

**Equality Objectives Review &  
 Equality Delivery System (EDS2) Assessment  
 2015 Scores**

**1. Executive Summary**

This paper is being presented to Trust Board to provide a summary of the 2015 Equality Delivery System Assessment which incorporates a review of the Trust's Equality Objectives.

**2. Background**

The Public Sector Equality Duty is supported by specific duties set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable Equality Objectives.

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework and embedded within the CQC new inspection regime for hospitals.

NHS England has issued a Workforce Race Equality Standard and template and Instructions for completion and publication by all Trusts from 2015 onwards.

**3. Trust Equality Objectives**

The EDS2 toolkit is structured around 4 Goals:

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

The Trust used its Equality Delivery System (EDS2) Assessment to develop and agree four Equality Objectives in March 2012. These objectives were initially set for a period of 12 months but it was recognised that a longer time frame was required for their delivery. They are currently reviewed annually but they need only be revised at four yearly intervals in line with equality legislation.

The Trust's Equality Objectives are:

EDS Goal	Trust Equality Objective
<b>Goal 1:</b> Better Health Outcomes for All	Ensure that our patients experience good quality service that is sensitive to their personal and cultural needs as well as receiving effective treatment and care appropriate to their clinical condition
<b>Goal 2:</b> Improved patient access and experience	Improve the experience of people with learning disabilities who use health services.

<b>Goal 3:</b> Empowered, engaged and included staff.	Eliminate discrimination, bullying, harassment, abuse and victimisation within the Trust workforce
<b>Goal 4:</b> Inclusive leadership at all levels.	Ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment.

#### 4. Scoring Process

In March 2015 the Trust undertook its fourth assessment of performance against the EDS (incorporating the Trust Equality objectives) and obtained feedback from key stakeholders. An action plan has been developed to address gaps & areas for improvement.

In order to arrive at our 2015 scores, the Trust has undertaken a process of evidence collection and engagement with local stakeholders. Evidence collation has included:

- A survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014 to assess progress against Goals 1 and 2.
- The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Leigh Asylum Seekers and Refugees Group Drop-in Session (LASARS) to ascertain their views about Trust services.
- The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the Gypsies and Travellers Community at Little Lane, Goose Green in Wigan to ascertain their views about Trust services.
- The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) visited the BRICK Homeless Shelter in Wigan to engage with the homeless people of Wigan about hospital services.
- A staff survey was circulated to all wards and departments to ascertain staff's current awareness of how to access interpreter and translation services.
- Comment Boxes are now located in the Breast Feeding Rooms at Leigh Infirmary, Wrightington Hospital and the Royal Albert Edward Infirmary to encourage breast feeding mums to give us feedback on the provision of our Breast Feeding Room facilities.
- Healthwatch Trustee and current service user met with the Trust's Inclusion & Diversity Project Lead (Services), Head of Unscheduled Care and Patient Information Officer to discuss how current practice within A&E could be improved for hearing impaired patients.
- The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) engaged with a transgender service user about hospital services.
- The Trust's Facilities Manager, Inclusion & Diversity Project Lead (Services) met with a registered severely sight impaired service user, who had been approached by RNIB to take part in a PLACE (Patient Led Assessment of the Care Environment) Inspection at the Royal Albert Edward Infirmary. She was asked to report back to the RNIB on the accessibility and signage at the Infirmary for the visually impaired. The Patient Chairman of PLACE accompanied her on the PLACE Inspection. She was given a tour of the Wigan Site and shared with the group her feedback on how accessibility and signage could be further improved. Further inspection of other hospital sites was requested and will be arranged during 2015/16.

- The Chair of DPN (Disabled Parents Network) and active member of the Wigan Access Group regularly liaises with the Trust's Inclusion & Diversity Project Lead (Services) about access for the visually impaired and recent developments within the RNID.
- EDS scores against Goals 1 & 2 were sent to Health Watch for review
- A Staff Survey was sent out via global e-mail and Trust News to assess progress against Goals 3 and 4. This feedback was used in conjunction with the 2014 National Staff Survey results.
- Goal 3 & 4 evidence has been sent to the Staff Side Chair for review and discussion at the Staff Side Meeting.
- Evidence against one of the criteria of Goal 4 - Inclusive Leadership was sent for peer review by another NHS Foundation Trust.

The specific outcomes and Trust scoring relating to these EDS goals are summarised in **Appendix 1**.

## **5. EDS Action Plan**

The EDS 2015/16 Action Plan has been updated to reflect the actions outstanding from 2014/15 and to incorporate any new actions arising from the recent 2015 EDS2 assessment.

## **6. Monitoring**

In April 2014 a new Inclusion and Diversity Operational group was launched and this group co-ordinates and participates in the delivery of the 2015 EDS action plan. The group reports into the Inclusion and Diversity Steering Group which is overseen by the HR Committee.

Progress will also be reviewed annually within the Trust's Inclusion and Diversity Annual Monitoring Report which will now combine both Employment and Service delivery.

## **7. Conclusion**

Trust Board are requested to note the scores against each of the EDS Outcomes.

**Debbie Jones / Philip Makin**  
**April 2015**

Goal 1	Outcome		2014 Grade	2015 Grade
<b>Better Health Outcomes for All</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	<b>CCG / Public Health</b>	<b>PCT / Public Health</b>
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	<b>CCG / Public Health</b>	<b>PCT / Public Health</b>
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly and everyone well informed.	<b>Developing</b>	<b>Developing</b>
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<b>Developing</b>	<b>Developing</b>
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	<b>CCG / Public Health</b>	<b>PCT / Public Health</b>
<b>Assessment Criteria</b>	<p><b>The assessment criteria of Goal 1 for Outcome 1.3 and 1.4 was based on the following key factors:</b></p> <ul style="list-style-type: none"> <li>Evidence of one or more care pathway which suggests there is significant local equality progress as people transit from one service to another.</li> <li>Evidence of one or more service / care setting which suggests there is significant equality progress for people's safety.</li> <li>For all protected groups, we have to assess and grade how well: <ul style="list-style-type: none"> <li>Service transitions are made, including how well patients, carers and professionals are kept informed of what is happening.</li> <li>Key aspects of safety are prioritised and managed.</li> </ul> </li> <li>Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall.</li> </ul>			
<b>Assessment Key Gaps / Development Areas</b>	<p><b>The key gaps / development areas of Goal 1 were:</b></p> <p><b>Collation and analysis of equality data across all protected groups.</b>  Patient equality monitoring data not yet analysed in respect of all 9 protected characteristics. Sexual orientation; transgender; disability; and marriage and civil partnership not recorded. Project Team established in June 2013 to review equality monitoring within hospital activity. Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions incorporated within EDS Action Plan 2015/16.</p> <p>Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p>			

Goal 2	Outcome		2014 Grade	2015 Grade
<b>Improved Patient Access and Experience</b>	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Developing	Developing
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	Developing	Developing
	2.3	People report positive experiences of the NHS.	Achieving	Achieving
	2.4	People's complaints about services are handled respectfully and efficiently.	Developing	Developing
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 2 was based on the following key factors:</p> <ul style="list-style-type: none"> <li>• Evidence of one or more service / care setting which suggests that there is significant local equality progress for people in relation to: <ul style="list-style-type: none"> <li>• Access to services.</li> <li>• The information and support people receive, so that they can be involved in decisions about them.</li> <li>• People's experiences.</li> <li>• Handling of complaints.</li> </ul> </li> <li>• For all protected groups, we have to assess and grade how well: <ul style="list-style-type: none"> <li>• Services are accessed, taking into account the fairness of reasons when access is denied.</li> <li>• People are informed and supported.</li> <li>• Service is experienced.</li> <li>• Complaints are handled.</li> </ul> </li> <li>• Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall.</li> </ul>			
<b>Assessment Key Gaps / Development Areas</b>	<p><b>The key gaps / development areas of Goal 2 were:</b></p> <p><b>Collation and analysis of equality data across all protected groups.</b>  Patient equality monitoring data not yet analysed in respect of all 9 protected characteristics. Sexual orientation; transgender; disability; and marriage and civil partnership not recorded. Project Team established in June 2013 to review equality monitoring within hospital activity. Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions incorporated within EDS Action Plan 2015/16.</p> <p>Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p>			

Goal 3	Outcome		2014 Grade	2015 Grade
<b>Empowered, Engaged and Well-Supported Staff</b>	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expected employers to use equal pay audits to help fulfil their legal obligation	Undeveloped	Undeveloped
	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing
	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.	Achieving	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Developing
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 3 is based on the following key factors:</p> <ul style="list-style-type: none"> <li>• Evidence that the workplace is representative of staff from all protected groups, taking into account the fairness of recruitment &amp; selection processes</li> <li>• Evidence that we have assessed and graded participation in and evaluation of training &amp; development opportunities for staff from protected groups</li> <li>• Evidence that we have used equal pay audits to help fulfil our legal obligations. For all protected groups we have to assess &amp; grade the extent to which they receive equal pay for work of equal value.</li> <li>• For all protected groups we have to assess &amp; grade the extent of abuse, harassment, bullying &amp; violence</li> <li>• For all protected groups we have to assess &amp; grade the availability of flexible working options</li> <li>• For all protected groups we have to assess &amp; grade how well membership of the workforce is experienced.</li> </ul>			
<b>Assessment key gaps/development areas</b>	<p>The key gaps/development areas of Goal 3 are:</p> <ul style="list-style-type: none"> <li>• Recruitment and Selection: BME Shortlisted &amp; Appointment ratios - further analysis/on line survey required.</li> <li>• Online recruitment pilot to be finalised and rolled out within an identified Division of the Trust.</li> <li>• Look into the feasibility of ensuring BME representation on interview panels.</li> <li>• T and D: Ensure that imagery within e-mandatory training modules is representative.</li> <li>• Equal Pay Audits by protected groups to be implemented in 2015-16.</li> <li>• Staff violence from staff- identified as an issue in the 2014 staff survey results. Actions to be progressed as part of ID operational group and HR workstreams.</li> <li>• Continuing to monitor flexible working applications as part of I &amp; D employment monitoring report.</li> <li>• Use of flexible working support pack to be encouraged via Trust News</li> <li>• Increase targeted engagement with protected groups: Further focus group sessions to be held in 2015/16.</li> <li>• Events planned for 2015 to raise awareness of Hate Crime Reporting, in conjunction with Greater Manchester Police.</li> <li>• Programme of general engagement activities and calendar of events planned for 2015-16.</li> <li>• Consider a further Focus Group for staff living with a disability.</li> </ul>			

Goal 4	Outcome		2014 Grade	2015 Grade
<b>Inclusive Leadership at All Levels</b>	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	Achieving
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing	Achieving
	4.3	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	Developing
<b>Assessment Criteria</b>	<p>The assessment criteria of Goal 4 is based on whether both Board members and other Leaders:</p> <ul style="list-style-type: none"> <li>• Evidence of 10- 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year.</li> <li>• Evidence of 10-20 papers that came to the Board and other major committees in the past year or, if needs be, a longer period and assess &amp; grade the extent to which the selected papers took account of the equality related impacts including risks and how risks will be managed.</li> <li>• Assess &amp; grade for all protected groups the extent to which staff are supported within the workplace.</li> </ul>			
<b>Assessment key gaps/development areas</b>	<p>The key gaps/development areas of Goal 4 are:</p> <ul style="list-style-type: none"> <li>• Continue to carry out monitoring to ensure that all Trust Board meeting minutes remain in the new format and have been uploaded onto the Trust internet website.</li> <li>• Obtain further Staff Stories to inform the Dignity &amp; Respect values promotion.</li> <li>• Further Equality Impact Assessment training will take place in 2015-16 for managers &amp; clinical leaders.</li> <li>• A further 4 sessions of the E &amp; D leadership session will run in 2015-16.</li> <li>• Level 2 evaluation of E &amp; D leadership session to be undertaken in 2014-15 to identify longer term impact and potential case studies of best practice that can be utilised.</li> </ul>			

