Stockport **NHS**

NHS Foundation Trust

The
Equality Delivery System
(EDS2)

Stockport NHS
Foundation Trust

Submission - 2016

1. Executive Summary

The Equality Delivery System (EDS) was rolled-out in July 2011 and officially launched on the 10th November 2011. It was commissioned by the NHS Equality and Diversity Council (EDC) as a tool whose purpose is to embed equality within the current and future NHS including both commissioner and provider organisations.

The aim of the EDS is to improve services for people who belong to vulnerable and protected groups. The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use and work in the NHS.

The Trust submitted its first audit results in April 2012 which were subsequently updated in 2013. In 2014 a refreshed and streamlined EDS called EDS2 was launched. As before, EDS2 relies on local engagement with patients, the public and other local stakeholders. There are 18 outcomes, nine examine equality in service delivery and nine examine equality in workforce development. This report is the Trust's third EDS2 submission and draws on existing engagement and co-production that has been undertaken across Stockport on the integration of health and social care services.

The Trust sees the Equality Delivery System as an opportunity to look at how well we are doing in our endeavours to eliminate discrimination and make plans to improve equality in Stockport.

After discussion with representatives from Healthwatch and our staff representatives the agreed scores against the four overarching EDS outcomes for 2016 are:-

EDS Outcome	Undeveloped	Developing	Achieving	Excelling
Better Health Outcomes for All		🟠		
Improved Patient Access & Experience		🟠		
A representative and supported workforce		🟠		
Inclusive Leadership		🟠		

Members of the Healthwatch grading panel felt that the Trust had underscored on outcome 2.3 "People report positive experience of the NHS" and this was regarded to "Achieving". The mainly positive results from the Friends and Family Test were given as an example to support the re-grade.

2. Stockport

Stockport Metropolitan Borough covers varied areas, ranging from highly deprived to highly affluent. Only two boroughs in England are more varied and it gives us a particular responsibility to tackle internal inequalities as they lead to very different life chances, life course wellbeing and health outcomes.

Access to healthcare services in Stockport is good, and local data shows that most minority groups have similar patterns of access. However, we know that there are still barriers for some people. There are a range of health inequalities relating to Chronic Diseases. The Trust will be need to continue to work with partners to address the challenges that Stockport has in reducing health inequalities (which are closely linked to deprivation) across the various communities in the Boroughs.

The Trust annual equality reports identify that there is a shortage of detailed data on protected groups and their individual health outcomes. Going forward the Trust will be considering how it can ensure that data on access to services and patient experience is broken down by protected characteristic to allow for comprehensive monitoring of impacts on equality groups. This will enable the Trust to analyse the data and see for example if our Diabetes, Heart Disease and Stroke services show the anticipated proportionate representation from our South Asian and African Caribbean communities. These communities are the largest minority ethnic group that access Trust services, and due to their ethnicity, these communities face health inequalities in relation to these health conditions. Similarly, patient experience is positive for most of Stockport's community groups, but a lack of data means we are still developing our efforts to ensure this is the same for everybody.

The Trust with its partners is able to actively engage with diverse local communities (and organisations) to improve health outcomes and patient experience, giving particular thought to learning from these groups about how they might want healthcare, prevention messages and support to de delivered.

The delivery of an efficient service relies heavily on the competence and dedication of our staff. Robust research shows that a more diverse workforce at all levels plus a culture in which staff members contributions are valued is linked to the delivery of excellent patient care.

A representative and supported workforce who are free from abuse, harassment, bullying and violence from any source who report positive experiences of working for the Trust; is crucial in delivering the significant efficiency savings that are required. Stockport NHS Foundation Trust has strong policies and processes in place to ensure that staff are treated fairly. The majority of our staff feel confident that they have equal opportunities to progress their careers according to skills alone. Equality is a key issue for the Trust Board and moving forward our priorities will be shaped by the gaps identified in this audit and views expressed by local people as part of our work to develop this submission.

3. Overview

The Equality Delivery System focuses on four main outcomes and asks Trusts to rate their performance on equality, using evidence and views from local people.

For each outcome, one of four grades can be chosen:

Excelling	-	**Purple**
Achieving	-	**Green**
Developing	-	**Amber**
Undeveloped	-	**Red**

'Excelling' indicates high quality practice, and evidence of full partnership working and innovation

'Undeveloped' – practice is poor and/or evidence is not available and/or local interests have not been engaged

After wide engagement and review of evidence, Stockport NHS Foundation Trust's overall rating for its first submission to the Equality Delivery System is as follows:

Equality Delivery System Outcome	Undeveloped	Developing	Achieving	Excelling
1. Better Health Outcomes for All		●		
2. Improved Patient Access and Experience		●		
3. Empowered, Engaged and Included Staff		●		
4. Inclusive Leadership		●		

Within each of the four EDS outcomes, the Trust has also assessed its performance against a range of 18 factors.

1. Better Health Outcomes for All	Undeveloped	Developing	Achieving	Excelling
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities		●		
1.2	Individual people's health needs are assessed and met in appropriate and effective ways		●		
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed		●		
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse		●		
1.5	Screening, vaccination and health promotion services reach and benefit all local communities		●		

2. Improved Patient Access & Experience	Undeveloped	Developing	Achieving	Excelling
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds		🟠		
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care		🟠		
2.3	People report positive experience of the NHS			🟢	
2.4	People's complaints about services are handled respectfully and efficiently		🟠		

3. Empowered, Engaged & Included Staff		Undeveloped	Developing	Achieving	Excelling
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels		🟠		
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations		🟠		
3.3	Training and development opportunities are taken up and positively evaluated by all staff		🟠		
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source		🟠		
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people live their lives			🟢	
3.6	Staff report positive experiences of their membership of the workforce			🟢	

4. Inclusive Leadership	Undeveloped	Developing	Achieving	Excelling
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations		🟠		
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and how these risks are to be managed		🟠		
4.3 Middle manager and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination		🟠		

4.   Priorities for the Future

Stockport NHS Foundation Trust is firmly committed to increasing health for all local communities in the borough and to reducing any barriers to accessing or benefiting from our healthcare service.

A number of areas emerged from the EDS process, which will become the focus of Equality & Diversity work at Stockport NHS Foundation Trust over the next year:

EDS Goal 1 Better health outcomes
Objectives: • Standardised equality monitoring across all services agreed and supported by the Board of Directors. • Business Groups analyse access to service, outcomes and other relevant factors for their services by protected characteristics. • Ensure a holistic approach to the range of preventive services, recognising health inequalities and cultural differences.

Context:
 	
➢ The Trust annual equality reports identify that there is a shortage of detailed data on protected groups and their individual health outcomes. Going forward the Trust needs to improve the way we equality monitor across services, including access, length of stay, DNA's and outcomes broken down by all protected characteristics. In particular:-
 	
      ➢ Monitor and review the take-up of Diabetes, Heart Disease and Stroke Services by ethnicity.
 	
      ➢ Monitoring the take-up of lifestyle programmes such as weight management, smoking and alcohol services by ethnicity, gender and sexual orientation.
 	
      ➢ Monitor and review the take-up of cervical and breast cancer screening by sexuality, disability and ethnicity.
 	
➢ Improve equality monitoring of complaints data to ensure a robust approach is in place that will identify any equality themes/ patterns.

Measures:

- ➢ **Improved data collection for all protected characteristics.**
- ➢ **Greater utilisation of monitoring data by business groups to demonstrate improved health outcomes for protected groups.**
- ➢ **Improved monitoring of complaints received by protected characteristic.**

EDS Goal 2
Improved patient access and experience

Objectives:

- Roll-out the Accessible Information Standard across the Trust.
- Pilot Browse Aloud on the Trust website.
- Review Interpreter contracts and pilot skype access to BSL in the Emergency Department.
- Expansion of the RAID team to support people with mental health needs in the Emergency Department and other departments including targeted promotion of mental health services among minority groups.
- More detailed equality assessment of patients accessing the Emergency Department, including those missing the 4 hour target, admission to inpatient beds and readmission.
- Review of interpreting services to ensure fit for purpose.

Context:

- ➢ The Accessible Information Standard – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
- ➢ Browsealoud will enable us to make our online content accessible and increase our compliance with the Accessible Information Standard (AIS).
- ➢ The Trust has just launched a new interpreter policy which promotes the use of telephone interpreting. A focused communication campaign will highlight the change to staff during 2017 together with a pilot of interpreternow (BSL skype) in the Emergency Department.
- ➢ An expansion of the RAID team is underway; equality monitoring will enable us to determine whether the service is equally accessed by minority groups in our community.
- ➢ Without the complete range of equality monitoring data it is not possible for the Trust to determine if any groups in our community are facing access

issues in the Emergency Department and differing outcomes which may well have impact on efficiencies. For example work has been ongoing with our homeless patients to prevent repeat visits to the Emergency Department.
➢ Initiate procurement process to find best provider for face to face foreign language interpreting service.

Measures:
➢ **Accessible Information Standard rollout during 2017.**
➢ **Browsealoud on Trust website.**
➢ **Interpreter contract reviewed and a provider in place plus interpreternow pilot undertaken in the Emergency Department.**
➢ **Access to mental health RAID team equality monitored and any access issues identified for minority groups.**
➢ **Equality monitoring of inpatients, outpatients and patients accessing ED in place and any issues identified.**

EDS Goal 3
A representative and supported workforce

Objectives:-
- Complete an equality impact assessment on the voluntary redundancy application process to ensure any disproportionate impact is justified.
- Introduce a system to complete equality impact assessments on all papers presented at the People and Performance Committee.
- Introduce and monitor a pilot scheme to facilitate a Healthier Together Equality Group representative to sit in on one 8a+ interview Panel per month.
- Improve staff declaration rates around disability, religion/ belief and sexual orientation monitoring.

Context:
➢ Equality Impact Assessments are incorporated into our policy approval framework but the assurance process, particularly around service redesign, requires further refinement.
➢ Whilst our staffing as a whole is representative of the local Black and Minority Ethnic (BME) community there is a lower representation of BME staff at bands 8-9, VSM and Board level. The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.58 times greater.
➢ Low declaration rates around disability, religion/belief and sexual orientation mean that the data produced is poor and any patterns of discrimination are hard to spot.

Measures:

- ➤ **Equality Impact assessment completed and published on the Trust website.**
- ➤ **Improvement in success rate for BME candidates at senior level positions.**
- ➤ **Improvement in appointment rates for BME shortlisted candidates overall.**
- ➤ **Improvement in equality monitoring data and therefore data analysis.**

EDS Goal 4
Inclusive leadership

Objectives:-

- Board members to proactively champion delivery of equality objectives.
- Trust Chair to continue to promote equality at annual ED events – providing board support.
- Commitment to undertake an equality impact assessment on all major change initiatives.

Context:

- ➤ Sustained change will only be made by determined board leadership and commitment.
- ➤ All strategies and projects listed in the strategic plan should be equality impact assessed. All committees responsible for overseeing and performance managing the plan should receive update reports that are broken down by protected characteristics. These in turn will inform future plans and enable informed decisions that better shape service delivery and reduce health inequalities.

Measures:

- ➤ **Increased scrutiny and commitment to deliver equality objectives at Trust Board.**
- ➤ **Equality Impact assessment completed and published on the Trust website with evidence of informed decision making for future plans.**