

SAFETY, QUALITY AND STANDARDS COMMITTEE
April 2018

Report of: Responsible Officer: Accountable Officer:	Deputy Director of Corporate Affairs and Governance Director of Corporate Affairs and Governance
Author of Report:	Equality & Patient Experience Manager
Subject/Title	Equality and Human Rights Update Q4 2017-2018
Background papers (if relevant)	Equality Act 2010 Equality Delivery System 2 (EDS2) Eastern Cheshire Clinical Commissioning Group (CCG) Quality Schedule
Purpose of Paper	To provide assurance in relation to the delivery of the 2017-2018 Equality Objective Plan
Action/Decision required	To note the contents of the report and approve the Equality Objective Plan for 2018/19
Mitigates Risk Number: (identify) On Corporate Risk Register Mitigates Risk Number: (identify) On Assurance Framework	CRR 38 Score 12: If the Trust does not have robust governance arrangements which hold up to external scrutiny in relation to CQC standards, the reputation of the organisation may be damaged with loss of confidence from stakeholders. AF 2 Score 12: If quality is not maintained in line with regulatory standards during and after transition then this could impact on services the trust provides and ability to provide services that are caring, safe, and responsive and safeguard the health & wellbeing of the local population.
Link to Care Quality Commission Domain	Responsive Well-lead
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Board Objective: Patients: Provide safe, effective personal care in the right place
Legal implications - (identify)	None
Impact on quality	Provides assurance of compliance with the Equality Act 2010
Resource impact	None
Impact of equality/diversity	Provides assurance of compliance with the Equality Act 2010 and achievement against the Equality Delivery System 2.
Avoid acronyms or abbreviations - if necessary list:	EIA – Equality Impact Assessment CCG – Clinical Commissioning Group NAS – National Autistic Society BSL – British Sign Language EDS – Equality Delivery System

1.0 PURPOSE OF THE REPORT

The purpose of this report is to provide the Safety, Quality and Standards Committee with an update on the Quarter 4 achievements against the objectives outlined in the trust's Equality Objective Plan 2017-2018 and to report on compliance with the Equality Act 2010 and Quality Schedule requirements 2017/18.

2.0 EQUALITY OBJECTIVE PLAN

2.1 All elements of the Equality Objective Plan 2017-2018 have been completed. The following elements will also be part of the 2018-2019 plan in order to achieve the next stage of development in these areas:

- People with a disability or sensory loss receive information they can access and understand
- Any relevant redesign of services needs to include an equality analysis report
- Black and minority ethnic groups: Analysis of interpretation usage available
- Assessment of equality performance is undertaken by stakeholders using the Equality Delivery System 2 framework
- Autism accreditation

2.2 The Equality Objective Plan 2018-2019 is at **Appendix A** for approval. The objectives are derived from national requirements, trust priorities and issues raised in the Equality Delivery System stakeholder assessment 2017-2018.

3.0 EQUALITY DELIVERY SYSTEM

3.1 The focus for Q4 has been the Equality Delivery System (EDS) stakeholder assessment (**Appendix B**). The trust was classed as 'achieving' in all 12 outcomes assessed this year. Highlights included:

- the developments in caring for people on the autistic spectrum
- recognition by Body Positive of the work undertaken around lesbian, gay, bisexual and transgender (LGBT) which was seen as changing the image of the trust to be LGBT friendly
- performance in the CQC national maternity survey 2017 where the trust was named as just one of four trusts nationally which performed 'better than expected' across all areas of the survey
- achievement of Disability Confident level 3 leader status
- the development of multi-faith prayer facilities.

3.2 Overall the trust is assessed as 'achieving' in 17 out of 18 outcomes (one outcome has not yet been reassessed). In 2016/17, the trust was assessed as 'developing' in outcome 1.3 'Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed'. This element will be reassessed in 2019.

4.0 LEARNING DISABILITIES

The trust has improved performance against the target of all patients with learning disabilities, who have an overnight stay of one night or more, having a risk assessment or reasonable adjustments care plan. The trust achieved 100% in five months of the year and achieved an overall end of year result of 88% (79/90).

5.0 RECOMMENDATIONS

- To note the contents of the report and the positive assurance with regard to the trust meeting its statutory and mandatory obligations in relation to equality.
- To approve the Equality Objective Plan 2018-2019.

APPENDIX A - EQUALITY OBJECTIVE PLAN 2018-2019

No	Equality Objective (What needs to change)	Action Required (What is going to be done)	Outcome Expected (How will we know the change has taken place)	Evidence/Progress	Responsible person(s)	Completion Date
N1	People with a disability or sensory loss receive information they can access and understand.	Roll out Accessible Information Standard (AIS) across the trust.	Patient feedback indicates that they have received appropriate information and communication support.		Equality and Patient Experience Manager	SQS Report Q2 and Q4
N2	The trust aim is to improve its position in relation to the Workforce Race Equality Standard (WRES)	Incorporate actions from staff survey into annual workforce engagement, wellbeing and inclusion plan for 2018/19 Priority themes for Black and Minority Ethnic (BME) staff are: <ul style="list-style-type: none"> • their experience of harassment, bullying or abuse from service users and staff • equal opportunities for career progression or promotion • discrimination 	WRES results indicate an improved experience of BME staff re: <ul style="list-style-type: none"> • their experience of harassment, bullying or abuse from service users (KF25) • their experience of harassment, bullying or abuse from staff (KF26) • their belief that the trust provides equal opportunities for career progression or promotion (KF21) • their personal experience of discrimination by manager or colleagues (Q17b) 		Workforce Lead	SQS Report Q2 and Q4

APPENDIX A - EQUALITY OBJECTIVE PLAN 2018-2019

No	Equality Objective (What needs to change)	Action Required (What is going to be done)	Outcome Expected (How will we know the change has taken place)	Evidence/Progress	Responsible person(s)	Completion Date
N3	Improve the position as identified by the gender pay gap report.	Incorporate actions agreed by Trust Board in February 2018 into the annual workforce engagement, wellbeing and inclusion plan for 2018/19	Measurable progress in terms of reducing the gaps identified within the annual report		Workforce Lead	SQS Report Q4
Q4	Any relevant redesign of services needs to include an equality analysis report and evidence that it has been considered by decision makers. This will be required for significant change, so where a service could be reduced, removed or criteria changed so that it impacts on patients.	Staff leading on service redesign will complete an equality impact assessment and document how the findings have been considered.	Evidence of equality impact assessment for each redesign measured by service line SQS minutes capture impacts identified and consideration of same.		Associate Directors/ Chairs of meetings/ Board	SQS Report Q2 and Q4
Q5	Black and minority ethnic groups (BME): Analysis of interpretation usage needs to be available.	Usage across sites, languages and cost will be analysed and compared with the ethnic demography of the area.	Report available.		Communications & Engagement Officer	SQS Report Q3
E6	Assessment of equality performance is undertaken by stakeholders using the Equality Delivery System 2 (EDS2) framework.	Collate evidence and organise EDS 2 assessment.	Stakeholder assessment completed with positive outcomes and areas for improvement identified. EDS 2 Report completed.		Equality and Patient Experience/ HR Business Partner	SQS Report Q4

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No	Equality Objective (What needs to change)	Action Required (What is going to be done)	Outcome Expected (How will we know the change has taken place)	Evidence/Progress	Responsible person(s)	Completion Date
E7	Improve stakeholder involvement in the workforce elements of the EDS	Preparation of EDS submission and dedicated stakeholder event	Evidence of engagement with a more diverse group of staff and/or their representatives		Workforce Lead	SQS Report Q4
T8	Autism Accreditation.	Collate evidence for assessments.	Successful completion of 2 of 4 outcomes of the National Autistic Society Hospital Accreditation Standard	2 year programme, anticipated completion date December 2018	Equality and Patient Experience Manager/Matron for Surgical Specialties	SQS Report Q1 and Q3
T9	Further improve trust website equality pages for lesbian, gay, bisexual and transgender people	Work with Body Positive North West to review website information	Develop the website equality pages to have separate pages- one for lesbian, gay and bisexual and one for transgender		Equality and Patient Experience Manager/Digital Officer	June 2018
T10	The trust wishes to improve the working lives of staff who have disabilities	<p>Incorporate action from staff survey into annual workforce engagement, wellbeing and inclusion plan for 2018/19</p> <p>Focus groups will focus on key areas of difference between disabled and non-disabled staff as highlighted by the staff survey. The following themes are considered priority:</p> <ul style="list-style-type: none"> • Job satisfaction • Manager • Violence, harassment and bullying 	<p>Staff survey results indicate an improved position in relation to these themes for staff with disabilities:</p> <ul style="list-style-type: none"> • Job satisfaction • Manager • Violence, harassment and bullying 		Workforce lead	SQS Report Q2 and Q4

Equality Action Plan owner: Equality and Patient Experience Manager

Final: April 2018

Updated:

Final review end of year: March 2019

Appendix B - Equality Delivery System – EDS2 Summary Report 2018

The Equality Delivery System – EDS2 will be made mandatory in the NHS standard contract from April 2015. NHS organisations are strongly encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf> This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. Once completed, this Summary Report should be published on the organisation's website.

NHS organisation name:

East Cheshire NHS Trust

Organisation's Board lead for EDS2:

Julie Green, Director of Corporate Affairs & Governance

Organisation's EDS2 lead (name/email):

Lyn Bailey
lynbailey@nhs.net

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Stakeholder assessment session held in March 2018
Representation on age, disability, mental health, LGBT, gender
Staff side review
Workforce and Organisational Development Strategy Board
Partnership Forum meeting

Organisation's Equality Objectives (including duration period):

2017-2018

- Any significant redesign of services needs to include an equality analysis report and evidence that it has been considered by decision makers.
- Black and minority ethnic groups (BME): Analysis of interpretation usage undertaken.
- Assessment of equality performance is undertaken with stakeholders using the Equality Delivery System framework
- Progress towards achievement of National Autistic Society Hospital Accreditation Standard.
- Review experiences of inpatients 66+ regarding involvement in decisions
- Implementation of the WRES action plan to improve the Trust's position in relation to WRES indicators
- Progress in implementing the Accessible Information Standard
- Implement inclusion plan based on Workforce Race Equality Standard (WRES) findings
- Attain Disability Confident Level 3
- Apply to be part of the NHS Employers diversity and inclusion programme and implement appropriate action to improve staff survey outcomes.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

- Further developments in relation to caring for people on the autistic spectrum and their carers
- Recognition of work undertaken around lesbian, gay, bisexual and transgender which has changed the image of the trust to be LGBT friendly
- Being named one of just four trusts nationally performing 'better than expected' across all fields of the CQC's Maternity survey
- Trust access policy including military veterans
- Achievement of level 3 Disability Confident Leader status, first trust in Northwest region
- Development of multi-faith prayer facilities
- Improvements in eight of nine elements of the Workforce Race Equality Standard (WRES) and significant improvements in five of these
- Trust selected for the NHS Employers Diversity and Inclusion Partners Programme 2017-2018.

EDS2 Grades 2017/2018

Goal	Outcome	Grade and reasons for rating
Better health outcomes	1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2017, due for review 2020 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Equality impact assessments, service changes, maternity audits, engagement evidence, national and local surveys.
	1.2	<p>Individual people's health needs are assessed and met in appropriate and effective ways</p> <ul style="list-style-type: none"> • Grade: Assessed as Achieving in 2018 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Includes: Nursing assessment documentation, case notes, patient passports, reasonable adjustment care plans, patient surveys, patient stories, interpretation policy, communications equipment, staff training, autism access award, pre discharge planning, learning disabilities, autism and dementia flagging and alert systems. In addition psychiatric liaison work, child and adolescent mental health (CAMHS) improvements, maternity audits.
	1.3	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <ul style="list-style-type: none"> • Grade: Assessed as developing in 2016, due for review 2019 • Number of protected characteristics that fare well: Some • Evidence drawn upon for rating: Transition clinics in specialties, policies, work with other trusts, inter ward moves..
	1.4	<p>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2017, due for review 2020 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: policies and systems, incident review system, training, patient stories, patient comments, project work including pharmacy, patient flow and Haelo, patient passports, reasonable adjustments, patient alerts, pressure area care.
	1.5	<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <ul style="list-style-type: none"> • Grade: Assessed as Achieving 2016, due for review 2019 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: information re breast screening, antenatal screening, sexual health screening, access assessments, patient comments, local surveys, health promotion information, smoking cessation information and statistics, access to vaccination.
Improved patient access and experience	2.1	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <ul style="list-style-type: none"> • Grade: Assessed as Achieving in 2018 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Includes patient surveys, patient stories, Disability Equality Group, disability access

EDS2 Grades 2017/2018

Goal	Outcome	Grade and reasons for rating
		assessments, communication equipment, National Autistic Society access award and accreditation, Inpatient data compared with local demography, interpretation and translation evidence, quiet routes, website, patient information, photo journeys.
	2.2	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2017, due for review 2020 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: policies and standards, autism access award, patient information, pre-admission information, website, national and local surveys, patient comments, capacity and best interests information.
	2.3	<p>People report positive experiences of the NHS</p> <ul style="list-style-type: none"> • Grade: Assessed as Achieving in 2018 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: National surveys, local survey programme including patient stories, NHS choices, Friends and Family Test.
	2.4	<p>People's complaints about services are handled respectfully and efficiently</p> <ul style="list-style-type: none"> • Grade: Assessed as Achieving in 2016, due for review 2019 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Complaints, PALS, equality monitoring systems, ways of accessing the service, 'you said - we did.'
A representative and supported workforce	3.1	<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2018 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Workforce Monitoring, Trust Policy, Staff Survey, achieved disability confident level 3
	3.2	<p>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2018 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Workforce Monitoring, Trust Policy, Staff Survey
	3.3	<p>Training and development opportunities are taken up and positively evaluated by all staff</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2018 • Number of protected characteristics that fare well: Most

EDS2 Grades 2017/2018

Goal	Outcome	Grade and reasons for rating
		<ul style="list-style-type: none"> Evidence drawn upon for rating: Workforce Monitoring, Trust Policy, Staff Survey
	3.4	<p>When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <ul style="list-style-type: none"> Grade: Assessed as achieving in 2018 Number of protected characteristics that fare well: Most Evidence drawn upon for rating: Workforce Monitoring, Trust Policy, Staff Survey
	3.5	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <ul style="list-style-type: none"> Grade: Assessed as achieving in 2018 Number of protected characteristics that fare well: Most Evidence drawn upon for rating: Workforce Monitoring, Trust Policy, Staff Survey, workforce and OD strategy board
	3.6	<p>Staff report positive experiences of their membership of the workforce</p> <ul style="list-style-type: none"> Grade: Assessed as achieving in 2018 Number of protected characteristics that fare well: Most Evidence drawn upon for rating: Staff Survey, Workforce monitoring
Inclusive leadership	4.1	<p>Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <ul style="list-style-type: none"> Grade: Assessed as achieving in 2018 Number of protected characteristics that fare well: Most Evidence drawn upon for rating: Staff survey, equality is promoted routinely within board reports, SQS reports, WPF reports, participation in EDS and WRES and the trust's equality plans, equality analysis is routine. The HR team have commissioned an external review by brap looking at the trust's leadership culture for feedback to the board in April in line with the trust's objectives. CQC feedback will also be considered when developing the engagement and inclusion plan in 2018/19.
	4.2	<p>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</p> <ul style="list-style-type: none"> Grade: Assessed as achieving in 2018 Number of protected characteristics that fare well: Most Evidence drawn upon for rating: The staff survey results indicate that harassment and bullying towards staff from managers and team leaders is not disproportionate by protected characteristic. Harassment and Bullying from service users is perceived as higher by a small number of BME respondents and those who have a disability. Reporting of harassment and bullying is unaffected by protected characteristic.

EDS2 Grades 2017/2018

Goal	Outcome	Grade and reasons for rating
	4.3	<p>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p> <ul style="list-style-type: none"> • Grade: Assessed as achieving in 2018 • Number of protected characteristics that fare well: Most • Evidence drawn upon for rating: Standard front-sheet for all Board Papers asks author / presenter to outline Risks, Impact on Equality and clarify the link to strategic objectives. All Policies must be Impact Assessed prior to ratification. This is set out within the Trust's Policy for Procedural Documents

Please note: All outcomes from goals 3 and 4 are reviewed annually. Stakeholders have opted to review three outcomes per annum from goals 1 and 2 in order to look at the evidence in more detail. This has again been reviewed in 2018 and the stakeholders wish to continue with this process.

Outcomes to be reviewed in 2019 are:

- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
- Screening, vaccination and other health promotion services reach and benefit all local communities
- People's complaints about services are handled respectfully and efficiently

Outcomes to be reviewed in 2020 are:

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- People are informed and supported to be as involved as they wish to be in decisions about their care