

Equality, Diversity & Inclusion.

Annual Report 2017-18

Contents

- 1. Overview**
- 2. Legislative Context**
 - 2.1 Equality Act
 - 2.2 Public Sector Equality Duty
 - 2.2.1 General Duty
 - 2.2.2 Specific Duty
- 3. The Equality Delivery System 2**
- 4. Equality Within the Trust**
 - 4.1 Governance
 - 4.2 Equality policies
 - 4.3 Equality, Diversity and Human Rights Training
 - 4.4 Patient Data
 - 4.4.1 Inpatients
 - 4.4.2 Outpatients
 - 4.5 Communication and involvement
 - 4.6 Achievements and Developments
 - 4.6.1 DisabledGo
 - 4.6.2 Accessible Information Standard
 - 4.6.3 Other Developments
- 5. Future Plans**
 - 5.1 Inclusion as Standard
 - 5.2 Adapted Pain Management

1. Overview

North West Anglia NHS Foundation Trust (NWAngliaFT) is committed to the development of an organisational culture that promotes equality, celebrates diversity and includes all members of society.

As a public sector organisation we have an obligation under the Equality Act 2010 to promote equality for people who fall under the defined nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnicity
- Religion or belief
- Sex
- Sexual orientation

NWAngliaFT is committed to exceed its duties under the legislation and to provide quality services that use person centred approaches to take into consideration the individual needs of patients and carers.

We are driven to reflect the people we serve, in all respects, to have a workforce that reflects our diverse community and to enable us to deliver high quality support to patients, visitors and carers through a broad understanding of their needs.

We aim to achieve equality within our Trust through strategies which make realistic commitments and use transparent methods.

Our commitment to equality, diversity and inclusion states:

"Any patient, visitor or staff member can expect our facilities to meet their needs regardless of disability, additional needs or protected characteristic."

2. Legislative Context

2.1 Equality Act

The Equality Act 2010 received Royal Assent on 8 April 2010 and the first phase was implemented on 1 October 2010. It replaces and combines previous equality legislation including:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006

The Act strengthens the law, removing inconsistencies thus making it easier for people and organisations to understand, comply and challenge.

The Equality Act 2010 contains provisions, including the concept of dual discrimination, an extended Public Sector Equality Duty and a prohibition of age discrimination in services and public functions.

The Equality Act 2010 covers the same groups that were covered by existing equality legislation - age, disability, gender reassignment, race, religion or belief, marriage & civil partnership, pregnancy & maternity, sex and sexual orientation - but

extends some protections to groups not previously covered while strengthening aspects of equality law.

2.2 Public Sector Equality Duty

The Public Sector Equality Duty was created by the Equality Act 2010. It includes the General Duty and the Specific Duty. Public Sector organisations are required to meet both.

2.2.1 General Duty

Organisations must have regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

2.2.2 Specific Duty

Specific duties are legal requirements designed to help public bodies meet the general duty. These require the publication of

- Equality objectives, at least every four years
- Information to demonstrate compliance with the equality duty, at least annually

3. The Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS) was designed by the NHS for the NHS, to deliver better outcomes for patients and better working environments for staff which are personal, fair and diverse. The EDS was refreshed on 4th November 2013 and renamed EDS2. The EDS2 has been streamlined, simplified and uses clearer language. As of April 2015 the EDS2 has become part of the NHS contract.

EDS was developed against a backdrop of some significant inconsistencies in practice within the NHS, recognising poor equality practice in parts and building on good equality practice in others. The EDS2 covers patient care, public health, compliance and workforce issues.

EDS2 outcomes align with the NHS Constitution, NHS Outcomes Framework, Human Resources Transition Framework, FREDA principles (Fairness, Respect, Equality, Diversity and Autonomy) and the Care Quality Commission's Essential Standards of Quality and Safety.

Periodically the trust should compile an annual EDS2 report, the purpose of which is to report on progress in respect of delivering EDS2 within the Trust. It explains EDS2 in more detail and describes the process used. It also sets the legislative context, describes the governance arrangements and future plans.

A Steering Group met in April 2017 to review the Trusts progress against the EDS2 and identify service areas that they feel could be improved.

The Steering group agreed there will not be a RAG Rating event in July 2017 to enable the transition and full merger of the Peterborough and Stamford NHS Foundation Trust and the Hinchingbrooke Health Care NHS Foundation Trust to form the North West Anglia NHS Foundation Trust.

A Rag Rating event is planned for August 2018 and will look at the Trust as a whole; across all sites.

In response to the practicalities of the new Trust's demographic area joint working has thrived. There is now joint working within Peterborough City Council and Cambridgeshire County Council and the introduction of the regional Metro-Mayor's office, as well as Healthwatch Peterborough and Healthwatch Cambridgeshire have merged to form a joint organisation.

The RAG Rating assessment panel will consist of external organisations including Healthwatch, Aspire, Cambridgeshire Deaf Association, National Autistic Society and current and previous patients. The format of the event will mirror previous methods of data collection and will cover the period 1st April 2017- 31st March 2018. A new model of data collection has been devised in this reporting year and will launch from 1st April 2018 for reporting in 2019.

4. Equality within the Trust

4.1 Governance

Previously the Trust had an Equality and Diversity Steering Group which was chaired by the Deputy Chief Nurse. This group has been replaced by the Equality, Diversity and Inclusion Co-Production Group which looks for a user led approach to equality issues within the Trust and focuses on the principle of "Nothing About Me, Without Me" and is chaired by the Equality, Diversity and Inclusion Lead. All interested parties are welcome to join and specific invitations are sent to the Executive Directors and Deputy Chief Nurse.

The new group is formed of staff Equality Champions, the Equality, Diversity and Inclusion Lead and other interested parties within the Trust. The group is also attended by representatives of the various EDI Sub Groups who bring specialist knowledge of their demographic to the main co-production group.

The Trust uses the NHS Standard Employment Contract, which is of an approved equality and diversity framework. It contains levers that enable the Equality Delivery System 2 within the hospital. Service Conditions, Clause 13 within the contract, covers Equity of Access, Equality and Non-Discrimination. The Trust must have due regard to the obligations contemplated by section 149 (General Duty) of the Equality Act 2010, this obligation also applies to non-public authority organisations e.g. third sector, care homes, Nursing homes (if NHS funded) but does not apply to Social funded organisations.

The obligation further applies to other services contracted by the Trust such as Catering, Facilities, Interpreting Translators, and Volunteer Drivers as they are NHS funded. If the commissioner asks for Equality data the Trust and any third sector organisations it uses are obliged to comply, there are no exceptions. It is a legal requirement within the Standard Contract 13.4 and 13.5, service condition 28 (Information Requirements) and Schedule 6 (Contract Management, Reporting and Information Requirements). The contract creates wide obligations for both providers and commissioners in relation to equality and diversity. It ensures that the Trust is embedding equality and diversity across its workforce and everyday working practice.

4.2 Equality Policies

The Trust has a number of equality related policies including:

- Equality and Diversity Policy (2018)
- Transgender Policy (2017)
- Dignity at Work Policy (2014 version 3)
- Work - Life Balance Policy (2014 version 5)
- Learning Disabilities/ and or autism in the Acute Hospital Setting Care Guidelines (2016)
- Raising Concerns within a safe environment (2018 version 4)
- Interpreting and Translation Policy (2017)

All policies are regularly reviewed and updated and reflect changes in legislation and the results of any Equality Impact Analyses. All policies have an associated EQIA.

4.3 Equality and Diversity Training

Equality, Diversity and Human Rights training is mandatory for all members of staff employed in the Trust. It is required to be completed within three months of appointment and refreshed every three years.

Training is currently delivered via face-to-face classroom based training and via an ESR based e-Learning package called "Equality and Diversity - General Awareness".

In 2017-18 the Welcome to Our Trust induction program included Equality and Diversity training. From April 17 to December 2017 this was delivered by the Adult Safeguarding Practitioner who was the previous Equality and Disability Advisor. No clinical update training was provided.

From January 2018 to April 18, induction and clinical update training has been delivered by the Equality Diversity and Inclusion Lead.

The lack of clinical update training between April and December has led to 78% of staff having completed their equality training by 31st March 2018, however, due to numerous additional training opportunities offered since January 2018, this figure is significantly higher than the anticipated 62% had no training continued to be delivered.

Future plans for this training include

- Continued additional face-to-face training offered
- Departmental training being delivered during audit and staff training days
- Development of a paper training booklet and test with a 75% pass mark aimed at non-clinical staff

4.4 Patient Data

The following graphs provide information on our patients as inpatient admissions and outpatient appointments. The data covers the period 1st April 2017 to 31st March 2018.

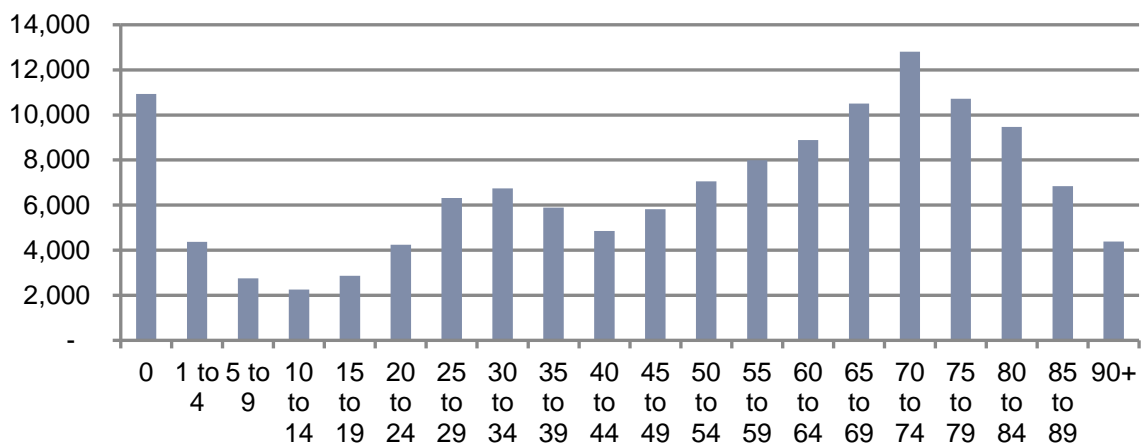
4.4.1 Inpatients

These graphs show number of inpatient admissions based on various Protected Characteristics as available.

Notes:

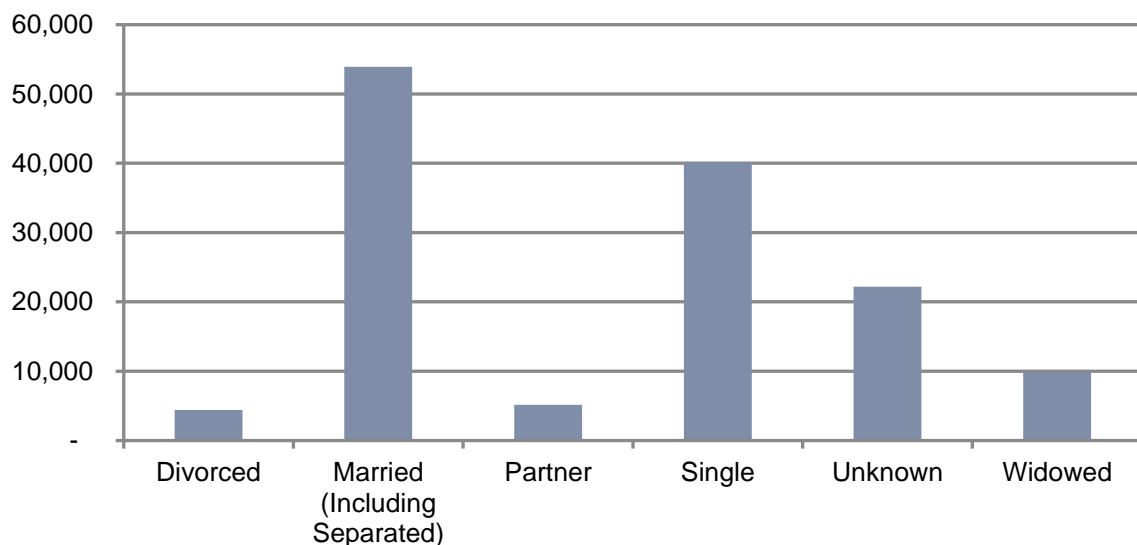
1. It is not possible to present data on Disability, Sexual Orientation or Gender Reassignment Protected Characteristics.
2. Statistics on rates of Pregnancy and Maternity cases are available elsewhere as part of the Trust wide annual reporting program.
3. Data for the former Peterborough and Stamford NHS foundation Trust and Hinchingsbrooke Health Care Trust are collected in similar but not identical ways and therefore this “whole trust” data has been compiled to best reflect the data collected.
4. Religious groups represented by fewer than 100 inpatient admissions are included in “Other”.

Composition of Inpatients by Age

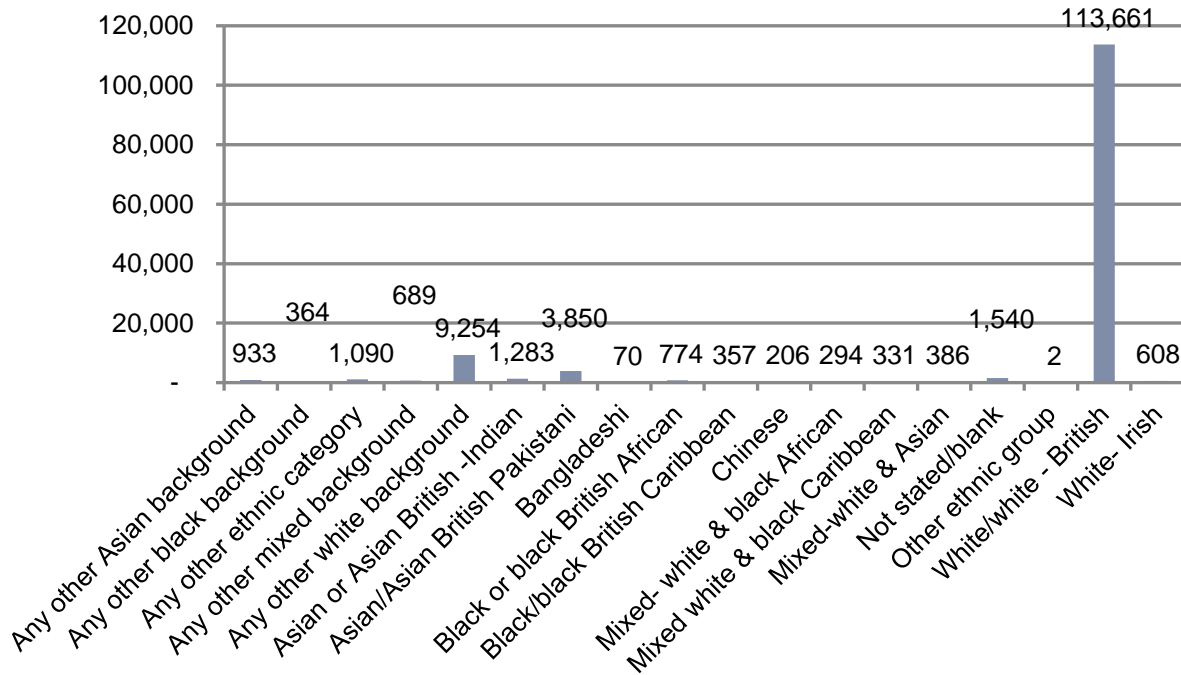


New methods of data collection allow us to break down inpatient admissions into more specific age groups. The graphs show an increase in admissions around the age of

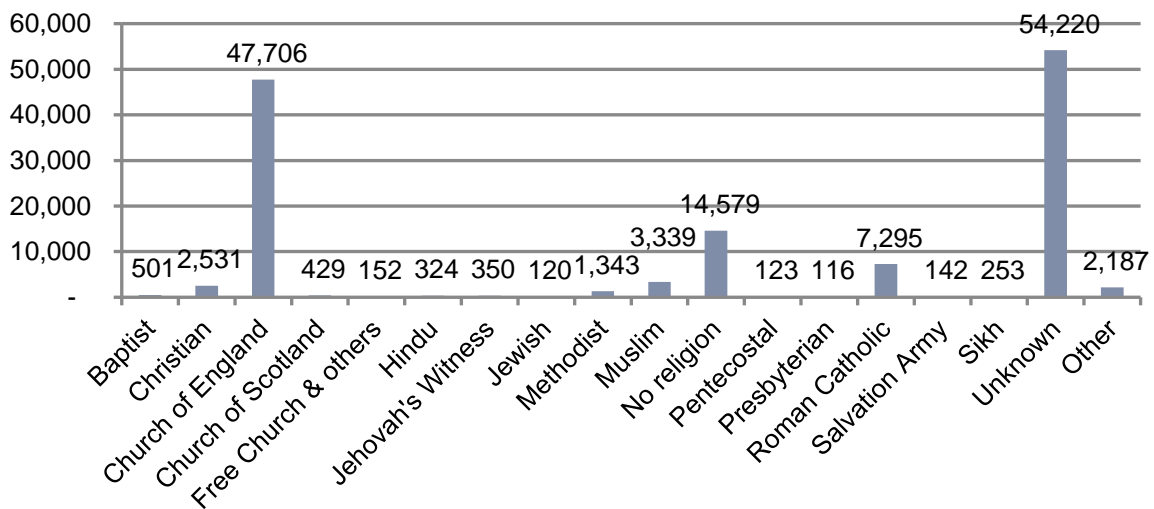
Composition of Inpatients by Marriage or Civil Partnership Status



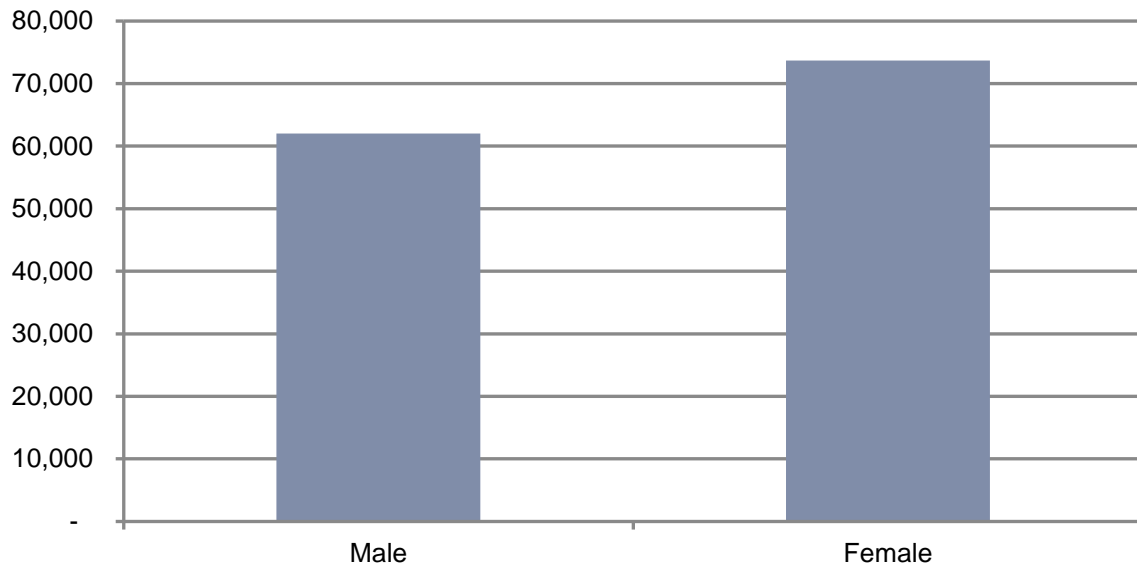
Composition of Inpatients by Race



Composition of Inpatients by Religion or Belief



Composition of Inpatients by Sex



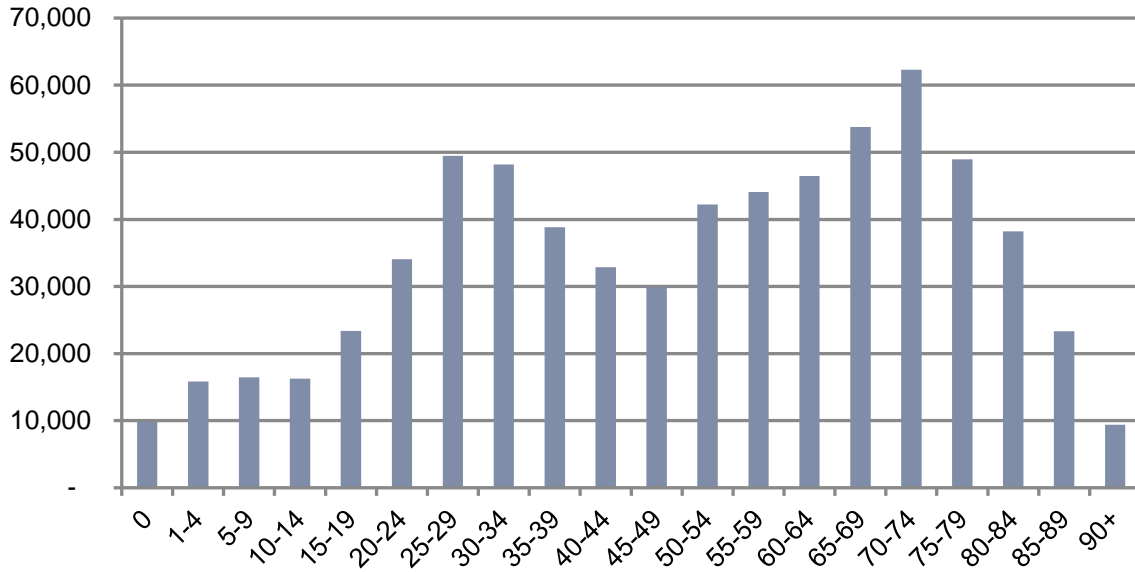
4.4.2 Outpatients

These graphs show number of outpatients based on various Protected Characteristics.

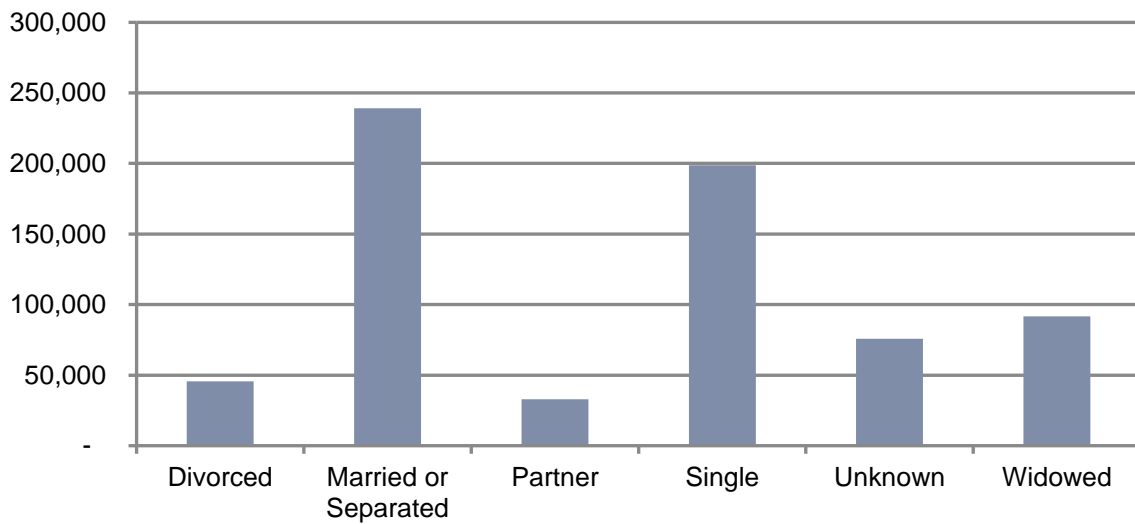
Notes:

1. It is not possible to present data on Disability, Sexual Orientation or Gender Reassignment Protected Characteristics.
2. Statistics on rates of Pregnancy and Maternity cases are available elsewhere as part of the Trust wide annual reporting program.
3. Data for the former Peterborough and Stamford NHS foundation Trust and Hinchingsbrooke Health Care Trust are collected in similar but not identical ways and therefore this "whole trust" data has been compiled to best reflect the data collected.
4. For consistency, religious groups represented by fewer than 100 inpatient admissions are included in "Other".

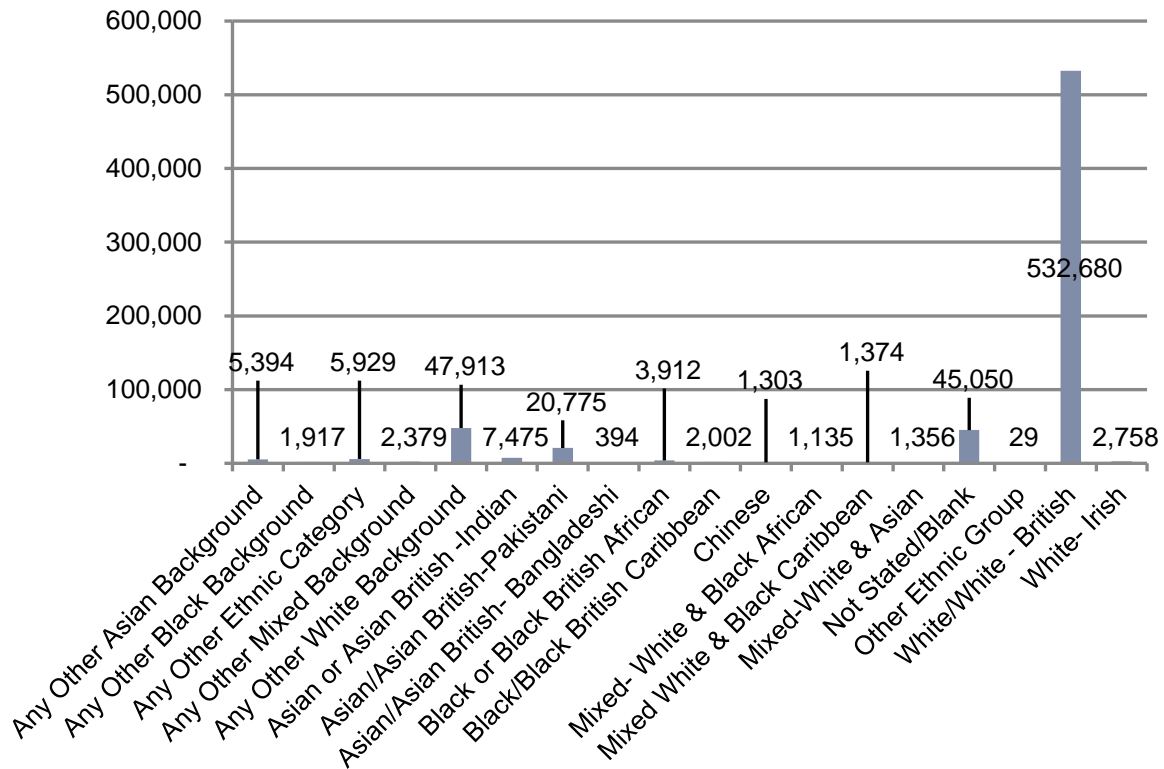
Composition of Outpatients by Age



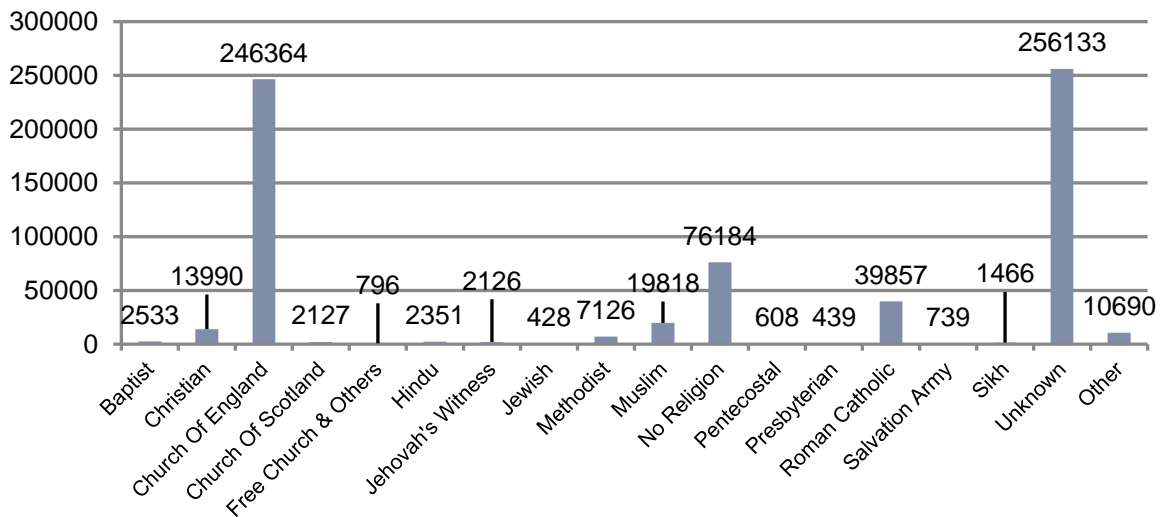
Composition of Outpatients by Marriage or Civil Partnership Status



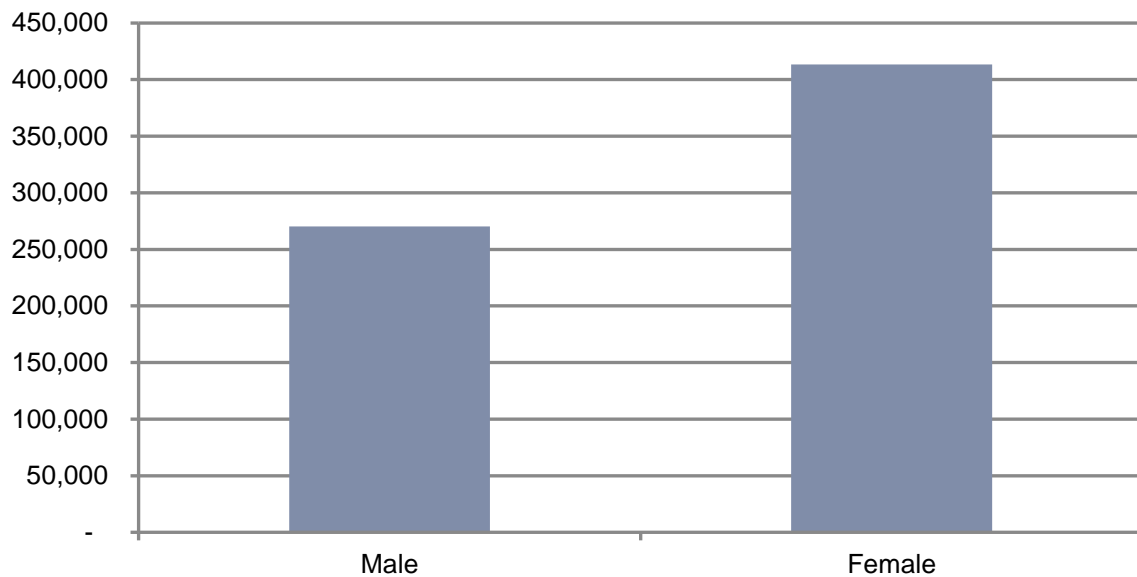
Composition of Outpatients by Race



Composition of Outpatients by Religion or Belief



Composition of Outpatients by Sex



4.5 Communication and Involvement

The Trust's website has incorporated Inclusion as Standard logos linked to accessibility information for each department. A patient can now access a comprehensive but easy-to-use report outlining the accessibility of the department they intend to visit.

The Trust website has a section titled Equality, Diversity and Inclusion which contains links to various projects within the EDI framework, as well as Frequently Asked Questions, Equality and Diversity reports including EDS2 reports, workforce reports and RAG Rating information, and reporting hate crime information.

The Equality, Diversity and Inclusion Lead is able to access and update the website themselves meaning information can be distributed more quickly.

The Equality, Diversity and Inclusion Lead meets regularly with community groups and forums including the Cambridgeshire Deaf Association, Peterborough Preparing for Adulthood Group, the Kyte Trust and National Autistic Society.

4.6 Achievements and Developments

4.6.1 DisabledGo

In January 2018 we launched DisabledGo after several months of planning. The system has been in place at Hinchingsbrooke for several years but now covers all Trust hospital sites. DisabledGo provides a system of access audits available online which enable anyone to see the accessibility of any patient area within the Trust's three hospital sites. DisabledGo has now been integrated into the Trust website and each department with a website presence has a link directly to their DisabledGo audit.

4.6.2 Accessible Information Standard

The Accessible Information Standard is currently under development and has made significant progress in implementing this very important piece of work.

The Trust's Equality, Diversity and Inclusion Lead's top priority since appointment has been the implementation of a new system which will automate the identification and distribution of the correct format documentation for each patient and the correct means of communication support in accordance with the patient's requirements.

We anticipate this system becoming live from October 2018, subject to supporting IT systems being in place.

4.6.3 Equality, Diversity and Inclusion Co-Production Groups & Sub Groups

The Trust Equality, Diversity and Inclusion Lead has launched the Equality, Diversity and Inclusion Co-Production Group and a range of Sub-Groups reflective of the various protected groups defined by the Equality Act 2010.

The Equality, Diversity and Inclusion Co-Production Group replaced the Equality and Diversity Steering Group and is formed of staff members representing their departments within the Trust and a representative from each sub-group.

Staff members of the Equality, Diversity and Inclusion Co-Production Group will take responsibility for EDI issues and lead on the implementation of Inclusion as Standard within their department.

Additional training will be made available to members of the Equality, Diversity and Inclusion Co-Production Group & Sub-Groups.

4.6.3 Other Developments

- a) In January 2018 the Trust adopted a new Equality, Diversity and Inclusion Policy and Strategy which is available via the Trust website.
- b) The Trust has introduced advanced level Equality, Diversity and Inclusion training to support leads in managing a diverse workforce. The course includes:
 - Exploring areas of diversity and the benefits of inclusivity.
 - Understand unconscious bias.
 - Discuss how, values, priorities and expectations effect behaviour.
 - Explore areas of diversity and what value individuals can add to a team
 - Take away knowledge and tools to use in the workplace.
- c) Representatives attended the first year LeDeR reporting event in Newmarket which provided latest information on the premature deaths of people with learning disabilities. The statistics have been incorporated into the Trust's Equality, Diversity and Human Rights Training
- d) The Trust has participated in a number of equality celebration days including World religion day where the major religions of our local community, along with our chaplaincy department provided information on religions and how they work together in our community e.g. the Faith Council. National Women's Day was also celebrated with the local charity extended hands providing free nail painting, hand massages and cakes to the Trust service users, visitors and staff.
- e) The Trust remains committed to the Workforce Race Equality Standard (WRES). An action plan and report have previously been produced and published on the Trust website. The Trust is looking at a number of initiatives to scope and improve areas identified by the report. This work will continue to be developed and embedded within the Trust.

5. Future Plans

5.1 Inclusion as Standard

Inclusion as Standard is our commitment that any patient, visitor or staff member can expect our facilities to meet their needs regardless of disability, additional needs or protected characteristic.

Principle

Inclusion as Standard seeks to embed the principles and processes of accessibility, equality and diversity into everyday working practices within the trust in a simple and user-friendly way, making the accessibility of visiting, using or working within our services easy and streamlined.

This model intends to integrate the statutory duties of Accessible Information Standards, Equality and Diversity and the information contained within accessibility audits into a single overarching policy designed to make the North West Anglia NHS Foundation Trust services and infrastructure accessible to all.

Assessment and recording of the Inclusion as Standard processes developed through this model will be carried out through the Inclusion as Standard Accredited awards system.

The information collected by Inclusion as Standard Accredited will be sent to the relevant co-production group(s) and used to develop a tool for use in supporting that demographic of people across the Trust. Over time the groups will develop a range of support tools ensuring all services are designed and overseen by the people they affect.

5.2 Adapted Pain Management Study

Clinicians have noticed outcome differences within the delivery of pain management support to people dependent upon race and cultural lines, with poorer outcomes for people of black and minority ethnic background.

This situation is not currently backed by any statistics but based on clinical experiences reported by staff. The Equality, Diversity and Inclusion Lead has engaged with local Islamic community in Peterborough to support the Pain Management Team to develop adapted processes in supporting this community. The trial, if successful may be adapted further to support other groups.