

Cover Sheet for a “named” Report for a Trust Board Meeting, to be held on 26 May 2011 at 10:30 in Tutorial Room 4, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE

Title of Report & Agenda Item Number	Equality and Diversity Annual Report 2011
Purpose	To report to the Board on Equality and Diversity performance by the Trust 2010 -2011
Abstract	To report to the Board on the year 2010 -11. Focussed on the Trust’s response to the Equality Act 2010; implementation of the Equality Delivery System; the strengthening of the infrastructure within the Trust to deliver equality and delivery outcomes and some of the impacts on patients and staff during 2010 -11.
Recommendations	The Board is recommended to Note the report
Report Sponsor	Steve Aumayer Director of Workforce and Organisational Development
Other Author	Andrew May Equality and Diversity Manager
Appendices	None

Previous Meetings

Insert the date the paper was presented to the relevant Group or Committee.

Executive Team	Trust Management Executive	Quality and Outcomes Committee	Finance Committee	Audit Committee	Other
n/a	n/a	n/a	n/a	n/a	n/a

In completing this report, I confirm the following matters have been considered:

- a) Implications for the NHS Constitution
- b) Implications for CQC registration
- c) Implications for corporate objectives
- d) Financial implications of the recommendations
- e) Equalities Impact.

Any material considerations are reported overleaf.

University Hospitals Bristol NHS Foundation Trust

Equality and Diversity Annual Report 2011

Report Summary

The Equality and Diversity Annual Report 2011 to the Board is structured around four themes. First the Equality Act 2010 and how the Trust is responding to that; secondly the new Equality Delivery System and the preparations being made to implement it; and thirdly how we have strengthened equality and diversity infrastructure across the Trust, including governance and training.

The fourth theme, making a difference, illustrates some of the ways that this work is having a direct impact on our patients, carers and staff.

1.0 Equality Act 2010

The Equality Act came into force on October 1st 2010, followed by a staged introduction of some of its provisions up until April 2012. Board members have received reports on the legislative changes in the Act, in particular the re-defining of disability and the extension of legal protection across nine ‘protected characteristics’, these being

- Age
- Disability
- Gender
- Gender re-assignment (transgender)
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation

In summary, no-one should be disadvantaged because of their status in respect of any of these characteristics.

1.1 The Public Sector Equality Duty

A key milestone was reached on April 6th 2011 with the implementation of the public sector equality duty for all NHS trusts. As a public body the Trust has had equality duties to discharge since the concept was first used in the Race Relations Act of 2000.

The equality duties which then followed – on race, disability and gender – have required the Trust to positively promote good relations and opportunities as well as avoiding discriminatory behaviours or processes. These duties are now extended more widely to include all the characteristics listed above.

Compliance with the public sector equality duty is a legal obligation but it also makes good business sense. An organisation able to provide services and treatments to meet the diverse needs of its patients will find that it carries out its core business more effectively. In addition, as hospitals and other providers begin to be more competitive, there are advantages in knowing your patients better. As for the workforce, it is now accepted that a supportive working environment, free from discrimination or harassment, is more productive, with lower rates of turnover, absence and staff sickness. There is assumed to be a higher overall level of satisfaction with public services that have reached this level.

1.2 The new duty is divided into two discrete parts; the general duty and the specific duties. The general equality duty requires public authorities to have due regard to the need to

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a characteristic and those who do not
- Foster good relations between people who share a characteristic and those who do not

These three aims are similar to the previous ‘general duties’ for race, disability and gender equality which the Trust has had for a decade or so. The important difference is that it now applies to a much wider group of characteristics and is also accompanied by ‘specific duties’ for some.

All actions necessary to carry out the public sector duties will be identified and integrated into the Equality Delivery System (which is detailed below). This avoids the wasteful and potentially confusing situation of having two parallel sets of aims and objectives. For example the EDS objective 3.4 for NHS staff states that ‘*staff should be free from abuse, harassment, bullying, violence from both patients and relatives and colleagues, with redress being open to all*’. Policy in place to deliver on this will also be a key part of the first theme in the general duty – to eliminate discrimination, harassment and victimisation.

The general duty has now come into force with effect from April. However ministers have deferred the specific duties for additional consultations with a view to ‘reducing the burden of bureaucracy’ so the future of this part of the Act is unclear.

An Equality Act action plan was approved by the Steering Group in March 2011 and will be updated at the June meeting. Actions, wherever possible, will be integrated into the Equality Delivery System.

2.0 The Equality Delivery System

Board members will be aware from earlier reports that the basic approach to equality and diversity across all parts of the NHS, is being fundamentally re-organised in the form of the Equality Delivery System (EDS). Linked to the Equality Act, the architecture for the new system must be fully in place by April 2012. This requires more systematic engagement with patients and community groups; new working arrangements with stakeholders and staff and a new emphasis on evidence. It also leads directly to the replacement of the existing single equality scheme which expires in April 2012.

The central concept in the Equality Delivery System is that users of NHS services, (be they patients, carers or staff themselves) should hold the services to account. This principle is not new but the EDS does not replace any legislative requirements for equality: rather it is designed as a performance and quality assurance mechanism. It will also enable Trusts to meet the evidence requirements of the public sector equality duty as set out above.

The EDS also links directly to the new commissioning arrangements emerging from the NHS White Paper. The Care Quality Commission will take into account the ratings achieved by the Trust for registration requirements. CQC visits and assessments will also examine the evidence of EDS implementation.

2.1 Equality Delivery System goals

EDS is described as a ‘national equalities framework for local adaptation’. A set of four overall goals is designed to deliver eighteen outcomes ranging from workforce diversity to patient safety. These are

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership

While these are broad goals, they indicate the outcomes focus of the EDS and provide opportunities to reinforce existing Trust priorities. For example, the Trust’s current work to develop three Trust Staff Groups (based on black and minority ethnic status, disabilities and lesbian, gay and bisexual staff) will be a key contribution to the third goal focused on staff engagement.

2.2 Extending engagement and measuring performance

The EDS is based on systematic and routine engagement with a range of representative groups, including patient groups, community groups and staff networks.

These are in effect required to validate the assessments of performance made by all Trusts and to reach agreement on RAG rated scores.

During 2011-12, Trusts are to assess their current performance against the EDS outcomes for each equality group identified in the Equality Act. Resulting from this, a number of equality objectives will be identified for April 2012 and for each of these, priority actions are to be identified. Reviewing progress on these should then be linked into the ‘routine business planning of the organisation’. Performance against the objectives will be assessed annually in collaboration with local interests. NHS organisations failing to engage with local interests will be graded with the lowest grade (under-developed).

2.3 Equality Delivery System Cluster

Trusts working within local ‘clusters’ will be encouraged to share good engagement practices. Collaborative engagement approaches between local organisations will be a necessary approach, going forward. The Trust has led a process of joint meetings on the EDS across the NHS Trusts in Bristol, South Gloucestershire and North Somerset (BNSSG). Of the seven NHS clusters in the south west region, the Bristol group, led by the Trust, has recently been confirmed as the most advanced in its preparations. Andrew May, Equality and Diversity Manager has been nominated as the lead for the cluster.

A monthly reporting cycle to the Steering Group on the EDS has been established. Joint work on an engagement plan is continuing within the BNSSG Cluster.

3.0 Strengthening Equality and Diversity across the Trust

The existing resources for equality and diversity were reviewed during the year, focused on clearer governance arrangements and developing the Trust’s training.

3.1 Governance

A review was undertaken of the existing governance arrangements with the aim of delivering improved outcomes for equality and diversity. As a result of this the Equality and Diversity Steering Group was set up with clear terms of reference. All Trust divisions are represented on the Steering Group which is chaired by the Director of Workforce and Organisational Development. Membership of the Group has been growing with recent additions being interests of carers, people with learning disabilities and the chaplaincy service.

3.2 The Staff Groups

The Steering Group agreed to prioritise three staff groups for the year 2011 -12. These are the Black and Minority Ethnic Workers Forum, set up more than ten years ago; the Physical and Sensory Impairment Group – for staff with disabilities and the Lesbian, Gay, Bisexual and Transgender (LGBT) Staff Group. These groups of staff were judged to be most in need of support by the Trust. It is felt the groups will add value to the Trust

by being available as a resource for consultations by managers writing policy or reviewing existing policies or practice.

The LGBT network has been set up across (potentially) all five NHS trusts in the Bristol health community (UH Bristol, North Bristol Hospital, NHS Bristol, AWP and GWAS). The decision was made by the membership to make this a shared group as the number of people who feel confident to identify themselves is low. This arrangement has the advantage of a larger membership and therefore greater capacity. As the group develops it may be possible to have a Trust-only LGBT staff group. This will be reviewed at the end of the first year.

Staff confidence to identify themselves is also an issue for those with disabilities. In the annual staff survey the percentage of Trust staff identifying as having a disability has shown a significant increase which is encouraging, hopefully reflecting the Trust’s efforts to support staff who come forward.

3.3 Developing training

Equality and diversity training continues to be a challenge for the Trust. As the patient population served by the Trust changes, both services themselves and staff awareness need to respond. The Trust cares for a rising number of older patients and, often associated with that, more patients with disabilities and health conditions such as dementia. Bristol continues to become more ethnically diverse year on year and for some patients this raises issues about language, communication and cultural and religious norms. For some recently arrived groups (such as the Somali or Roma people) these issues are very acute. In addition expectations are rising among gay, lesbian, bisexual and trans people to be acknowledged and treated with respect when in contact with health and care services.

It is partly in response to these demographic pressures that the new legislation has been put in place. One of the key outcomes of the EDS is to ensure ‘through support, training and personal development...staff are confident and competent to do their work, so that services are... provided appropriately’.

The current equality and diversity training provided by the Trust is organised in discrete packages.

- **Induction** process for the Trust now includes equality and diversity content as in January 2011 a basic E&D component was added.
- **Treating People Well** is a one day customer service workshop – this contains some material on equality and diversity delivered by the training and development team.
- **‘Respecting Everyone’** training – deriving from the adoption of the Trust’s new values - is aimed at those working in Bands 1 – 4 many of whom have direct patient contact. This is currently being delivered over three hours and focuses on general awareness and values

- **Medical Induction for Junior doctors** training contains a basic element of equality and diversity training within the overall package
- **Cultural Competency** training was delivered to managers across the Trust some three or more years ago. There is still some capacity within the existing contract to do more. A proposal to utilise this is being developed at the present (May 2011).

At present the training provided by the Trust is a mixture of both on-line and face to face training. In the evaluation of the training, however on-line training has been less well-received by staff, some of whom fail to complete it. In addition access to on-line learning for the 20% of Trust staff who do not have easy access to a personal computer is inevitably a constraint.

Good progress has been made as measured in the 2010 Staff Survey: 49% of staff said they had received equality and diversity training during the year – up from 40% the previous year and exceeding the national acute trusts’ average of 41%.

3.4 Pressures for specific pieces of training

While the generic training aims to build an equality and diversity culture within the Trust, other specific training needs continue to be identified. This is evidenced in feedback from patients and staff, survey work undertaken by Bristol Links and evidence presented to the Trust by patient groups such as RNIB. Important current and up-coming areas include the following:

Training need	Evidence	Comments	Source and delivery date
Visual impairment	RNIB reports Bristol Links report Complaints Service	BEH reception staff trained over two sessions	Completed March 2011: Action for Blind People delivered 2 training half days.
Disability awareness	Experience of front line staff. Patient complaints (Deaf patients).	New legislation (Equality Act 2010) definitions of disability	Commercially sourced by training provider. On line training – being scoped May 2011
Sexual orientation	Gay Pride survey 2010	LGBT Staff Group to comment.	NHS Bristol has outstanding offer – train the trainer Target date: Sept 2011
Dealing appropriately with Trans people, including care pathway in	Gay Pride survey 2010 National LGBT Health Summit evidence	Cathy Gane (YP lead) beginning work with younger trans people.	Training provider not identified. Work currently suspended due to long term sickness.

South West			(May 2011)
Equality Act 2010 – awareness of the Act	New legislation in place from Oct 2010; April 2011; April 2012	Risk to Trust in non compliant behaviours or practice	Internally by E&D Manager Sept 2011 start date. EHRC toolkit
Recently arrived groups at risk (eg Somali / Roma awareness)	Bristol Links report. Somali women’s experience. Roma workshop. NHS Bristol evidence.	Priority may be maternity services?	Roma contacts with NHS Bristol. Date to be agreed with NHS Bristol
Age discrimination	Equality Act 2010	To be implemented by April 2012 (when Age clauses are invoked)	E&D Manager – possible support from Age UK – target date early 2012, pending clarification of legislation

4.0 Making things happen

Having appropriate policy in place to ensure compliance is a legal requirement but the real value of the equality and diversity work is evidenced in impacts on our patients and staff. Achievements during the year 2010 -2011 have included:

- **Bristol Eye Hospital** – working with staff to review appointment letters ensuring appropriate font sizes, consent forms and the hospital environment following Royal National Institute for Blind people report. Trial of new letters commencing June 2011.
- **Bristol Eye Hospital** – delivering staff training in visual impairment by Action for Blind People following patient complaints. Forty BEH staff undertook training.
- **Black History Month** – organising first Recognition Awards for BME staff nominated by managers for achievements in the Trust’s hospitals. Paul May Non Executive Director of Trust presented awards to 20 staff.

- **Respiratory Ward** – ensuring Disability Discrimination Act standards achieved in re-modelling reception area for respiratory patients and reception staff. Also community languages for TB patient information. Enhanced service for patients and staff.
- **Supporting patients with disabilities** – preparing follow up trial for Patient Care Signage to flag patients’ specific needs at ward level. Aim to reduce patient risks by identifying needs accurately.
- **Supporting staff with disabilities** – to engage with Queens Building re-development process on access and support issues.
- **Work on dementia** - National Dementia Strategy now linked into South West Dementia Strategy and Trust’s own staff training plans. Trust training for staff aligned with national practice.
- **Encouraging better liaison** between Bristol NHS Trusts on health equality issues through Bristol Health Equality Partnership.
- **Work with young transgendered people** on their NHS experiences to ensure better care pathways are prepared. Enhanced service for a most vulnerable group.
- **Establishing the first Bristol Men’s Health** Stakeholder group jointly with NHS Bristol. Aims to take key health messages to men to improve health awareness around diet, smoking, weight, prostate awareness.
- **Respecting faith issues** – publicised through Newsbeat pieces on Diwali, Vaisakli and Ramadan. To promote understanding and awareness of non Christian faiths, develop respect.
- **Carers Strategy** – contributing to Trust’s Carers Strategy to ensure the identification of Black and minority ethnic carers.