

Equality Objectives 2012 – 2016

In compliance with the Equality Act 2010

Updated September 2014

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Introduction

York Teaching Hospital NHS Foundation Trust is committed to promoting equality, diversity and human rights in its day to day contact of all patients, visitors and staff regardless of age, disability, race, ethnic origin, gender, gender identity, marital status, religion or belief or sexual orientation.

Our mission is:

“To be trusted to deliver safe, effective and sustainable healthcare within our communities”

Our values, drivers and motivators to achieve this are:

- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve
- Always doing what we can to be helpful

How we promote safe and effective healthcare for all who need it and work to provide it is outlined in “our shared commitment” which is published on our website.

This document explains the need for the Trust to set equality objectives, how we developed these and our progress to date.

Background

Equality Act 2010

In April 2011 a Public Sector Equality Duty was introduced by the Equality Act 2010. The duty has two parts: the general duty and specific duties.

The general duty means the Trust must have due regard to the need to:

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

The specific duties came into force on September 2011 and require the Trust to publish:

- Information to demonstrate our compliance with the equality duty by 31st January 2012 and then at least annually and
- Equality objectives (which are specific and measurable) by 6th April 2012 and then at least every 4 year

The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership*
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

* eliminate discrimination part of duty only

The Equality Delivery System (EDS)



To help NHS organisations meet the requirements of the Equality Act and mainstream equality and human rights into core business activities the Department of Health Equality and Diversity Council (EDC) developed the EDS to act as a quality assurance framework. At the heart of the EDS is a set of 18 outcomes grouped into four goals:

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

These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is graded and action determined.

During 2012 there was an evaluation of the implementation of the EDS. Following subsequent consultation with NHS organisations a refreshed EDS is now available known as EDS2.

Adoption of the EDS

In November 2011 to drive up equality performance and embed it into mainstream / core business York Teaching Hospital NHS Foundation Trust adopted the EDS.

It will also help meet:

- the requirements of the public sector Equality Duty
- equality aspects of the NHS Constitution
- equality aspects of the NHS Outcomes Framework
- equality aspects of CQC's Essential Standards

In March 2012 we held a grading day. The grading panel included representation from York LINK, City of York Council, Trust Governors, Staff Side and a Non-Executive Director. Due to timescales representatives from North Yorkshire and York PCT, Vale of York Clinical Commissioning Group (CCG), Community and Voluntary Sector (CVS) were unable to attend the panel but were included in correspondence to allow comment on the overview of the day which included development of our equality objectives.

The Trust intends to implement EDS2 in spring 2015 and is currently working towards this target.

Developing Our Objectives

Our objectives were first developed in draft form by the EDS grading panel with the opportunity for comments by the full EDS Grading Panel circulation and then agreed by the Trust Equality and Diversity Committee and the Board of Directors.

It is acknowledged that objectives should be outcome based but it was felt that appropriate process must be in place in order to embed equality and diversity and improve our data and engagement.

We have four objectives:

1. Improve data collection, analysis and monitoring for protected characteristics
2. Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics
3. Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone
4. Continue with Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relationships

Objective 1

Objective Action Plan

An action plan for each equality objective following the SMART principle was developed, progress to date is noted and forms the remainder of this document.

Monitoring

Our objectives are monitored by the Trust Fairness Forum (formerly known as the Equality and Diversity Committee) with a progress report presented to the Board on an annual basis.

Improve data collection, analysis and monitoring for protected characteristics

This links to EDS goals 1, 2, 3 and 4

Action		Responsible Director	Target Date	Measures	Progress
1.1	Ensure data from surveys and feedback is capable of analysis by protected characteristic	S Rushbrook S Holden	01/04/15	Explore current exceptions on data sets + action plan for gaps identified	Discussions ongoing with Systems and Network Services(SNS) to ensure capture of protected characteristics
1.2	Review Datix system for AIRS to ensure protected characteristics are identified (patients and staff)	B Geary	31/05/15	Risk and legal submit quarterly report to Fairness Forum	Pilot identified complexity and agreed to use root cause analysis instead.
1.3	Review approaches to data collection and Datix system for PALS to ensure: Disaggregation by protected characteristic Breakdown of comments / complaints to identify trends and themes	B Geary	31/03/15		New monitoring form implemented though return rates are low – review including how to raise awareness underway
1.4	Raise awareness to the importance of recording protected characteristics where appropriate	All Directors	On going		Included in corporate induction, awareness events throughout the year
1.5	Disaggregate performance indicators by protected characteristic and analyse outcomes of different PC's to set objectives	M Proctor	31.12.13	18 week admitted breaches, DNA's, ED and cancer breaches,	Please see 1.1 and 1.4
1.6	Review options for monitoring of patients using CPD across protected characteristics	S Rushbrook			Please see 1.1
1.7	Investigate establishment of a central information hub including monitoring and review process	S Holden	31/05/13	Feedback from policy writers and individuals who complete equality analysis	Work in progress - to be developed
1.8	Ensure analysis of workforce data by protected characteristic to:				
1.8 .1	• Monitor job applicant conversion rates	S Holden	30/04/13	Analysis of job application conversion rates to be included in annual Equality in Our Workforce Report	Conversion rates included in 2013-2014 Equality, diversity and human rights report

Action		Responsible Director	Target Date	Measures	Progress
1.8 .2	Monitor development programme applications and progression for Band 4&5	S Holden	31/04/15	Personal training data capture on Learning Hub Quarterly report to Education Review Board Link to HR data re recruitment/ progression of staff to higher roles	Learning hub now live – data will be available for 2014/2015
1.8 .3	• Investigate why BME workforce peaks at Band 5	S Holden	30/04/13	Analysis of key data around recruitment Where appropriate develop an action plan to increase BME workforce above band 5	Information currently being triangulated and analysed.
1.8 .4	• Identify sources of bullying and harassment	S Holden	31/12/14	Analyse annual staff survey results and qualitative information Review of current policy Implement fair treatment contacts Raise profile of expectations	Bullying and Harassment policy under review. New Fairness Champion role to be involved with implementation
1.8 .5	Investigate perception high proportion of staff from BME background involved with disciplinary action	S Holden	31/12/14	Analysis of data report	Detailed analysis to be undertaken

Objective 2

Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics
This links to EDS goals 1, 2, 3 and 4

Action		Responsible Director	Target Date	Measures	Progress
2.1	Complete a mapping exercise to identify gaps and develop a plan to ensure we include people with protected characteristics (PC's) reflecting local demographics with focus on specific groups e.g LGBT(Lesbian, Gay, Bi-sexual and Transgender) and gypsies and travellers	S Holden		Define demographics of Trust area List of current Trust connections Action plan to address areas where PC's are not engaged/involved/ do not reflect local demographics	Links to 1.7
2.2	Develop Trust website to include translation tools	P Crowley	21/01/14	Monitor the number of click throughs. Reduction in queries to PAL's and general enquiries inbox	Complete
2.3	Ensure corporate communications and engagement strategy supports Equality and Diversity objectives	P Crowley	30/04/13	Report on performance to the Board of Directors at agreed intervals	Discussions re Communications strategy in progress
2.4	Review and revise communication standard and style guide (currently POPPiY Guide)	B Geary	30/04/13	Reduction in queries / complaints relating to communication issues via the Patient Experience Team	Complete Version 5 published April 2014
2.5	Capture qualitative data (especially useful for sensitive protected characteristics such as sexual orientation)	B Geary			Patient stories captured on naturally occurring basis
2.6	Develop case studies of patient journey – qualitative data to identify barriers	B Geary			As per 2.5

Objective 3

Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone

This links to EDS goal 1

Action		Responsible Director	Target Date	Measures	Progress
3.1	Re – run EDS grading collaboratively with the Trust, GP's and City of York Council	S Holden	31/03/15	Representative Grading Panel + inclusive of new area of Trust	New EDS2 standards published – working with CCG and Leeds York Partnership Trust
3.2	Review capture of protected characteristics at point of patient entry	S Rushbrook		Electronic capture	Links to 1.1 and 1.6
3.3	Review availability of this capture across pathways				Links to 1.1 and 1.6
3.4	Improve access to services:				
3.4.1	Review outpatient appointment system / choose and book	S Rushbrook			
3.4.2	Building access audits	B Golding	31/03/15		In progress to link with Access to Services Group

Objective 4

Continue with Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relationships

This links to EDS goal 4

Action		Responsible Director	Target Date	Measures	Progress
4.1	Review how data feeds into the Trust Business Cycle	M Proctor			
4.2	Strengthen governance including evidence Board of Directors challenge papers	P Crowley	¼ly and on going	Corporate risk register and assurance framework presented to the Board Completion of paper front pages Standard Operating Procedure for Corporate Governance	
4.3	Embed E&D competency framework into leadership programmes	S Holden	30/04/13	Review of all leadership programmes to ensure unconscious bias removed	All leadership programmes reviewed and competency framework for E&D leadership added to reading list
4.4	From Innov8 Pilot:				
4.4.1	Review advertising practice for development programmes and monitor applicant conversion and progression for band 4&5	S Holden	Apr-14	Review training opportunities at band 5.	Learning hub now live – data will be available for 2014/2015 need to link to HR/ESR change forms

Action		Responsible Director	Target Date	Measures	Progress
4.4.2	Review in-house training programmes to ensure they are inclusive and fair for all relationship orientations Phased approach: Phase 1 Stat/mand training in conjunction with new learning hub. Phase 2 Corporate training as per phase 1 Phase 3 Random audits	S Holden	30/06/15	Positive evaluation of training Positive audit results	Training evaluation will be possible from April 2014 Evaluation results will enable targets to be set. Complete.
4.5	Review equality analysis process: Develop toolkit and circulate for comment/approval E&D Group Jan 13 Pilot tool kit + report findings to E&D Group April 13 Following appropriate amendments roll out to organisation May 13 onwards (Improvement and service development activities ongoing - policies and procedures on rolling programme linked to normal review process March 16)	S Holden	Mar-16	Report and recommendations for toolkit to E&D Group Jan 13 Equality analysis attached to Board Papers as appropriate May 13 onwards All policies to have new style equality analysis by march 16	In progress
4.6	Develop a champion role	S Holden		Contacts monitored by Fairness Forum	Complete – role advertised, Unconscious Bias training March/April 2014 with introduction of role September /October 2014

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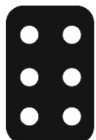
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