providers.

3. Benefits of the EDS

Once effectively implemented the EDS will:

- help the Trust to respond more readily to the Equality Act duty.
- help providers to respond better to CQC registration requirements
- deliver improved and more consistent performance on equality
- provide excellent evidence of engagement and consultation with patients and staff
- improve efficiency and bring economies of scale by providing a national equalities framework for local adaptation
- help the NHS deliver on the Government's commitment to fairness and personalisation, including the equality pledges of the NHS Constitution and maintain a focus on equality during the NHS transition.

4. Financial implications

There are no direct financial implications arising from this new framework. However, there will be ongoing resource implications in terms of developing and implementing an ongoing community engagement exercise around developing equality objectives and prioritised actions and measuring performance. There could be cost implications of failing to implement this system as The Trust is at risk of legal challenge if it fails to meet its duties under equality legislation, or if it knowingly or unknowingly allows discrimination to occur.

5. Single Equality Scheme

The Single Equality Scheme was signed off by the Board in 2008. This scheme contained actions which the Trust would take to identify and reduce inequality in the organisation. It will be beneficial for the Trust to switch the EDS because the system is more focused on outcomes and is designed to ensure compliance with the Equality Act 2010 and CQC standards. Actions from the Single Equality Scheme which are still relevant will be considered as actions for the EDS if they would achieve appropriate outcomes.

6. Recommendation

The Board is invited to note the proposal to adopt the NHS EDS and to approve the development and implementation of the EDS in 2011 as part of the Quality Account.

7. Critical Milestones

| Critical Milestones | Lead | Date |
|--|--|-----------------|
| Submit Board paper for decision on the EDS | Sarah Coleman | 27 July 2011 |
| Set up working group to implement the EDS | Sarah Coleman/ Ros Alstead | 30 Sep 2011 |
| Objectives and action plan to be signed off by the Trust Board | TBC | 31 Dec 2011 |
| Publish action plan and objectives on website | TBC | 12 January 2012 |
| Monitor action plan implementation | working group | Ongoing |
| Publish data against set objectives | TBC | March 2013 |
| Report on how well the organisation has and decide new objectives. | TBC Working group Local Stakeholders | March 2013 |

Appendix 1: EDS outcomes and objectives framework

Appendix 2 SHA Action Plan

Appendix 1: 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 |
|--|---|--|
| 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 |

| Objective | Narrative | Outcome |
|---------------------------------------|---|--|
| | | 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 |

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Appendix 2 – Strategic Health Authority Action Plan

| Date | Activity |
|----------------------------|---|
| By 4 March 2011 | EDS guidance, including the revised outcomes and supported by the Equality Impact Assessment, are made available for regional engagement events by the Programme |
| March and early April 2011 | Regional engagement events are held to review and refine the EDS guidance |
| By June 2011 | The EDS will be approved by the EDC and others, and issued to the NHS |
| By 31 July 2011 | The SHA Board will need to publish a range of data on workforce and services and any consultations carried out in line with the requirements of the public sector equality duty |
| September and October 2011 | NHS organisations identify their local interests with whom organisational performance will be graded in partnership |
| November and December 2011 | NHS organisations in collaboration with local interests, should analyse and grade organisational equality performance and identify 4-5 equality priority actions for the following financial year (2012/13) |
| January and February 2012 | The Board, via LINKs (or HealthWatch) should send their ratings of performance and priority actions to Local Authority Overview and Scrutiny Committees and (in due course) to Health and WellBeing Boards |
| By 1 March 2012 | Grades are reported to the EDS Programme Office and the NHSCB |
| 1 April 2012 | Using the EDS, all NHS bodies will have published their Equality Objectives, and related priority actions as required by the Equality Act. |