



## SENIOR MANAGEMENT GROUP

DATE: 11<sup>TH</sup> JANUARY 2012

<b>Document Title:</b>	<b>Implementation of NHS Equality Delivery System</b>
<b>Report Author(s):</b>	<b>Janice Markey</b>
<b>Lead Director:</b>	<b>Caron Hitchen</b>
<b>Attachments:</b>	<ul style="list-style-type: none"><li>▪ <b>Implementation of NHS Equality Delivery System Report</b></li><li>▪ <b>EDS Outcomes – appendix 1</b></li></ul>
<b>This paper has been previously presented to:</b>	
<b>Recommendations for the SMG:</b>	<b>The report seeks approval from SMG for the adoption by the Trust of the NHS Equality Delivery System (EDS) and provides the suggested implementation approach for the Trust</b>
<b>Executive Summary</b> <p>The NHS Equality Delivery System is intended to be a useful tool for NHS Trusts in the implementation of the Equality Act 2010 including the Public Sector Duty. It should also enable the Trust to further promote best practice in regard to staff as well as patients and service users.</p> <p>This report will be going to the Trust Board in January 2012.</p> <p>Key recommendations from this report include that:</p> <ul style="list-style-type: none"><li>❖ SMG oversee the implementation of the Equality Delivery System in the Trust in order to ensure that this work is properly mainstreamed into the business planning of the Trust, as required;</li><li>❖ The Trust agree with its interest groups at least one objective for each of the four EDS goals;</li><li>❖ Each service area disseminate the EDS objectives and framework through their own teams and ensure that management teams are aware of the ongoing work needed to implement and that they are able to provide their input into this/take ownership, where appropriate;</li><li>❖ The agreed equality objectives, once approved by the Equality and Inclusion Steering Group, SMG and the Trust Board form part of the business planning of the Trust, to be monitored at least once a year by the Steering Group, SMG and the Trust Board.</li></ul>	
<b>Risk Implications for the LAS</b> (including clinical and financial consequences)	
Implementation of the Equality Delivery System needs to be integrated within the Business Planning of the Trust, with any resourcing required addressed.	

**Other Implications** (including patient and public involvement/legal/governance/diversity/resources)

Staff resourcing of the stakeholder event in February; NHS London contribution to stakeholder engagement of £2k; future resourcing of work to implement the EDS to be identified and agreed by SMG.

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**Corporate Objectives 2011/12**

This paper supports the achievement of the following corporate objectives:

- CO1 - To improve outcomes for patients who are critically ill or injured
- CO2 - To provide more appropriate care for patients with less serious illness and injuries
- CO3 - To meet response time targets routinely
- CO4 - To meet all other regulatory and performance targets
- CO5 - To develop staff so they have the skills and confidence they need to do their job
- CO6 - To improve the diversity of our workforce
- CO7 - To create a productive and supportive working environment where staff feel safe, valued and influential
- CO8 - To use resources more efficiently and effectively
- CO9 - To maintain service performance during major events, both planned and unplanned, including the 2012 Games
- CO10 - To improve engagement with key stakeholders

**External Requirements**

**CQC Essential Standards**

This paper links to the following CQC outcomes:

- Outcome 1: Respecting and involving people who use services
- Outcome 2: Consent to care and treatment
- Outcome 4: Care and welfare of people who use services
- Outcome 6: Cooperating with other providers
- Outcome 7: Safeguarding people who use services from abuse
- Outcome 8: Cleanliness and infection control
- Outcome 9: Management of medicines
- Outcome 10: Safety and suitability of premises
- Outcome 11: Safety, availability and suitability of equipment
- Outcome 12: Requirements relating to workers
- Outcome 13: Staffing
- Outcome 14: Supporting workers
- Outcome 16: Assessing and monitoring the quality of service provision
- Outcome 17: Complaints
- Outcome 20: Notification of other incidents
- Outcome 21: Records

**NHSLA Risk Management Standards**

This paper links to the following NHSLA standards:

- Standard 1: Governance
- Standard 2: Competent and Capable Workforce
- Standard 3: Safe Environment
- Standard 4: Clinical Care
- Standard 5: Learning from Experience

## **LONDON AMBULANCE SERVICE NHS TRUST**

**Senior Management Group Date of Meeting: 11 January 2012**

### **IMPLEMENTATION OF THE NEW NHS EQUALITY DELIVERY SYSTEM**

#### **1. INTRODUCTION**

The Equality and Diversity Council, a sub-committee of the NHS Management Board, chaired by Sir David Nicholson and comprising representatives from the NHS, Department of Health, trade unions, patient groups, regulators and voluntary sector, have sponsored and supported the design of a new Equality Delivery System (EDS) by the NHS for the NHS.

This new optional equalities framework for the NHS is intended to support NHS organisations in improving their equality performance and mainstreaming equalities. It has been designed to assist NHS bodies with meeting the requirements of the Equality Act 2010 Public Sector Duty and is intended to support NHS Trusts with meeting the equality aspects of the NHS Constitution, the NHS Outcomes Framework, Care Quality Commission's Essential Standards and the Human Resources Transition Framework.

The EDS was officially launched on November 10. An accompanying EDS Manual, which sets out what the EDS is, a Grades Manual, against which all NHS bodies will be assessed, and an Easyread version, are currently being updated and should be available on the host website, East Midlands NHS Trust, from January 2012 (or currently available on request from the LAS Equality & Inclusion Manager)

#### **2. INITIAL PROGRESS**

Throughout 2011 the Equality and Inclusion Team have been attending the London EDS workshops for London Equality leads, chaired by the NHS London Equalities Lead, Mary Clarke. In August 2011 Mary Clarke was invited to a meeting of the Trust's Equality and Inclusion Steering Group to present on the EDS, and initial sign-up was given to the implementation of the Equality Delivery System by the Trust. In October the team took part in a London-wide EDS workshop, which included representatives from NHS staff, service users, the voluntary sector and commissioners. The team also took part in the Outer North East London Equality Partnership Group (ONEL) EDS workshop in November, which again was reflective of a wide range of interested stakeholders in the EDS and, as the Trust is an Associate Member of ONEL, the Equality and Inclusion Team will also be represented on the EDS Working Group ONEL is setting up to oversee their progress against the EDS.

#### **3. IMPLEMENTATION OF THE EDS**

To implement the EDS, like other NHS bodies, the Trust needs to take the following steps:

1. Confirm governance arrangements and partnership working
2. Identify local interests to be involved in performance analysis, grading and other aspects of implementation; for the EDS to be effective, these local

interests include patients, communities, staff, staff-side organisations, and voluntary organisations, and encompass all protected groups.

3. Assemble evidence (e.g. Public Health data, workforce reports, CQC & other relevant surveys and local surveys etc.); assembling this evidence should include actively considering where there are gaps in evidence and how these should be filled.
4. Agree roles with LINKs/Health Watch, Public Health, Health and Wellbeing Boards.
5. Analyse performance on the 18 outcomes (see Appendix 1) for each protected group, with local interests; share any evidence assembled with local interest groups in accessible formats, so that they can play their part in the analysis of performance and setting of equality objectives.
6. Jointly agree the overall grade for each outcome with each interest group; the grade can be one of four grades:
  - Excelling (purple)** – Using good data and evidence, the organisation can demonstrate that services are designed, procured and delivered to fully meet the needs of all protected characteristic groups, promoting wellbeing and reducing health inequalities.
  - Achieving (green)** – Using best available evidence, the organisation can demonstrate that patients from most protected characteristic groups have their safety prioritised, assured and are just as safe as patients as a whole.
  - Developing (amber)** – Evidence indicates that health needs assessments and resulting services are delivered by providers in appropriate ways for only some protected groups. It could be fine for all protected groups, but there is only evidence on some of them.
  - Undeveloped (red)** – the organisation is unable to demonstrate, using best available evidence, that service changes are discussed with patients from protected groups and that the service changes are made smoothly. All or most protected characteristic groups report less satisfactory service changes and transitions than patients as a whole.
7. Prepare equality objectives and associated action plans, to span the four EDS goals, which are:
  - a. Better health outcomes for all
  - b. Improved patient access and experience
  - c. Empowered, engaged and well supported staff
  - d. Inclusive leadership at all levels
8. Integrate equality objectives within mainstream business including, where appropriate NHS Integrated Plans (including QIPP responses) and Quality Accounts.
9. Publish grades /equality objectives locally; grades and equality objectives can be published in the Trust's Annual Equality Report as well as initially on the website and Pulse; commissioners share with PCT Clusters; providers share with their commissioners; Health & Well-Being Boards are informed; and CQC may be alerted to serious concerns.

#### 4. NEXT STEPS

Following formal approval and adoption of the EDS by SMG and the Trust Board, and agreement that SMG oversee the implementation of the EDS within the Trust, a questionnaire seeking feedback on ratings and agreement/comment on draft equality

objectives from a wide range of internal and external stakeholders will be designed, to be approved by the Equality and Inclusion Steering Group at its January meeting, then placed on the Pulse and Trust's website. At its January 2011 meeting the Equality and Inclusion Steering Group, comprising representation from the key Directors and Heads of Service in the Trust, the Patients' Forum/LINKs and staff side partners will discuss possible ratings and objectives, to be consulted on further with relevant interest groups. A current workforce profile across protected characteristic groups will be published by January 31 2012, to accompany the Annual Equality Report 2010-11, which provides the equalities information for the Trust in regard to staff, patients and service users, which will inform the setting of the Trust's equality objectives.

As a result of the analysis of EDS Outcomes, the Trust and our local interests will need to agree on a small set of Equality Objectives for April 2012. A draft of suggested equality objectives will be available following the Equality and Inclusion Steering Group meeting in January and internal analysis of our performance on the equality duties in January 2012.

In February a stakeholder engagement event, with representation from a wide range of people from protected characteristic groups and FT members will take place, seeking views on how the Trust can be rated against the goals and outcomes of the EDS and agreement to/comment on possible equality objectives. NHS London has made 2k available to the Trust for stakeholder engagement use.

Following this stakeholder engagement, the responses from the Pulse and website survey, consultation with staff, staff side partners, Staff Diversity Forums and Patients' Forum/LINKs will be presented to SMG and the Trust Board and approval sought for the equality objectives the Trust will be working towards for the next four years. These will then be published on the Trust website and Pulse, together with the ratings and made widely available on request in a wide range of formats by April 6 2012, in accordance with the Specific Regulations of the Equality Act 2010 Public Sector duty. The Trust is required to analyze its performance against the outcomes for each protected group as defined by the Equality Act 2010 over the next four years. The agreed objectives will be reviewed, involving a wide range of stakeholders in December 2016, enabling any revisions and outcomes to be published by April 6, 2016, in keeping with the Equality Act 2010 requirements on public sector bodies.

From April 2012 the agreed Equality Objectives of each Trust will be reported to the local Health Watch and Health Watch England, who will advise the Care Quality Commission of any concerns, so that these can be taken into account in the Quality Risk Profiles for each NHS Trust. If there are concerns, the CQC will consider the most appropriate action, with the ultimate sanction for continued poor performance being loss of registration. Concerns may centre on organisations with any "Undeveloped" grades and/or organisations which over time fail to achieve any "Achieving" or "Excelling" grades.

Essential to the success of the implementation of the Equality Delivery System is that this work is mainstreamed into business planning throughout the Trust.

## **5. RECOMMENDATIONS**

SMG are asked to approve the following recommendations, that:

- ❖ SMG oversee the implementation of the Equality Delivery System in the Trust in order to ensure that this work is properly mainstreamed into the business planning of the Trust, as required;
- ❖ The Trust agree with its interest groups at least one objective for each of the four EDS goals;
- ❖ Each service area disseminate the EDS objectives and framework through their own teams and ensure that management teams are aware of the ongoing work needed to implement and that they are able to provide their input into this/take ownership where appropriate
- ❖ The agreed equality objectives, once approved by the Equality and Inclusion Steering Group, SMG and the Trust Board form part of the business planning of the Trust, to be monitored at least once a year by the Steering Group, SMG and the Trust Board.