

Board meeting date:	Agenda Item Number:	Enclosure:
29 March 2012	11.1	9

Title	Update on Public Sector Equality Duty and NHS Equality Delivery System
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Accountable Director:	Julie Thornby, Director of Strategy and Governance
Author (name & title):	Julie Thornby, Director of Strategy and Governance

Action required from the Board:	Decision / Approval	Gain assurance	Discussion	Information
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What other Trust Committee has considered this report?	Committee	Date reviewed	Key points or recommendations
	Quality and Safety Committee considered an update report	20 February 2012	

Purpose of the report	To update the Board about the work the Trust has undertaken regarding the NHS Equality Delivery System (EDS), and recommend to the Board equality objectives to be adopted by the Trust in support of the public sector equality duty, to be published by 6 April 2012.
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Summary of Key Issues	What are the key issues that the board needs to consider in this report? <ul style="list-style-type: none"> Progress of work the Trust has completed on the Equality Delivery System, including self assessment against the 18 EDS standards The local health economy event to be held on 22 March at which the Trust, the local acute Trust and both local PCTs will meet with service user and community groups to review progress and inform the setting of equality objectives by the NHS organisations.
Recommendation(s) to Board	<ul style="list-style-type: none"> To note the contents of this report, and to approve the proposed Trust equality objectives. (Please note that as the latter are to be informed and finalised by the event on 22 March, after Board papers are

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Strategic Objective(s) to which this paper relates: ✓ / ✗	To increase quality, safety and productivity of the services we provide √	To explore every opportunity to innovate and improve √	To build financial strength and resilience	To develop strong community links and a reputation for responsiveness √
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Which key standards or assurances does this report relate to?		State specific standard / outcome or BAF risk
	CQC	Annex D of the Equality Delivery System shows how each of the outcomes in the EDS toolkit matches to specific outcomes required by CQC under their 'Essential Standards': CQC outcomes 1 to 14, 16, 17 and 21
	NHSLA	
	Board Assurance Framework	956 Staff engagement 991 Clinical quality and patient safety

IMPACTS & IMPLICATIONS	
Patient safety & experience	Recognising and responding effectively to the diversity and individual needs of service users is a key aspect of the quality of service the Trust provides
Financial (revenue & capital)	None specifically
Equality & Diversity	Use of the EDS will allow the Trust to work with service users and staff to agree its current performance on equality and diversity and improvements needed.
OD/Workforce	Trust staff will help assess current performance and improvements needed on equality and diversity for staff
What patient & public involvement has there been in this issue?	Discussions with Workshop planned for 22nd March 2012 at the Wroxeter Hotel

Title	Update on Public Sector Equality Duty and NHS Equality Delivery System
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Introduction

This paper provides an update to the Board on the roll out of the NHS Equality Delivery System within the Trust, and on ensuring that our obligations under the Public Sector Equality Duty are met.

The Board will recall that it considered a report in December which introduced the requirements of the Public Sector Equality Duty, and the NHS Equality Delivery System (EDS) as a means of helping to meet that requirement. The Board agreed that the Quality and Safety Committee would receive progress reports on the EDS and this is now happening, with the first report being considered in February.

To recap, the **Public Sector Equality Duty** (PSED), came into effect on 5 April 2011 as one part of the Equality Act 2010. The duty applies to public bodies and others carrying out public functions, including NHS Trusts and commissioners. It aims to ensure public bodies consider how different people will be affected by their work, and ensure they deliver policies and services that are accessible and meet diverse needs. It requires public authorities to have regard to the need to tackle discrimination and promote equal opportunities. The Act also requires that public bodies base their decision making on real life experience and evidence of need, rather than assumptions and stereotypes. (Asking service users and staff what they think and what their experiences have been, rather than making assumptions, is therefore significant).

The **EDS** is a toolkit launched in November 2011 to help all staff and NHS organisations assess their position on equality and diversity and identify priority areas for improvement. It has been developed by the NHS, commissioned and steered by the Equality and Diversity Council (EDC). It is a set of eighteen standards, about assessing peoples' needs, delivering care, employment systems and leadership, against which NHS organisations assess and RAG rate themselves, then set improvement objectives, with input from service users and community groups representing people from equalities protected groups.

The EDS is not mandatory for Trusts although the Community Trust has adopted it as good practice, and there is no requirement to achieve a particular level of RAG rating in a specific timescale.

An EDS workshop is being held on 22 March where both local PCTs, the Community Trust, the acute Trust and local community groups representing people from the nine protected characteristics will meet. The event is being designed and delivered in partnership by a working group involving both the NHS organisations and the community groups. The aim is to talk broadly about the NHS organisations' self assessment on the EDS, triangulate that with the community groups' experiences and perceptions of services, and use that to help inform the improvement objectives on equality and diversity which each NHS organisation will adopt. The objectives that are agreed from the Stakeholder event, once agreed by the Board, will be published on our website by 6th April 2012 in line with the Public Sector Equality Duty.

Progress to Date

1. Public Sector Equality Duty

The Trust's Equality and Diversity webpage has been updated to meet the requirements under the duty to publish a range of equalities-relevant information about our services and staff by 31st January 2012. This can be found under the 'About Us' menu item on the Trust web site home page, then click on equality and diversity .

We are also required to identify and publish, at least every four years, specific objectives that we will pursue as an organisation on equality and diversity. The work that has taken place on the EDS (see below) is helping us identify the first equality objectives for the Trust in partnership with staff, community groups and service users.

Recognising that commissioners have a key responsibility to identify the needs of the population, including of specific groups, and commission providers to meet those needs, we have raised with commissioners whether there are particular objectives in this area they would like us to include or consider. No specific areas have been raised by them so far, but we will continue discussions, and issues may be raised by the community groups at the event on 22 March which both commissioners and ourselves wish to prioritise for improvement.

2. EDS

Following the launch of the EDS a process was established within the Trust to identify appropriate staff who would be able to highlight relevant evidence for each of the Equality Delivery System's 18 outcomes from across the 4 themes relating to the protected categories.

A significant number of the 18 outcomes overlapped with categories for which evidence was already being collated under the Care Quality Commission (CQC) evidence-gathering process being carried out across the Trust. Therefore staff that were collecting evidence for the CQC process were briefed in the details of EDS and asked to capture the evidence for EDS alongside the evidence for CQC. This covered a significant amount of the work necessary with only a few additional people needing to gather EDS evidence separately.

During January 2012 the system for evidence capture was established, including a locally developed proforma (based on the format of the Trust's CQC evidence forms) to capture the evidence. In January, February and March a series of workshops were run to support staff, explaining what EDS was and ensuring that they had an understanding what good evidence would look like.

Once all the data was submitted and collated in to one document a small team of staff set about reviewing the information using the official Grades Manual to establish whether the RAG ratings applied by the Lead Officers was reasonable. **(See Appendix 1)**. It should be noted that this is the start of an ongoing EDS process, and over time, it will be important to both triangulate the evidence with the views of service users, and to continue with our own internal processes to test and improve the evidence.

The process of gathering evidence was framed in the following way:

- Evidence could be: narrative about existing clinics / systems / processes / procedures (with copies of any documentation to substantiate it if available); or Trust papers / policies or guidelines.

On reviewing the evidence submitted, the following issues have been highlighted at this stage:

- The large and diverse geographical area the Trust serves means that in some areas, people from some of the protected groups may only use a service very occasionally – and therefore services will not have been explicitly tailored to suit their needs, but this makes it even more important to make sure that services respond well and sensitively to the needs of every individual as part of providing a personal, quality service, rather than assuming that by treating everyone the same, we are treating everyone equally.
- Throughout the Trust our systems and processes have been established to provide all patients with the highest quality, safe and appropriate services but many of our systems do not currently routinely collect data relating to all the nine protected characteristics. The Board will be aware that capturing patient ethnicity on the Lorenzo patient activity system has now improved, and there is room for improvement for example, on our ability to analyse patient feedback and satisfaction according to protected group. This is therefore an area we are proposing as one of our future objectives.
- The nature of a Community Trust and its multiple services provides a unique set of circumstances, including care delivery in a host of different settings and patients' own homes. This requires the use of numerous systems and processes, where the needs of the different protected groups need to be considered, and requires a good understanding amongst staff

The majority of our rag rating scores are amber, reflecting that we have some evidence but recognising that there is more to do to reach the two highest possible ratings of green (achieving) or purple (excelling). The summary rag ratings and evidence are shown at Appendix 1. The assessment has been helpful in identifying the improvement objectives being recommended to the Board - Appendix 2 shows our initial proposals but these will be informed by the stakeholder event on 22 March and an update will be given at the Board meeting, with final recommended improvement objectives.

As well as oversight by the Quality and Safety Committee, an Equality Delivery System progress report has been submitted to the SHA and we are currently reporting an overall Amber / Green Status for the project.

Next Steps

The Equality Delivery System will be discussed locally with the public at the Stakeholder Event on the 22nd March 2012. Involvement has been secured from community interest groups including:

- Shropshire and Telford and Wrekin Link
- Telford & Wrekin Senior Citizens Organisation
- Headway
- Connecting Minds

- Taking Part
- Independent Living Partnership Ltd
- Supporting Those Affected by Lifelong Epilepsy (STABLE)
- Association Ltd Parent & Carers Council Shropshire (PACC)
- Community Council of Shropshire
- Carers Support Service
- A4U - Action Advice Advocacy
- SCC Carer's Support Service
- Carer's Advisory Panel
- Shropshire Humanist Group
- British Red Cross
- Shropshire Disability Network/Pan Disability Forum
- Deaf & Hard of Hearing Forum
- LANDAU
- Shropshire Disability Network
- Equalities Forum
- Assessment & Eligibility Team Shropshire Council
- Unison/Shropshire
- Shropshire Wheelchair User Group
- Shrewsbury Access Group
- Shropshire Bengladeshi Welfare Society and Interfaith Forum, Shrewsbury

Each Trust or PCT will work with an interested group of public/patients on the public/patient related standards, and a group of its own staff on the HR related standards. The self assessment ratings will be presented to staff, public and local interest groups and their experiences and perceptions will be discussed. This pool of information will be used in the workshops to help inform the selection of four or five improvement objectives for each health organisation in the local health economy that will focus on the most urgent challenges. The objectives need to be published by the 6th April 2012 to comply with the specific duties in the Equality Duty. At the time of writing and distributing this Board report, following the internal EDS evaluation, the Trust has set initial objectives for 2012, to be reviewed at the event and with final recommendations then to be reported to the Board. **(see Appendix 2).**

A vital aspect of this process is the opportunity to engage with the community and patient groups that represent people from the protected groups, so we can over time work with them to identify the most important and meaningful ways to improve our services. This has already made a good start through working together to design the joint workshop. The groups themselves recognise the EDS as an important start to a shared journey to improve services, rather than a one off process.

Board action required

The Board is asked to:

- **Note** the content of the report and the proposed equality objectives, noting also that there will be a verbal update at the meeting about revisions to those objectives as a result of the event with public groups on 22 March.

APPENDIX 1

The table below shows a summary of how we have assessed ourselves across all 18 outcomes of this self-assessment process:

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	R	A	G	P
As a new organisation, the Trust is working to ensure that patients are at the heart of its design and delivery of services. Patient needs are communicated to the Board via patient stories at public meetings, to the organization via patient surveys, services working with particular patient groups, and patient group representation on the Quality and Safety Committee. The Trust has developed its strategy with input from public and patient groups on their needs and views. The Trust can show high levels of patient satisfaction, although feedback data at the level of the nine protected characteristics is very limited. The Trust delivers services to specifications from commissioners taking into account the local Joint Strategic Needs Assessment and public health priorities; including particular needs for specific groups identified by commissioners e.g. stop smoking service for pregnant women. The Trust uses its Annual Quality Account to set and monitor objectives for improving health and patient safety for all.				
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	R	A	G	P
The Trust uses plans and assessment forms as part of admission and assessment policies, to identify needs of each individual including pregnancy, disability, religion etc. There are various measures to ensure different needs can be met e.g. hospital food choices, provision of translation and interpretation services and of patient information in different formats and, staff equality and diversity training as part of mandatory training.				
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	R	A	G	P
The Trust is aware from engagement with staff and patients that transitions from other organisations to the Trust, especially patients moving from acute to community are not always smooth. There can also be issues for children who reach adulthood with particular conditions for which there is no dedicated adult service e.g. ADHD. The Trust has admission, discharge and referral protocols in place with partner organisations to ensure smoother handovers. It has joint teams with others e.g. local Councils to support joined up care. It has completed a risk assessment process (SBAR) to look at points where transition could be a challenge and is mitigating this by strengthening its policy on handovers between staff.				
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	R	A	G	P

The Trust has systems and processes to ensure the safety of all patients is prioritized and assured in areas such as clinical records, infection control, medicines management. Safeguarding policies, systems and staff training are in place, designed to keep patients free from abuse, harassment, bullying and violence from other patients and staff. The Trust uses objective setting in its Quality Accounts to continuously improve patient safety. The PALS and complaints service and its leaflets, stress that all will be treated equally and fairly when raising concerns. The Trust does not yet have robust systems allowing it to analyse all types of patient feedback by protected characteristics and can only do so by exception – this is an area for development.

1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups

R	A	G	P
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Some vaccination and immunization programmes are provided especially in schools, with uptake and results statistics monitored with commissioners. Services are delivered to bespoke groups e.g. Help 2 Quit to Polish group, and to workplaces. Services are also provided at Community Centres and supermarkets to maximize access.

2. Improved patient access and experience

The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, and 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

R	A	G	P
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The Trust targets particular services to make them accessible for protected groups e.g. particular reminders to referrers so they can support non English speaking families to bring children to appointments; health improvement services for men delivered in workplaces; targeted Help 2 Quit services for pregnant women; patient information can be provided in different languages and formats and can be tailored eg diabetic patient education taking into account different diet choices. The Trust does not yet have and use comprehensive data across all services to identify if all protected groups are accessing particular service less than would be expected, but does look at take-up by group where a service is intended to benefit a particular group. There are no PALS cases or complaints raising concerns about access or useability for protected groups.

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

R	A	G	P
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Patient information is provided in other formats and languages, and audits and patient surveys test that patients are as informed and supported to be as involved as they wish to be – patient survey scores generally are high. There is available data on whether patients from some (eg age, gender and ethnicity) but not all protected groups feel as informed and supported as patients in general, although there are no complaints or PALS concerns on this from protected groups. Ability to analyse patient feedback by protected group is an area for improvement.

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

R	A	G	P
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The Trust's patients report good experience of its services e.g. regional CQUIN survey showed 95% of patients satisfied with their non inpatient care and 84.5% of patients with their community hospital care, most of whom would be older people. However, collection and use of data at the level of the nine protected characteristics when gathering patient feedback is limited, and this is an area for development. There have been specific pieces of work which are relevant e.g. with staff aimed at better meeting the needs of transgender people, but better

gathering and use of information is required.

2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

R A G P

The Trust has had no feedback from protected group individuals that their complaints or PALS concerns have not been treated properly. The Trust's complaints and PALS information stress that patients and carers will not be discriminated against in any way. Trust information is available in different formats, and is available at Trust sites and shortly with community staff for patients at home. More reliable capture of whether complainants/PALS contacts are from the nine protected groups is being developed, and will enable trends to be monitored. It will also enable the collection of data to show satisfaction of different groups with the handling of their complaint or PALS contact.

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 become as diverse as it can be within all occupations and grades

R A G P

The Trust's Equality policy is used as the basis for all its recruitment practices. The recruitment and selection processes within the Trust are conducted utilising best HR practice and the NHS Jobs system for all posts as recommended by the Department of Health. This electronic system ensures the utmost protection for new and existing staff pursuing roles within the organisation. In addition, to make the advertisement accessible for those not able to access the internet, jobs are also uploaded to the Job centre. Alternative application routes (e.g. paper forms) are available upon request for those unable to use a computer. Each recruitment advert displays a message stating that the Trust 'welcomes applications regardless of age, gender, race, disability or sexual orientation. We particularly welcome applications from Black and Ethnic Minority candidates.' All adverts placed within the system must comply with UK discrimination legislation. The Trust is accredited by Job Centre Plus to use the 'Positive about Disabled People' symbol which recognises Trust commitment to good practice.

Trust processes ensure that all selection must be undertaken by a panel and notes are kept to ensure transparency. The short listing process on NHS Jobs (and via the paper technique if used) removes any equality data so that the panel are not aware of any candidates who may have one of the protected characteristics.

Adjustments are made for candidates attending interview who need assistance because of a protected characteristic. Ratification process for Recruitment and Selection Policy and Procedure includes consultation with Joint Negotiating Partnership (staff-side and management committee).

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

R A G P

The Trusts practices regarding pay and terms and conditions are conducted in line with best NHS practice, and our statutory duties to ensure the existence of the Remuneration Committee. As such all staff within the Trust have Agenda for Change terms and conditions (except doctors and dentists and very senior management (VSM) / Board). Agenda for Change

was designed as a framework for the NHS to deliver fair pay for non-medical staff based on the principle of 'equal pay for work of equal value'. Under this system all new posts have their level of pay (Agenda for Change banding) agreed via Agenda for Change processes which are quality assured by HR and staff-side representatives. All changes to Terms and Conditions would be agreed via the Trusts JNP – Joint Negotiating Partnership

With regards to VSM Manager terms and conditions these are set out nationally and these are adhered to. VSM pay bandings exist as a guide for Trusts and there is room for local discretion. The latter would be agreed by the Trust's own Remuneration Committee.

Terms & Conditions and levels of pay for Medical staff (doctors and dentists) are set out nationally via their own professional bodies.

Monitoring of our adherence to these practices is carried out by exception only.

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	R	A	G	P
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As a new Trust we are spending time to develop our strategy with regards to supporting our staff through a range of training and development programmes – both voluntary and mandatory. It is clear that to thrive we will need to become an employer of choice that supports staff through continued professional development whatever their field of expertise. As part of Agenda for Change terms and conditions, the Knowledge and Skills Framework is utilised for Appraisal for all staff and acts as a framework for continued development. This national system focuses on six core dimensions covering the key areas that apply to every job. The six dimensions are: Communication; Personal and people development; Health, safety and security; Service improvement; Quality; Equality and diversity. Use of the KSF is based on good practice from employers, the NHS Staff Council guide *Appraisals and KSF made simple - a practical guide* outlines a simple appraisal process with tools, tips and templates for line managers and staff.

In addition to vocational training the Trust has a detailed Mandatory Training regime and a matrix of training required for each group of staff has been developed to make this easier to administer.

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	R	A	G	P
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The Trust has a policy for Grievance and Concerns which includes processes and procedures for handling Bullying and Harassment within the workplace. All policies have an equality impact assessment before ratification and would go to JNP Committee for consultation as part of the ratification process. All staff are trained as part of the Mandatory training programme. The internal complaint process is used to monitor this (although this is not currently monitored down to the level of the nine protected characteristics). In addition the NHS Staff Survey (carried out annually) is used as a non-attributable measure of this.

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.)	R	A	G	P
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As part of the NHS guidance 'Improving Working Lives' the Trust has a Flexible Working Policy, principles of which apply to all staff including those not covered under the Equality Act. Policy in place with same ratification processes applied as in 3.4 above and has the support of our JNP

Committee and Staff-side representatives. Under this policy the Trust can evidence that it currently has a range of contract arrangements tailored to individual employee needs. Employee needs are one of the areas covered in routine managerial one to one's between staff and their line manager. In addition the Trust also has separate Paternity / Maternity Leave Policies.

Monitoring of our adherence to these practices is carried out by exception only – and currently this is not detailed to the level of all of the nine protected characteristics.

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

R	A	G	P
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An Occupational Health Service in place and available for all staff for referral either by manager or self-referral. Special features such as access to a fast-track physiotherapy also available for all staff suffering from musculoskeletal problems in order to support staff at the time when they need it most have been in place for some time.

The Trust has a Health and Wellbeing Strategy in place and Health and Wellbeing events are held regularly where staff can access health checks. Stress Training is also made available to staff. In addition free immunisations are made available for staff for things such as Flu and Hepatitis B.

Monitoring of usage of these services is carried out on a Trust-wide basis but currently this is not detailed to the level of all of the nine protected characteristics.

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

R	A	G	P
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The Board chose last December to adopt the EDS (which is not mandatory), in order to help support its aims in this area. Senior managers have been involved in gathering and assessing EDS evidence. Updates to the Board are given on the progress of the Equality Delivery System and also the Quality and Safety Committee receive reports as they oversee Equality and Diversity within their remit. Representatives from patient groups were involved when the Trust held the Stakeholder Event in November to help develop the Strategy for the new Trust. (Report from the day can be obtained).

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

R	A	G	P
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Training in equality and diversity which covers all aspects of protected characteristics is mandatory for all staff. There are systems in place whereby managers ensure staff are aware of relevant policies. Staff can report difficulties with members of staff or line managers using an easy reporting process.

4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes

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The Competency Framework for Equality and Diversity Leadership (published in September 2011) puts equality and diversity roles on an equal footing with other managerial roles in the NHS. The Framework, which sits alongside the new national Equality Delivery System (EDS), offers an holistic, comprehensive and evidence-based overview of the competencies required to support improved equality in health outcomes and workforce diversity across all the diverse communities which the NHS is there to serve.

The framework is not yet in place within the Trust because of its very recent release. However the new appraisal system which is currently being developed in the Trust will incorporate the NHS Leadership Framework which incorporates Equality and Diversity strands throughout. The Competency Framework for Equality and Diversity Leadership will now also be incorporated in to our new system as it is developed.

Shropshire Community Health NHS Trust is a recently established large and complex organisation which has chosen to adopt the EDS to help build on its work so far with regards to respecting equality and diversity. Our EDS process this year has shown us that we have pockets of excellence within the organisation which we should learn from and rollout where possible (and appropriate).

The process we have gone through to evaluate our progress against the 18 EDS outcomes has shown us that although we have relevant policies, systems and staff training to relevant to patient needs, safety etc, we lack comprehensive data down to the level of the 9 protected categories.

APPENDIX 2

The EDS suggests that each organisation chooses 4 or 5 priority objectives, being mindful of ones which will help improve more than one standard.

The Public Sector Equality Duty requires that public organisations publish one or more equality objectives at least every four years which will help them to further the aims of the Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people.

Based on the EDS assessment, the proposed objectives are as follows, but these will be discussed with the community equalities' groups at the EDS event on 22 March 2012, and may be added to or changed.

1. Establish a short life working group tasked with reviewing and improving data collection across the Trust and build in collection and use down to the level of the 9 protected groups (working alongside other NHS organisations where appropriate). This is likely to have a particular focus on
 - Patient satisfaction feedback
 - Accessibility of services
 - Satisfaction with complaints handling for the protected groups compared with all patients
2. Develop our patient and public involvement strategy to create mechanisms for people from the protected groups to tell us about their needs, experiences etc. We believe the event on 22 March will play a vital part but will develop an on-going process.
3. Raise awareness of the final objectives, the reasons for them, and the way staff can help, with all Trust staff.
4. Incorporate the principals of the Competency Framework for Equality and Diversity Leadership into the Trust's new appraisal system during the next 6 to 12 months.

**UPDATE SHEET FOR PUBLIC TRUST BOARD - AGENDA ITEM 11.1, ENCLOSURE 9
UPDATE ON NHS EQUALITY DELIVERY SYSTEM**

NOTE: Please note that Enclosure 9 explains that the equality improvement objectives set out in that paper are subject to revision following a workshop with the public held on 22 March, after the Board paper was distributed. This supplementary paper provides those updated and amended objectives as produced after the event on 22 March, for agreement with the Board.

EQUALITY OBJECTIVES 2012/13 AND 2013/14

- All NHS organisations have a statutory requirement to prepare and publish equality objectives in support of the Public Sector Equality Duty (PSED) by no later than 6 April 2012. This requirement arises from the Equality Act 2010 (Specific Duties) Regulations 2011.
- Shropshire Community Health NHS Trust has used the NHS Equality Delivery System (EDS) to help identify its equality objectives. The EDS is a voluntary toolkit available to help the NHS assess its performance against equality and diversity standards in a structured way. The Trust has completed this assessment, and shared and agreed it at high level with local community groups comprising and representing people from groups with the protected characteristics. Based on discussion with those community groups, primarily at a full day workshop held on 22 March 2012, the Trust proposes to set the four equality improvement objectives shown below.

Context	Objective	Action	Timescale
<p>1. The Trust's EDS analysis shows that it has limited information, and has made limited use of available information, about patient feedback at the level of the equalities groups. Community groups are supportive of gathering feedback and are keen to be involved in ensuring information is gathered in relevant, sensitive ways.</p>	<p>To ensure that during 2012/13, a minimum of two major patient feedback exercises, and analysis of satisfaction with complaints and PALS handling, specifically include identifiable feedback from protected groups.</p> <p>As part of that work to:-</p> <ul style="list-style-type: none"> - work with protected groups to ensure that feedback is gathered/questions are asked in an acceptable way in future feedback gathering. - ensure action plans from those exercises identify at least two actions specifically aimed at improving patient experience for one of the protected groups, based on feedback. 	<p>Task and finish group to be convened to establish approach to be followed and rolled out in major patient feedback work.</p>	<p>By April 2013</p>
<p>2. Community groups have stressed how important staff's attitude, understanding and empathy are in delivering the best service.</p>	<p>To improve the impact of equality and diversity training and awareness for staff by including patient stories told directly by patients from the protected groups as part of training.</p>	<p>Work with community groups to arrange a programme of patient stories delivered specifically by people from equalities groups eg people with sight or hearing impairment, as part of staff induction or equality and diversity training.</p>	<p>By April 2013</p>

<p>3. The Trust has established valuable links with relevant community groups via the multi agency group which has supported local health organisations in implementing EDS, and is keen to make this an ongoing link.</p>	<p>To ensure that the Patient Engagement Group or Patient Council which the Trust is establishing as part of its Patient Experience and Engagement Strategy includes representation from and links to community groups of people from the equalities groups.</p>	<p>Establish group with membership from relevant local organisations</p>	<p>By December 2012</p>
<p>4. While Trust staff already do some signposting of patients to community and support groups, the support groups have identified scope for this to benefit more people through better staff access to the relevant information.</p>	<p>To add benefit for patients in the equalities groups by providing Trust staff with information about relevant local community groups and support groups, which staff can then signpost patients to.</p>	<p>Add directory links to new Trust website, and work with support groups to promote the information to staff.</p>	<p>By April 2013</p>