

BOARD MEETING

30 May 2013

Paper Title:	Equality Grades and Objectives
Section:	Public
Lead Director:	Nicola Lees, Chief Operating Officer and Director of Nursing
Paper Author:	Janet Tonge, Head of Involvement and Equality
Agenda Item:	16

KEY ISSUES AND REQUIREMENTS OF THIS REPORT:

- To provide an overview of Trust performance in equality, measured using the Equality Delivery System (EDS) Framework

RISK ISSUES IDENTIFIED FOR DISCUSSION:

- Equality Delivery System grades for equality

LINKS TO STRATEGIC DRIVERS

Patient Experience	Quality	Value for Money	Relationships
The EDS includes goals/ objectives related to patient experience broken down by protected characteristic groups from the Equality Act 2010. It therefore provides a performance assessment that includes external stakeholder scrutiny.	The objectives and partnership working helps to tackle health inequalities, highlight areas for improvement with the aim of increasing quality.	The partnership approach is saving money in engagement costs.	The EDS process is building partnership working with local voluntary, community and faith sector organizations as well as with NHS Bradford, Airedale and Leeds, Bradford Teaching Hospitals Trust, Airedale Trust and the Commissioning Support Unit.

RECOMMENDATIONS:

That the Board:

- Consider the Equality Delivery System grades given by stakeholders following external scrutiny of Trust performance in April 2013

FINANCIAL IMPLICATIONS:

See section 5.1 of the report.

Revenue Capital

LEGAL IMPLICATIONS:

The Equality Act 2010 requires organisations to identify and publish equality objectives. The grades awarded are evidence of compliance with the general duties of the Equality Act 2010.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee	<input type="checkbox"/>	Service Governance Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Resources Committee	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Risk Assurance Group	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

The paper has not been discussed at SGC prior to Board due to the timing of this years panel assessments. It was agreed at SGC in January 2012 that the Equality Grades would come to Trust Board. A regular update has been provided to SGC on progress to meet objectives. The grades will be discussed by SGC at their July meeting.

Equality Grades and Objectives

1. Background

The specific duties of the Equality Act 2010 require public sector organisations to 'prepare and publish measurable objectives that should be achieved to meet one or more aims of the general duty'.

Equality goals and objectives were agreed by the Trust Board in April 2012. These cover the period 2012 – 2016 and are listed below:

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

Each goal has a number of objectives against which the Trust has to submit evidence for external scrutiny and be graded following a self assessment. Appendix A provides a full list of objectives for each goal. These were published in 2012.

The NHS Equality Delivery System (EDS) launched in July 2011 provides NHS organisations with a framework to self assess and be graded on performance in equality work to determine compliance with the Equality Act 2010 and develop priority objectives. A key requirement of the EDS is to involve local stakeholders to ensure objectives are owned by stakeholders and developed according to performance.

The 2011/12 self assessment and external scrutiny process via the EDS panels led to the development and agreement of the Trust's equality objectives. The performance assessment via the EDS process takes place annually and has been undertaken in April 2013.

2. Equality Assessment Process

The structure of the evidence submission/panel assessment was different in 2013 to the previous process. Rather than hold a panel assessment based on each goal; this year's scrutiny process grouped equality characteristic (as per the Equalities Act 2010) for assessment by stakeholder panels as follows:

- Panel 1 Race, Religion and Belief
- Panel 2 Age, Disability and Carers
- Panel 3 Sex, Pregnancy and Maternity
- Panel 4 Sexual Orientation and Gender Reassignment

This increased the level of scrutiny on the Trust's progress. A large amount of evidence was collected from across the Trust to form the evidence submissions. This included patient, carer and service user satisfaction levels, data about complaints/compliments, staff survey and information about specific projects and partnership. These followed a standard format and totalled around 40 pages of evidence per panel. Presentations to each of the panels were made by the Trust Involvement and Equalities team, who also attended to answer questions.

The panel assessments were held in April 2013. These involved over 40 representatives from local organisations including faith, voluntary and community sector groups as well as the Commissioning Support Unit. Due to recent changes in the NHS structures Clinical Commissioning Groups were not assessed using the EDS framework.

3. Assessment grades

The Trust was found to be compliant with the Equalities Act using the EDS process: grades achieved for equalities work were:

- 93 objectives as achieving
- 60 objectives as developing
- 0 objectives not achieving

Grades for each objective are set out in full for each goal and by equality characteristic in appendices 2,3,4 5 and 6. The grading structure and colours shown in the appendices are:

- Not achieving (red)
- Developing (amber)
- Achieving (green)
- Exceeding (purple)

Changes compared to the previous assessment are outlined below.

Grades for 2 objectives were increased from 'developing' to 'achieving' for equality characteristics: Pregnancy & Maternity. These were:

- Objective 1.1 – “Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities”
- Objective 1.2 – “Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways”

This reflects the good work done and evidence provided on Trust work with women on substance misuse issues and post natal depression.

One grade was reduced from 'achieving' to 'developing'. This was:

- Objective 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”

These were for the equality characteristics: Sexual Orientation and Gender Reassignment. The panel’s decision was based on concerns raised about the venue used for the Trust AGM in 2012. This was not considered appropriate by panel members but was chosen by the AGM planning group on the basis criteria relating to venue facilities.

The grade for one objective was agreed as achieving but will need additional evidence of impact to retain an achieving grade at the next panel assessment. This is for Gender Reassignment for the objective below:

- Objective 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”

4. Review and Monitoring

The equality goals and objectives that were agreed and published in 2012 cover the period up to 2016. It is not anticipated that this year’s assessment will result in a need to amend these. This is expected to be confirmed in discussions with Commissioning Support Unit Equality Leads in June 2013. This meeting will also consider what actions are required from the panels to improve grades.

After confirmation of retention of published goals/ objectives it is anticipated that discussions will be held via the Trust Wide Involvement Group and Service Governance Groups to identify actions that may be needed to maintain/ increase performance. We are currently taking stock of our internal panel process which considers equalities and involvement activities in services to better match it to the Trust’s current structure and have a stronger improvement focus.

Service Government Committee is due to consider the equalities objectives July in line with agreed reporting arrangements.

This year’s grades will be published after discussion by the Board and SGC.

5. Financial Implications

There were no financial implications arising from this report.

6. Risk Implications

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Risk to compliance with the Equality Act (2010), performance and reputation if objectives are not met/ published.	Low	Medium	Processes in place to ensure annual review and external scrutiny
Reputational risk of non compliance with the Equality Act (2010)	Low	Medium	Processes in place to ensure annual review and external scrutiny

Equality Delivery System - Goals and Outcomes

Goal	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 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 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
		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 the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		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 "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes