

Single Equality Scheme Annual Report 2011

and

Equality Objectives for 2012-2015

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1. Introduction

The Trust Board ratified our Single Equality Scheme in March 2011 and this report looks at the progress made in the past 12 months and introduces our Equality Objectives for 2012-2015.

The Single Equality Scheme (SES) outlined our commitment to create more accessible services, policies and measures that meet the diverse needs of our population and workforce, ensuring that none are placed at a disadvantage over others.

The SES was shaped by lengthy consultation with both community groups and staff in order to support the ever-evolving needs of Equality legislation.

The scheme contained Equality Objectives for 2011-2014 and the necessary information to support those objectives, including an action plan. Progress was monitored by the Equality, Diversity & Human Rights Steering Group.

During 2011 guidance issued by the Equalities and Human Rights Commission, the Equalities Office and NHS Employers for the new Equality Public Sector Duties placed a number of requirements on NHS Trusts, for example the requirement to publish Equality data by the 31st January 2012 and Equality Objectives by 6th April 2012.

Another significant development during 2011 was the launch of the Equality Delivery System (EDS) by the Department of Health. This robust framework for equality delivery in the NHS is currently being adopted by Trusts on a voluntary basis. It is anticipated that Trusts who adopt the EDS will be able to demonstrate their compliance with the equality general and specific duties. SaSH agreed in principle to adopt the EDS in October 2011 and this will underpin the equality practice in SaSH.

Having mapped our SES equality objectives and action plan to the EDS and the Care Quality Commission Standards (appendix 1) we intend a phased approach to full adoption.

2. Development of the Equality Objectives for 2012

The mapping process enabled development of our Equality Objectives based on the current SES and the goals of the EDS.

These have also been informed by:

- Patient focus groups and a community events (appendix 2)
- NHS Staff Survey results (appendix 3)
- Progress against the SES action plan for 2011 (appendix 4)
- Collective workforce and service data for 2011 (appendix 5)

3. Published Single Equality Scheme (SES) Objectives 2011-2014

The objectives of the SES are to:

- Focus on eliminating discrimination, harassment and victimisation for our staff, patients and other users of hospital services
- Advance equality of opportunity for our employees and equality of patient outcomes in service delivery
- Foster good relations between people of different groups
- Ensure communities, patient and staff and groups are engaged and consulted with in a meaningful way
- Improve our data collection and monitoring systems for both service users and staff
- Integrate Equality Impact Assessment into all areas of work
- Ensure promotion of equality is integrated into service decisions and arrangements including access and communication
- Train and develop our staff in ways that will facilitate the achievement of the SES objectives
- Publish all information in a way which is easy to access and meets the needs of the equality general and specific duties.

The objectives are addressed in the eight sections of the SES Action Plan

1. Leadership and corporate commitment, accountability and responsibility
2. Commissioning and procurement
3. Patient data, monitoring, reporting and publishing
4. Equality Impact Assessments
5. Partnership working, consultation, involvement and engagement
6. Accessibility and communications
7. Workforce, equal opportunities, monitoring and training
8. Equality objectives

4. Equality Delivery System (EDS) Objectives

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

5. Main equality messages gained from community and patient consultation

1. **Access to services**, to include disabled car parking, patient information, telephoning the Trust, access to staff to talk to and be reassured
2. **Communication**, to include accessible formats, hearing loops, jargon free and plain English

6. Main equality messages gained from the NHS staff survey 2011

1. The number of staff believing that Trust provides equal opportunities for career progression or promotion is *below average* for Acute Trusts
2. The percentage of staff experiencing discrimination in the past 12 months is *above average* for Acute Trusts
3. The percentage of staff experiencing harassment, bullying or abuse from other staff in the past 12 months is in the *highest 20% for acute Trusts*

7. Progress against the Single Equality Scheme Action plan during 2011

7.1 Leadership and corporate commitment, accountability and responsibility

The Equality, Diversity & Human Rights Steering Group is the first level of scrutiny of the progress against the action plan. Progress has also been monitored by our auditors

The action plan is a dynamic document and is reviewed and updated regularly. Competing commitments means that the delivery of Equality Act Training to members of the Trust Board, as part of the seminar programme, will be carried over to the 2012 action plan.

7.2 Commissioning and procurement

A Finance lead for this objective has been identified and we await further equality guidance for procurement and commissioning.

7.3 Patient data, monitoring, reporting and publishing

Upgrades to our Patient Administration System (Cerner Millennium) means we are now able to apply “flags” to individual patient records. Flags under “patient preference enables patients to have their particular needs identified and discussed so that appropriate support can be provided wherever possible. This function supercedes the action to have additional reportable fields in the patient record for disability.

Progress has been made with the development of a new in-patient menu and pictorial menus are under development.

Robust data is available for gender and age, however race and religion and belief data can be sporadic. The systems and policy for data collection, require review and will be a priority for 2012.

7.4 Equality Impact Assessments

New Equality Analysis guidance, reflecting the requirements of the new public sector duties, means Trusts are no longer required to publish the results of the assessments or analysis. However, if challenged, the Trust would be required to provide evidence of how they were meeting the duty. We have continued to screen policies, plans, service changes and will continue to refine the processes during 2012.

7.5 Partnership working, consultation, involvement and engagement

The implementation of the EDS during 2012/13 will become a priority for the Trust and will add a greater emphasis for this area, including enhanced engagement of both staff and our community.

During 2011/2012 we held regular patient focus groups, attended community events and meetings and we have extended the use of patient feedback mechanisms/surveys. This valuable feedback has allowed us to concentrate on what makes a difference to the patient experience and has provided a platform to test our equality objectives.

Our intent to produce and publish a multi-faith calendar continues and this action will be carried over to the next year.

7.6 Accessibility and communications

Patient and staff feedback continually emphasises the importance of clear and accessible communication and this area continues to be a high priority for the Trust.

Progress has been made in the following areas:

- accessible web site
- access audits
- flagging of patients needs.

Work continues in producing more easy-read documentation, implementation of sign translate and the new policy for interpretation and translation services. The desire to formulate a Disability Access Group has been made a priority in the equality objectives for 2012 as this will provide support for both staff and patients.

7.7 Workforce, equal opportunities monitoring and training

Equal opportunities monitoring has seen a great deal of activity during 2011, focussing on the greater use of electronic recruitment and staff records and electronic training record management has enabled complex reporting to meet the public sector duty for publishing equality data. Workforce policies and training materials have been reviewed, updated and EIAs conducted.

7.8 Equality objectives

The objective to develop equality objectives to meet the needs of the public sector duties has been achieved and is central to this report.

8. Main equality messages from the Workforce and service data for 2011

Analysis of the workforce demographics has shown little change since 2009 (appendix 5). The workforce is over representative of the population it serves for staff from a Black and Minority Ethnic (BME) background, the gender ratio is still approximately 80/20 female/male and the age demographic shows a generally aging workforce. This data provides the baseline for the analysis of recruitment and selection, training and development and employee relations cases.

In all areas there is an approximate equality of representation by the equality areas; however there is still an overrepresentation of BME staffing employee relations activity, requiring further analysis as part of the activity under the 2nd equality Objective below. This will be supported by an improvement in the quality of equality data stored on the Electronic Staff Record.

Work continues in the collection of robust patient data since it is difficult to draw conclusions when much of the data has been undeclared (or not collected). There appears to be a disproportionate increase in patient complaints from the 61-70 age groups requiring further analysis. The collection of robust patient data and implementation of processes for staff is a priority for the Trust and is indicated in objective 3 below.

9. Equality Objectives for 2012 - 15

1. Improve equality of accessibility to services for disabled people including car parking and access to buildings, communication with staff and accessible formats where required.

To do this by setting up a Disability Access Group made up of both staff and patients to advise and inform on accessibility priorities.

2. Demonstrate to staff that the equal opportunities and anti-bullying and harassment and disciplinary policies are appropriate, effective and meaningful.

To do this by implementing a communication plan for all staff, targeted training and publication of accurate workforce data. Action plans for reduction of the disproportionate number of BME staff in employee relations cases.

3. Improve the quality and quantity of patient data collection so that meaningful data is achieved for ethnicity and disability.

To do this by engaging with the services to find easy to implement solutions to the existing barriers to collecting patient data.

4. Promote an inclusive workplace, free from discrimination and culturally competent.

To do this by engaging with middle managers and senior leaders by the adoption of the EDS and streamlining it into the services.

Appendix 1

Single Equality Scheme 2011-2014 action plan, CQC and EDS outcomes

SES action plan areas	CQC standard	EDS Goal	Narrative	Outcome
Section 2. Commissioning and procurement. Section 3-Patient data, monitoring, reporting and publishing Section 4 –Equality Impact Assessments	1.1a 1.1b 1.1c 1.1d	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
Section 3-Patient data, monitoring, reporting and publishing	1.2			1.2 Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways
Section 6- accessibility and communication	1.3			1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
Section 7- Workforce equal opportunities monitoring and training (HR policy & practice)	1.4a 1.4f 1.4b 1.4c 1.4d 1.4e			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
	No CQC standard			1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
Section 6- accessibility and communication. Section 3-Patient data, monitoring, reporting and publishing Section 4 –Equality Impact Assessments	No CQC standard			2. Improved patient access and experience

Section 6- accessibility and communication	2.2a 2.2b 2.2c 2.2d		patient experience	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
Section 5.- Partnership working, community involvement and engagement	2.3a 2.3b 2.3c			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
Section 5.-Partnership working, community involvement and engagement	2.4			2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
Section 7 Workforce equal opportunities monitoring and training (Recruitment & selection) (Workforce information)	No CQC standard	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
Section 7 Workforce equal opportunities monitoring and training (HR policies & practices)	No CQC standard			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
Section 7 Workforce equal opportunities monitoring and training (Training & development) (Workforce information)	3.3a 3.3b 3.3c 3.3d			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
Section 7 Workforce equal opportunities monitoring and training (HR policies & practices) (Workforce information)	No CQC standard			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

Section 7 Workforce equal opportunities monitoring and training (HR policies & practices) (staff support)	No CQC standard			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.)
Section 7 Workforce equal opportunities monitoring and training (HR policies & practices) (staff support)	No CQC standard			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
Section 1 Leadership, corporate commitment, accountability and responsibility	4.1a 4.1b	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
Section 7 Workforce equal opportunities monitoring and training (Training & development)	No CQC standard			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
	No CQC standard			4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes

Appendix 2 Community and Patient engagement



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Surrey coalition AGM Patient focus group 3



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Patient Focus Group Patient focus group j:Questions for Age UK

Appendix 3 Staff Survey 2011 Summary Document



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Appendix 4 SES action plan updated March 2012



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SES action plan updated

Appendix 5 Workforce and service data 2011



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Combined patient data



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Workforce data part 1



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Workforce data part 2



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Workforce Data 2011