

NHS Rotherham

Operational Executive 27th February 2012

Clinical Commissioning Group Committee 7th March 2012

Equality Act 2010 – update on actions

Contact Details:			
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Title:	Assistant Chief Operating Officer	Title:	Equality & Diversity project Officer

Purpose:

To update the CCGC on the implementation of the Equality Act 2010

Recommendations:

1. Note the organisational self assessment against the Equality Delivery System
2. Approve the Equality objectives arising from the Self Assessment
3. Approve the Equality grading and objectives being recommended to NHS South Yorkshire & Bassetlaw Trust Board.

Background:

Equality is about ***treating people according to their need*** so that they have an equal opportunity and no one is disadvantaged. Considering people's diverse needs can improve the quality of the service we commission for them such as targeting services for young people, disabled people or commissioning services which fit around working lives and parental responsibilities. Considering people's diverse needs can also lead to cost improvements by commissioning services in the right place and the right time and in the right format – first time.

The ***Equality Act 2010*** provided a new cross-cutting legislative framework which updated, simplified and strengthened the previous legislation to protect individuals from unfair treatment and promote a fair and more equal society. The primary provisions of the Equality Act came into force in October 2010. The Act applies to all organisations that provide a service to the public or a section of the public and to anyone who sells goods or provides facilities, whether or not a charge is made for them.

New ***General Public Sector Equality Duties*** came into force on 5th April 2011. The general public sector duties require public sector organisations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

New ***Specific Public Sector Equality Duties*** came into force on 9th September 2011. The specific public sector duties require public sector organisations to:

- Publish equality information by 31st January 2012 and annually thereafter on how they have met the general public sector equality duties in regard to both the workforce (organisations with 150+ staff) and the population.
- Prepare and publish 1 or more equality objectives by 6th April 2012 and no more than four years thereafter.

The ***Equality and Human Rights Commission*** is responsible for assessing compliance with and

enforcing the Equality Duties. It has powers to issue compliance notices to public bodies that have failed to comply and can apply to the courts for an order requiring compliance. The Equality Duty can also be enforced by judicial review.

Equality Delivery System

The **NHS Equality Delivery System (EDS)** was formally launched by the NHS Equality Delivery Council on 8th November 2011. Whilst the EDS is an optional equality self-assessment tool for both current and emerging NHS organisations to support them in meeting their General Public Sector Equality Duties as required by Section 149 of the Equality Act 2010, there is an expectation that existing PCTs and future Clinical Commissioning Groups will sign up to the EDS. During 2011, all PCTs within the NHS South Yorkshire & Bassetlaw Cluster gave a commitment to use the Equality Delivery System to provide assurance that the organisations were meeting the public sector equality duties.

The Equality Delivery system comprises 18 outcomes grouped into four goals as detailed below and “local interests” are asked to comment on self-assessments and draft compliance gradings against these 18 outcomes. “Local interests” include patients, communities, staff, staff-side organisations and local voluntary organisations.

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Performance against the EDS requirements is graded. It is the national expectation that most organisations will be either red or amber on the outcomes in the first baseline year of 2011/12.

Compliance with the duties is across the **9 protected characteristics** under the Equality Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy & maternity, race, religion/belief, gender and sexual orientation). The self-assessment process focuses on engagement with “local interests” which include patients, communities, staff, staff-side organisations and local voluntary organisations.

Excelling	Purple	To achieve a purple rating the organisation should be able to demonstrate effective data, action and outcomes across between all protected characteristics and be demonstrating “stretch” and best practice.
Achieving	Green	To achieve a green rating, the organisation should be able to demonstrate effective data, action and outcomes across between 6 and 9 protected characteristics.
Developing	Amber	To achieve an amber rating, the organisation should be able to demonstrate effective data, action and outcomes across between 3 and 5 protected characteristics.
Undeveloped	Red	To achieve a red rating, the organisation should be able to demonstrate effective data, action and outcomes across between 0 and 2 protected characteristics.

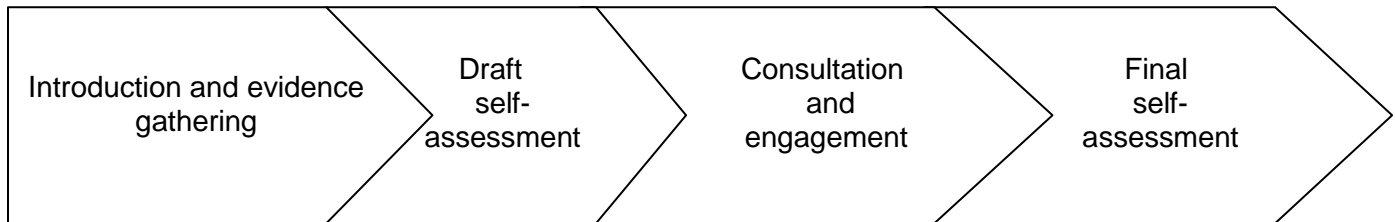
Analysis of Key Issues:

In November 2011, the Clinical Commissioning Executive was informed about the Equality Delivery System and the timescales to meet the publishing information deadline. Please click on the link below

<http://www.rotherham.nhs.uk/files/Organisational/Equality%20and%20Diversity/Equality%20Act%202010%20Public%20Sector%20Equality%20Duty.pdf>

The Equality Delivery System self-assessment tool has been used to prepare our equality objectives. These are detailed within this report for approval by the Rotherham Clinical Commissioning Group Committee.

A local self-assessment has been conducted using the Equality Delivery System (EDS). The self-assessment process has been:



The EDS was introduced via the Equality Diversity and Human Rights Steering and then the Equality & Diversity Officer met with key managers across the organisation to initiate evidence gathering.

This was then developed into a draft written self-assessment with draft grades.

The **Consultation phase** was run using a four-fold approach in partnership with South Yorkshire & Bassetlaw Primary Care Trusts

1. A review was undertaken of emerging equality themes contained within existing patient experience and patient feedback data.
2. Local patient and public engagement activity was undertaken using a piloted local engagement tool. Each Cluster PCT has concentrated on involving local groups within their own community, and in addition a partnership approach to sharing data has been developed. For example NHS Rotherham and NHS Barnsley have led on engaging Lesbian, Gay & Bisexual Groups as we have well-established local interest groups, and NHS Doncaster has led on engaging the local deaf community as they have a Deaf College and large local deaf community. In Rotherham, engagement took place with Speak Up, Rotherham Older People's Forum, REMA, Rotherham Mind, Maternity Service Liaison Committee and the Rotherham Local Involvement Network (LINK) has been engaged on final emerging scores. This data has then been shared across all PCTs to support grading
3. A staff forum have been engaged on the staffing and leadership sections of the self-assessment, and staff members across the organisation have been given the opportunity to feed back on the entire draft self-assessment which was placed on the Shared Drive for comment.
4. Partners have been engaged through the Rotherham Foundation Trust and RMBC.

Based on this consultation, a **final draft of the self-assessment** and gradings has been prepared for approval by the Rotherham Clinical Commissioning Group Committee and recommendation to the NHS South Yorkshire & Bassetlaw Board in March 2012.

Based on the above process, the emerging self-assessment shows the organisation as Amber in general i.e. "developing" with one area Red or "underdeveloped" and a few areas (mainly regarding staffing practices) as Green and therefore "achieving". This is in line with national expectations for the baseline year. Our current scores are detailed overleaf.

Our expectation is that the equality objectives which we develop from the self-assessment will support us to improve our grading year-on-year.

Equality Objectives

In the national guidance, it is a requirement that organisations publish at least one equality objective by 2nd April 2012. Our self-assessment has identified four equality objectives for the organisation, which will be supported by underpinning milestones.

- Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.
- Ensure appropriate and accessible targeted communication with local communities to empower patients.
- Develop consistency of Equality approach across the Clustered PCTs in respect of equality leadership, staff empowerment and access to development opportunities.
- Demonstrate leadership in advancing the equality agenda internally and with partners and providers to ensure inequalities are addressed within a partnership approach to ensure equity of

access experience and outcomes for patients.

Equality Delivery System Self-Assessment – January 2012

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	A
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	A
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	A
		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	A
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	A
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	A
		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	A
		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	A
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	A
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	G
		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	A
		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	A
		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	A
		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.)	G
		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	G
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	A
		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	A
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	R

Next Steps

Rotherham has been working closely with the other 4 constituent PCTs in the South Yorkshire & Bassetlaw and has agreed to work in partnership to support each other in achieving compliance with the General and Specific Public Sector Duties and in using the Equality Delivery System. A voluntary Cluster Equality Leads Group has been meeting monthly since May 2011 to take forward this agenda in partnership.

A mapping of equality activity across the 5 constituent PCTs identified areas for joint working as shown below such as a joint approach to the development of a Cluster level Equality Strategy and mandatory training. As a result, for example, mandatory Equality & Diversity training has been rolled out across the entire Cluster via the Core Learning Unit equality e-learning package.

Below are further examples of a joint approach across South Yorkshire & Bassetlaw

- Equality strategy
- Equality Objectives
- Publishing equality data
- Equality delivery system
- Equality training
- Equality impact assessment
- Translation and interpretation
- Engagement
- Local equality partnerships
- Sharing best practice

The partnership is recommending that NHS Rotherham equality objectives will be the same objectives across South Yorkshire and Bassetlaw.

Patient, Public and Stakeholder Involvement:

As stated above the self-assessment of Equality Delivery System process focuses on engagement with “local interests” which include patients, communities, staff, staff-side organisations and local voluntary organisations.

NHS Rotherham has been working in collaboration with local interest groups across the protected characteristics to analyse and grade our performance and set defined equality objectives.

Equality Impact:

Social class, poverty and deprivations are often closely linked to the incidence of ill health and the take up of treatment. In addition, many people with characteristics afforded protected under the Equality Act 2010 are challenged by these factors, and as a result experience difficulties in accessing, using and working in the NHS. Any work in support of protected groups will be carried out to address health inequalities in general with a focus on improving performance across the board and reducing gaps between groups and communities.

Financial Implications:

N/A

Approved by: Keely firth

Human Resource Implications:

NHS Rotherham will be working in partnership with local service providers and across South Yorkshire and Bassetlaw Cluster.

Approved by: Peter Smith

Procurement:

N/A

Approved by: Keely Firth

Key Words:

Elaine Barnes, Equality Delivery System

Further Sources of Information:
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Equality Delivery System for the NHS – Grades Manual, Equality Act 2010
