

# PUBLIC SECTOR EQUALITY DUTY Report 2018

If you require any information in alternative formats or would like to enquire about further details on information presented in this report please contact the Diversity and Inclusion Lead [diversity@elht.nhs.uk](mailto:diversity@elht.nhs.uk) who will respond to your query or signpost you to a more appropriate contact.

## **Our Approach to Inclusion & Diversity**

East Lancashire Hospitals NHS Trust (ELHT) is committed to the delivery of Safe, Personal and Effective services. ELHT is also committed to actively recognising and promoting inclusion and diversity. We believe that people who use our services, their carers and our staff should be treated with respect and dignity. As a public body within the NHS the Trust is committed to taking positive steps to ensure fair and equitable access to services for all. We are committed to challenging discrimination in all its forms and ensuring that equality lies at the heart of everything we do. We want to be a fair and unbiased organisation, one where everyone accepts difference between individuals and values the benefits that diversity brings.

As a provider of services we need to be pro-active so that we can meet the changing needs of diverse communities and provide fair access for all in an environment where dignity and individuality is respected and promoted.

As an employer we will create an organisational culture in which diversity is valued and staff, feel able to promote equality and challenge unlawful discrimination.

The following report describe how Equality and Diversity is embedded by ELHT in terms of service delivery (i.e. service users/patients) and for internal operations (i.e. workforce).

Our process / policy include but not limited to:

A commitment to:

- The Equality Act 2010, Equal Pay Act 1970, Special Education Needs and Disability Act 2001 and the Human Rights Act 1998.
- Equality & Diversity Policies
- Mandatory and voluntary Equality and Diversity Training
- Equality Impact Assessment process
- Mandated NHS Equality requirements, Equality Delivery System, Accessible Information, Workforce Race & Disability Standards
- Performance tools to demonstrate annual compliance to the Equality Act 2010 and Human Rights Act 1998 (e.g. Equality Delivery System, WRES, AIS, etc.)

## **Our Inclusion and Diversity Strategy**

Our Inclusion and Diversity Strategy builds on the previous actions and objectives and sets out our approach to inclusion and diversity, both as an employer and as a healthcare provider. This document is a public commitment of how we aspire to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS2), NHS Accessible Information Standard, the Workforce Race and Disability Equality Standards.

As an NHS organisation, we have both a legal and moral duty to demonstrate fairness and equality to our patients, service users, their carers and families, and to our employees. This strategy explains and responds to the Trust's statutory duties to promote equality amongst all groups of people. A four-week consultation was undertaken during Jan and Feb 2015 to encourage public, patients, staff, governors, local community groups and other organisations to express their views on our visions and values and key priorities. Overall all respondents agreed with the Trust's approach to implementing inclusion and diversity within the Trust. All feedback was reviewed and where applicable has been included / updated within this strategy.



Equality and  
Diversity Strategy Se

## **The Equality Act 2010, Equal Pay Act 1970, Special Education Needs and Disability Act 2001 and the Human Rights Act 1998.**

### **Responsibilities for Managing and Delivering Inclusion and Diversity**

Inclusion, diversity and human rights requirements are co-ordinated by the diversity & inclusion lead and implemented by divisions. Progress is monitored by the Trust's established Steering Groups. There are a number of drivers that inform, regulate and monitor the Trust's equality work. These drivers dictate and drive how the Trust provides services to members of diverse communities. These include:

- Equality Legislation
- Equality and Human Rights Commission (EHRC) Codes of Practice and Guidance
- NHS Constitution
- Care Quality Commission (CQC) Essential standards of quality and safety
- NHSLA
- Equality Delivery System (EDS)
- Equality Impact Assessments

### **How Performance is monitored**

Monitoring performance on equality is essential if we are to fully understand whether we are meeting the needs of our service users and staff, and whether services are improving and whether actions are having the desired impact in relation to race, gender, disability and age, sexual orientation and religion. This information enables us to identify key trends and support future decisions in relation to employment practices and service delivery. We monitor our patient diversity, including Interpreter and translation data. Local data / 2011 Census statistics are used to summarise local population demographics.

By undertaking Equality Impact Assessments, we are able to monitor the impact of our services and policies and identify future needs. We recognise the importance of monitoring patient profiling data and are currently reviewing a number of initiatives to enable us to monitor and measure our performance more effectively.

## **Equality Impact Assessments**

We want to understand how different people will be affected by our activities, so that our policies and services are appropriate and accessible to all, meet people's needs and open up opportunities for people. Equality Impact Assessments are considered to be the key to achieving fair and equal access to healthcare services and employment opportunities. An Equality Impact Assessment is a process of systematically analysing a proposed service, strategy or policy and identifying what effect or likely effect it will have on people who come into contact with the Trust.

We regularly carry out EIAs to ensure there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010. We have an EIA template in place which is completed for any new policies, services, changes, planning and as a new service starts.

For example we have recently completed an EIA for the change in our contract for respiratory nursing care. By having a structured approach to assessment we were able to ensure that we were in compliance with the Equality Act and that patient care and safety of services was maintained.



How to complete  
equality impact analysis

## **Equality and Diversity Policies**

The purpose of the Equality and Diversity Policy is to ensure that the Trust and all of its employees comply with the legal and moral requirements to ensure that unfair discrimination does not take place in relation to employment on any unlawful grounds. It sets out roles and responsibilities and standards of behaviour that the workforce must adhere to in this regard. As such it is an overarching policy that should underpin actions within the Trust and the application of other organisational policies.

The policy is a comprehensive and detailed policy and meets all national guidance and standards. The policy is reviewed every 3 years or as legislation/guidance changes. We have robust internal processes to ensure that new guidance is quickly monitored and enacted upon in our policies and procedures.

We also have the following policies to create a truly diverse and inclusive organisation including;

- Equal Opportunities Policy
- Special Leave & Flexible working policy
- Fair recruitment & Selection policy
- Resolution Policy
- Disability Policy & Guidance

- Assisted Dog Policy
- Interpreting & translation Policy

## **Equality and Diversity Training**

All staff have compulsory training during their induction and have to have training signed off before starting work. Following initial induction all staff is mandated to have equality and diversity training every three years.

This is monitored on a monthly basis with line managers and also reviewed and monitored at our Quality and Safety Board, and at Trust level performance meetings. This ensures adherence to training and ensures that our policies and procedures and our approach to equality and diversity is embedded within the service.

Any non-compliance is escalated and training dates booked.

We also provide other diversity training;

- unconscious bias,
- dignity and respect,
- cultural awareness
- customer care training
- bullying & harassment training - How to deal with unacceptable behaviours
- fair recruitment & selection
- Diverse leader's leadership development training for protected characteristics.

## **The Equality Delivery System (EDS2)**

ELHT has implemented the Equality Delivery System (EDS2) since 2011. The EDS is a tool to drive up equality performance and embed equality into mainstream NHS business. It is a system that helps ELHT improve the services we provide for our local communities and provide better working environments, free of discrimination, for those who work in the Trust, while meeting the requirements of the Equality Act 2010 and deliver on the Public Sector Equality Duty.

Our performance on the EDS is assessed by the quality of stakeholder involvement and their essential participation and involvement in grading ELHT's performance and evidence of progress against 4 goals linked to 18 outcomes.

The introduction of the EDS has helped us to recognise, encourage and highlight the undoubted good practice and evidence that already exists at the Trust but at the same time ensure there is better or consistent engagement with our local communities, any gaps are identified and addressed.

## **How are we doing? – 2018 Update**

Over the past year, the Trust has been working hard to implement the NHS Equality Delivery System (EDS2). In October 2018 the Trust undertook its sixth assessment of performance against the EDS (incorporating the Trust's Equality objectives). An action plan has been developed to address gaps & areas for improvement.

 <https://www.england.nhs.uk/about/equality/equality-hub/eds/>

## NHS Accessible Information Standards.

East Lancashire Hospitals NHS Trust (ELHT) was involved in the initial pilot for testing the Draft **Accessible Information Standards (AIS)**. Through implementation of the standards ELHT has been recognised by NHS England for this work and we have shared best practice with and supported other health and social care organisations in implementing the AIS

East Lancashire Hospitals NHS Trust (ELHT) has made significant progress in implementing the NHS Accessible Information Standard (AIS) to ensure that patients, service users, carers and parents who have a disability or sensory loss receive information they can access and understand. This could be large print formats, braille or via email, and with professional communication support if they need it, for example from a British Sign Language interpreter.

ELHT set up an AIS implementation project group to scope the requirements for compliance by reviewing current patient administration and record systems to identify what needs updating, changing or replacing. The deadline for implementation was 31 July 2016 and we worked hard to ensure full compliance with the Standard but it was important to get things right and only by undertaking a comprehensive review of our internal processes can we ensure improvements remain sustainable and are centred around the best outcomes for our patients and service users.

- The following actions have been taken in support of meeting the AIS so far:
- The establishment of a project manager to lead implementation of the Standard
- Creation of a totally personalised Passport for each individual service users information & communication needs
- New signage across all Hospitals so that patients find it easier to navigate across the wards and departments
- Installed NHS England AIS e-learning package onto our in-house training system to increase staff awareness and assessing additional training needs for staff
- Developing system flags to identify patients, service users and/or carers who require information in a different format
- Creating a consistent internal process when requesting information in new formats
- Working with Synertec and Health Communications to send information in all different formats requested by patients
- Disability Go have carried out comprehensive Access Guides across ELHT and patients/public can find out about all of the facilities.
- Review of hearing loop system at all sites
- Meetings held with charities: RNIB, SENSE, and Action on Hearing loss
- Development of a plan for ensuring trust-wide awareness of the Standard to include staff briefings

Our vision is to respect patient privacy and dignity and these core principles form part of our 'personal care' for patients within our Safe, Personal and Effective strategy.

Our Nursing and Midwifery Strategy 2015-2018 describes our commitment to personal care as 'patient experience and feedback will be at the heart of everything we do' and that success will be demonstrated by through our patients and their family's privacy and dignity being protected.

The implementation of our Nursing and Midwifery Strategy is monitored through the Trust Quality Committee, a sub-committee of the Trust Board. A recent update paper on the implementation of our Nursing Strategy including elements relating to Personal Care and privacy and dignity.

### **Proposed process to ensure we appropriately respect patient dignity and privacy**

Our Complex Care packages team follow all organisational policies and processes with regard to personal patient care, including acknowledging and respecting patient dignity and privacy. We recognise that in providing packages of care in a family's home environment we need to be extremely mindful and sensitive to the position and feelings of the family.

Our family partnership agreement outlines the importance of confidentiality and privacy and asks families not to involve CSWs in private matters of the family. This is supported by our induction and training of CSWs to ensure that staff do not involve themselves in private matters and that we afford space to our families to live a 'normal family life'.

To maintain dignity of our children and young people, we ensure that all our CSWs and RNs are appropriately trained in all care aspects that our children have and that they are able to carry out care appropriately and sensitively to the needs of that child and the culture/faith/views of the wider family. Part of our competency assessment of clinical care competencies includes how patients are treated by staff and family feedback is instrumental in this assessment process.

Within the organisation Privacy and Dignity is well embedded through a process of education and training to ensure CQC compliance of Regulation 10:

1. Service users must be treated with dignity and respect.
2. Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—
  - a. ensuring the privacy of the service user;
  - b. supporting the autonomy, independence and involvement in the community of the service user;
  - c. having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.

The latest CQC Report stated in summary that,

*"Staff were caring, kind and respectful to patients"*

There are a number of organisational processes- that support the Complex Care team, by which we ensure we appropriately respect patient dignity and privacy. Key examples which are outlined further below are:

- **The provision of training for our staff**

By delivering education and training the staff member learns to:

- Understand the principles that underpin privacy and dignity in care
- Maintain the privacy and dignity of the individual(s) in their care
- Support an individual's right to make choices
- Support individuals in making choices about their care
- Understand how to support active participation
- Support the individual in active participation in their own care

Within the organisation, privacy and dignity is well embedded through a process of education and training to ensure CQC compliance of Regulation 10:

3. *Service users must be treated with dignity and respect.*
4. *Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular:*
  - a. *Ensuring the privacy of the service user*
  - b. *Supporting the autonomy, independence and involvement in the community of the service user*
  - c. *Having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.*

A core element of Registered Nurse training involves privacy and dignity.

An example of a training package delivered to nursing staff is Care Certificate.

As part of their induction, the Clinical Support Workers have a presentation on privacy and dignity which is supported by the Care Certificate PowerPoint presentation and workbook on privacy and dignity.

To underpin this, mandatory equality and diversity training is delivered and monitored.

- **Nursing Performance and Assessment Framework**

The Nursing Performance and Assessment Framework (N.A.P.F.) was introduced in June 2015 to assess the quality and safety of care being delivered within the organisation. The framework is designed around the Chief Inspector of Hospitals, 5 Key lines of enquiry (KLOE) of: **SAFE, EFFECTIVE, CARING, RESPONSIVE & WELL LED.**

The assessment framework also focuses on being able to demonstrate what constitutes the 6 C's, Compassion in Practice Values: **CARE, COMPASSION, COMPETENCE, COMMUNICATION,**

**COURAGE & COMMITMENT** as well as NHSLA and National PLACE standards. There is a specific section on caring which each individual area is assessed against.

### **Equity of Service and Equality.**

With reference to the Scope of the service, the following details of how ELHT deliver the service which address the needs of the local population taking into consideration the local varying demographics to ensure provision of a locally sensitive service in the following key areas:

- Compliance with the Public Sector Equality Duty Act 2010, describing our experience of working with a population of patients with diverse needs including sensitivities to age, gender, ethnicity, religion, sexuality and disability;
- Elimination of unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act;
- Advancing equality of opportunity between people who share a protected characteristic and those who do not;
- Fostering good relations between people who share a protected characteristic and those who do not;
- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Steps that should be taken to meet the needs of people with certain protected characteristics where these are different from the needs of other people; and
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

ELHT has been recognised by NHS England for its implementation of the NHS Accessible Information Standards and we have shared best practice with other health and social care organisations. In the EDS2 grading for 2016 this indicator received “excelling” score.

ELHT provides services to the whole population of East Lancashire and as such is very familiar with the demography of the registered populations and sensitive to their needs. We will put patient needs at the centre of all that we do to ensure provision of a locally sensitive service.

ELHT is collectively already ensuring appropriate equity of access for patients.

ELHT has an Equality and Diversity Manager who provides expert advice and support on all matters related to equity of access and compliance with the Public Sector Equality Duty Act (2010).

We give full consideration to, respond to and exceed the Equity of Access requirements outlined in Part 1 Schedule 2 of the Contract. In line with contract requirements we will:

- Not discriminate between patients on the grounds of age, gender, sexuality, ethnicity, disability, or any other non-medical characteristics
- Implement relevant Royal National Institute of Blind People and Royal National Institute of Deaf People guidance

- Accommodate the needs of patients who have physical, sensory or learning disabilities
- Utilise appropriate and available professional translation services
- Take reasonable steps to proactively deliver health promotion and disease prevention activities to all patients including those from hard-to-reach groups
- Collect information on ethnicity and first language to ensure we can improve equity of access for black and minority ethnic (BME) communities
- Implement the NHS accessible information standards including flag on patient records the needs of patients who have physical, sensory or learning disabilities so that necessary arrangements are highlighted prior to consultation.

### **Compliance with the Public Sector Equality Duty Act 2010**

ELHT will extend its already comprehensive Equality & Diversity Strategy and participation in the NHS Equality Delivery System (EDS2) to accommodate this new area of service provision. This will include, for example:

- Ensuring all protected groups are involved with all processes and developments leading to their participation in the assessment of Trust performance under the EDS2
- Carrying out Equality Health Impact Assessments to ensure there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010. The EIAs support good decision-making and encourage us to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.
- Working with existing ELHT service user groups, Healthwatch, patient representatives, public health and 3rd sector organisations to review patient experience and satisfaction with accessibility and service provision across the protected groups
- In partnership with public health, a series of health and wellbeing events will be facilitated to proactively deliver health promotion and disease prevention activities to all patients including those from hard-to-reach groups. We will undertake mystery shopper audits in partnership with patients, Healthwatch and 3rd sector agencies from across the protected characteristics and work with internal groups and committees, in order to share learning and good practice
- Working with 3rd sector agencies, carers, health partners and the Dementia Liaison Nursing Service to review and improve the scope of services and resources for people who lack capacity and who have learning disabilities.
- Using the local Joint Strategic Needs Assessment (JSNA) to reduce health inequalities across all protected groups.

- Utilising patient and carer feedback from its user involvement network, CQC national patient surveys and in-house 'real-time' patient/carer surveys alongside complaints and PALS.

ELHT has an engagement team and procedures in place to identify and support those persons who are considered vulnerable and/or hard-to-reach, including but not exclusive to:

- Homeless people and rough sleepers
- Those in prison
- Those with learning disabilities, physical disabilities or communications difficulties
- Those who do not understand written or spoken English
- Working single parents
- Asylum seekers or refugees
- Those who have no permanent address
- Gypsy and Traveller communities
- Black and minority ethnic communities
- Adolescents
- Elderly and/or housebound people
- Those who have mental illnesses
- Those who misuse alcohol or illicit drugs
- Those who are unemployed

ELHT acknowledges that to improve equity of access for black and minority ethnic ("BME") communities, it is important to collect information on ethnicity and first language due to the need to take into account culture and language in providing appropriate care packages and the need to demonstrate non-discrimination and equality of access to service provision.

ELHT has in place processes, mechanisms and systems to record the ethnic origin and first language of all registered patients. Using service user data across the protected groups is crucial to demonstrate 'due regard' when reviewing, developing or designing services. If service user data is not available ELHT will identify what improvement actions will be used to gather data going forward.

ELHT is committed to ensuring effective communication and providing appropriate interpreting and translation services and full participation with patients, their relatives and carers.

ELHT recognises that patients, relatives and carers with a day-to-day understanding and use of English may have difficulty with complex medical language and the written word when discussing complex medical conditions and giving informed consent for procedures. ELHT will offer an interpreting and translation service, with a dedicated administrative team overseeing the running of the service. We will use carefully screened and qualified interpreters, who offer a strictly confidential service in a wide range of languages.

ELHT has service level agreements with various providers including Capita, Language Line, Language Empire, Sign Communication which are accessible by all areas of the Trust. There are three main types of interpreting provided:

- Telephone interpreting
- Face-to-face interpreting
- Sign language interpreting

The Trust has an Interpreting and Translation Policy and a comprehensive guide in how to access interpreting & translation services, which is available for all staff. British Sign Language (BSL) interpreters, lip speakers and touch sign interpreters are also available.

### **Elimination of unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act**

ELHT has a legal duty to ensure that we have complied with equality duties and to ensure that any decision made does not unfairly discriminate. To ensure this, we will carry out robust Equality Impact Analysis to address the differing needs of each equality group. As well as being a legal obligation under the Public Sector Duties, equality analysis is an invaluable tool to assist us in ensuring that the interests of all are properly taken into account when difficult choices about resources are required.

ELHT will be highly proactive in making reasonable adjustments for equality groups. Barriers that are identified by the social model of disability generally fall into three categories:

- The environment - including inaccessible buildings and services
- People's attitudes - stereotyping, discrimination and prejudice
- Organisations - inflexible policies, practices and procedures

We will use the social model to help identify solutions to the barriers disabled people experience and encourages the removal of these barriers within society, or the reduction of their effects.

## **Advancing equality of opportunity**

ELHT has an Equality & Diversity Strategy which outlines the steps to allow equity of access when designing and adapting services, making them fully inclusive of service users from different equality groups.

The following strategy aims ensure we provide a fair and comprehensive service available to all:

- Better health outcomes for all sections of our community
- Improved patient access and experience
- A fair employer
- Demonstrating inclusive leadership at all levels
- Embedding equality throughout the organisation

The Equality Delivery System (EDS) 'toolkit' is designed to be used to drive up equality performance, embedding equality into mainstream activities, enabling us to deliver on the requirements of the Equality Act, delivering positive outcomes for patients, communities and staff.

ELHT's duty is to ensure that we have complied with equality duties and ensure that decisions made do not unfairly discriminate. To ensure this we carry out robust equality assessments, consulting those who are involved in decision-making processes.

Equality analysis is an invaluable tool to ensure that all interests are properly taken into account when making difficult choices about resources.

The following are examples where ELHT, in their current service, has adapted services to make them fully inclusive.

- ELHT uses the social model to identify solutions to the barriers disabled people experience and encourages removal of these barriers, or reduction of their effects. Examples include:
  - Improved signage
  - Respite seating
  - Induction hearing loops in reception areas
  - Guaranteed job interview scheme for people with disabilities
  - Interpretation and translation services
  - Learning disability liaison nurse

- Staff trained on deaf awareness and BSL level 1
- Dementia friendly wards
- ELHT has participated in a national pilot to test the National Accessible Information Standards, aiming to improve services and patient experience to people with sensory impairments.
- ELHT carry out annual Patient-Led Assessments of the Care Environment (PLACE), to ensure patients are cared for with compassion and dignity in a clean, safe environment. PLACE assessments provide a clear message, directly from patients, about how the environment or services might be enhanced. This year we have assessed:
  - Cleanliness
  - Food and hydration
  - Privacy and dignity and wellbeing
  - Condition and appearance
  - Dementia friendly
  - Disability

ELHT will undertake a variety of targeted actions to meet the needs of people with certain protected characteristics to maximise their use of services. Examples include:

- Ensuring provision of national leaflets to enhance a patient's understanding of their condition
- Text message reminders to inform men of impending appointments
- Provision of information leaflets in multilingual format covering Urdu, Polish and Bengali
- Attendance at patient engagement groups to help inform of any areas where the practice may not be performing well
- Engagement with local voluntary organisations who work with the over 65 age group e.g. Age UK, re:refresh
- Assessing patient opinion on the provision of out of hours services (e.g. early morning, evening and weekend appointments)

### **Accessibility**

ELHT uses the Equality Delivery System (EDS) 'toolkit', which is designed to drive up equality performance, embed equality into mainstream activities, enabling us to deliver on the requirements of the Equality Act, delivering positive outcomes for patients, communities and staff.

ELHT was recognised by NHS England and we have shared best practice with other organisations. In the EDS2 grading for 2016 this indicator received an “excelling” score.

Our duty is to ensure that we have complied with equality duties and ensure that decisions made do not unfairly discriminate. To ensure this we carry out robust equality assessments.

We participate in the NHS EDS2 to:

- Ensure all protected groups are involved including participation in the assessment of ELHT performance under EDS2
- Carry out Equality Health Impact Assessments to ensure there are no obstacles to access as defined in the Equality Act 2010
- Work with existing ELHT service user groups, Healthwatch, patient representatives, public health and 3rd sector organisations to review patient experience with accessibility across protected groups
- Work with 3rd sector agencies, carers, health and social partners to review and improve the scope of services and resources for people who lack capacity and who have learning disabilities
- Use the local Joint Strategic Needs Assessment (JSNA) to reduce health inequalities
- Utilise patient and carer feedback, CQC national patient surveys and in-house ‘real-time’ surveys, alongside complaints and PALS

ELHT has participated in a national pilot to test the National Accessible Information Standards, aiming to improve services and patient experience to people with sensory impairments.

We carry out annual Patient-Led Assessments of the Care Environment (PLACE), to provide a clear message, directly from patients, about how the environment or services might be enhanced.

Performance is monitored by our Equality & Diversity Manager and reported on annually and more frequently when required, through clear and accountable lines of responsibility.

### **Workforce Race Equality Standard & Disability Equality Standards**

The WRES came into effect on 1st April 2015. The standard is designed to improve the representation and experience of Black & Minority Ethnic (BME) staff at all levels of the organisation – particularly senior management. The Trust has a WRES working group overseeing the implementation of the action plan. In March 2018 the NHS will introduce the Disability equality Standard and the trust has already made some inroads in meeting the requirements of the standard.