



LUTON &  
DUNSTABLE  
UNIVERSITY  
HOSPITAL

CLINICAL EXCELLENCE, QUALITY & SAFETY

# Equality, Diversity and Human Rights Strategy

*“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel”*

Maya Angelou 1928 – 2014

<b>DOCUMENT TITLE</b>	<b>Equality, Diversity, Human Rights Strategy 2015-2010</b>
<b>New Document July 2015</b>	Luton and Dunstable University Hospital first devised this Equality Diversity and Human Rights Strategy in 2015
<b>New Unified Approach April 2016</b>	In 2016 a new unified approach to this agenda has meant that the Strategy has been updated to incorporate the Single Equality Scheme 2015-2020 devised in 2015. The documents have also been updated to include changes (see text below)
<b>Leading the document review:</b>	In 2015 - Robert Jones, Equality lead / John Garner In April – June 2016 - Diane Brown - Interim Equality lead /John Garner, Non Executive Director
	The review dates are now in line with Corporate Strategy for planning and implementation purposes. The strategy now includes appendices which give an overview of the NHS Workforce Race Equality Standard, the NHS Equality Delivery System 2 and the Care Quality Commissions Approach to including these areas in their Inspections from April 2016.
<b>Date of this review:</b>	<b>July 2016</b>
<b>Date of next review:</b>	<b>July 2020</b>
<b>Chief Executive's signature:</b>	
<b>Title of previous document:</b>	Single Equality Scheme for 2015-2020 which is now part of this unified document
<b>The information from the Scheme was written in consultation with:</b>	Staff and Patients of the L&D Equalities Committee Staffside L&D LGBT group
<b>Date Equality Impact Assessed:</b>	The content of the Single Equality Scheme 2015-2020 was assessed in June 2015

## Acknowledgement

Luton and Dunstable University Hospital would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this strategy, and who continue to help us move towards providing a fully inclusive and comprehensive service for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire.

If you would like this document in another format that would better suit your needs, or in another language, or if you have any comments about our scheme or would like to get involved, please contact our **Equality Lead Luton & Dunstable University Hospital - NHS Foundation Trust, Room 318, 3rd Floor Trust Offices, Lewsey Road, Luton, LU4 0DZ**

**ENQUIRIES ABOUT THIS STRATEGY AND AGENDA:**

**OR**

**ACCESSIBILITY REQUESTS:** (if you need to request this information in alternative formats or languages):



Call - 01582 49 11 66  01582 49 11 66



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**WRITE OR SPEAK TO OUR;  
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Lewsey Road  
Luton  
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## 1. Foreword

We are pleased to share our Equality, Diversity and Human Rights Strategy with you. The strategy sets out our vision and commitment for delivering an effective programme for this agenda across the Trust.

The Trust is firmly committed to taking in to account, protecting and promoting equality, diversity and human rights in everything we do. It is only by achieving equality, celebrating diversity and ensuring that human rights are upheld that we can provide the highest quality services and continuously improve patient and staff experiences.

The Trust values reflect our strong intention to embrace this agenda and to promote behaviours that demonstrate our commitment.

This strategy provides a clear picture in terms of what we want to achieve in relation to equality, diversity and human rights. Much of the work will be on-going. The set of equality objectives and action plan attached to the strategy (Appendix 1) is a living document and may change with feedback from interested stakeholders and changing priorities.

Our Trust Board commits to monitoring our progress, set out in the action plan and reporting regularly and openly on the developments.

Making sure the action plan in our strategy happens is the responsibility of everyone in the Trust. We look forward to the work ahead, facing the challenges, making our aims reality, and meeting the actions we have set ourselves.



**John Garner OBE TD**

Non-Executive Director

## 2. Introduction

We recognise the growing diversity of the population we serve and employ and the importance to all of our Equality, Diversity and Human Rights Strategy for Luton and Dunstable University Hospital. Sharing our strategy makes public our framework for our continued commitment to this agenda both as an employer and as a service provider.

Our strategy has been developed in consultation with our staff, partner agencies, patients and other stakeholders in our services. We value the contribution of those who have helped us to develop a strategy that moves the Trust closer towards providing a fully inclusive and comprehensive service for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire.

The strategy sets out our approach to all forms of Equality, how we recognise the differences between people, and aim to ensure that (as far as possible) any gaps and inequalities are identified and addressed. The strategy also details how we plan to convey and embed equality, diversity and human rights into our **organisational values** in order to meet the expectations and needs of our workforce and staff and also our legislative duties for equality.

**You can find our organisational values in Appendix 2**

The strategy is a “living” document that will be regularly reviewed and strengthened. Ongoing work is also taking place to explore how best to allow stakeholders to hold the Trust to account for the commitments made, and to increase involvement and ownership in this agenda and strategy.

## 3 About Us and this Agenda

As an Acute Hospital we provide medical and surgical services for over 350,000 people in Bedfordshire, North Hertfordshire and parts of Buckinghamshire. We need to ensure that we treat people with respect, involve them in their care, and ensure that the treatment and support we provide meets their needs.

The Trust is also a major employer with around 3813 staff. Whilst we need to ensure that they support the Trust in providing an exemplary service, we also need to ensure that their individual needs and aspirations are met, that their differences are valued and that they are treated with respect.

Each person’s individual circumstances and characteristics vary and their service or employment with us must not be affected by race, disability, gender, age, religion or belief, pregnancy and maternity, marriage and civil partnership, gender reassignment or by sexual orientation.

The greatest impact on services will only be experienced if the values and actions on equality, diversity and human rights are embraced by everyone within or using the Trust.

**This agenda is the responsibility of everyone.** The Trust values its service users and its staff, and recognises the importance of ensuring both their health and safety, and their ability to be in a safe, comfortable, and non-threatening environment. To achieve this, there will be no tolerance of any disrespect or unacceptable behaviour towards staff, patients or other stakeholders of the Trust.

## 4 An Over view of the Strategy Framework

This strategy and action plan provides a framework for all areas of the Trust to own and develop further. It describes:

- **Our duties and requirements** under Equality, Human Rights and Health Inequalities Legislation including the **equal treatment** of people of 9 different **protected characteristics** such as race, disability, gender, and age.
- **The need for fairness, respect, dignity, autonomy** in our treatment of others and the encouragement of inclusion and access to services or employment.
- **The principles, goals and aims for our strategy**
- **The NHS Equality Delivery System 2 (EDS2)** which has 4 goals and 18 expected outcomes (see page 11 and Appendix 5) that inform our **Equality Objectives** and four year action plan for 2015 -2019 (see appendix 1).
- **EDS2** also gives our stakeholders a **Grading system** to help evaluate our progress (see page 12) and what we do next, supported by our **Annual Equality and Diversity Progress Report** (see EDS2 Reports under Equality reporting on our website)
- How we necessarily use **Equality Information** to help inform our progress reports, and to provide data for analysis to better inform decisions about policy or service changes
- The **Governance, implementation, monitoring, and reporting measures in place - including the role of Care Quality Commission** which all work to secure actions and evidence of real improvement and of the benefits and values of continuing to take into account the needs, and expectations of our population.

## 5 Meeting our duties and requirements

As for all employers and service providers, the Trust has to meet the requirements of the Equality Act 2010 which superseded all previous Equality Legislation. The Act identifies and provides for, 9 personal characteristics that need legal protection to ensure equal, fair treatment. These **protected characteristics** are:

- **Age**
- **Disability**
- **Gender/Sex**
- **Gender Reassignment**
- **Marriage or Civil Partnerships**
- **Pregnancy or Maternity**
- **Race/Ethnicity**
- **Religion or Belief**
- **Sexual Orientation**

The Trust is required to consider how its plans, procedures, policies, projects and decisions will affect our patients, carers, communities, employees and other stakeholders with the characteristics above.

Also since 2011, the Trust has adhered to the requirements of the Public Sector Equality Duty. This Duty was devised to assist public bodies in delivering Equality requirements and holds a general and a specific duty.

### **Our General Duty is to have due regard to the need to:**

- **work to eliminate harassment, discrimination, victimisation or other prohibited conduct;**
- **to foster good relations, tackle prejudice and promote understanding**
- **advance equality of opportunity between the different protected characteristics**

This means that we must ensure that access to our services and employment is equal, fair and inclusive to all with due regard to the needs and different characteristics of people. We must also ensure dignity and respect for all whilst demonstrating how we will promote equality and address any areas of inequality or discrimination.

**Our Specific Duty:** We must gather and use Equality Information and have Equality Objectives. This means using:

### **(1) Equality Information - to inform what we do, such as to:**

- Gather, analyse and use equality data
- Engage, consult and involve service users and staff
- Use Equality Analysis to analyse and assess impact



- Publish annual equality information (accessibly)

## **(2) Equality Objectives;**

- Which have been informed by equality information so that we know what we need to do
- That are published along with progress reports annually
- That are reviewed along with our approach every 4 years

Initially the duty meant providing a Single Equality Scheme with compliance focus. Now, whilst the legal requirements still have to be complied with, the focus is more about the importance of engaging people in this agenda. This means demonstrating and evidencing the benefits and values of equality, diversity, inclusion, access and human rights for all - The Trust's Equality, Diversity and Human Rights Strategy addresses this change.

## **6. Human Rights**

The Human Rights Act 1998 contains a range of rights to respect, protect and fulfil people's human rights that have an impact on how our service is provided and our workforce managed. To help in the understanding of these rights the Department of Health describes these as the FREDA principles:

**Fairness    Respect    Equality    Dignity    Autonomy**

The Trust recognises that these underpin and are integral to both Equality and Diversity and NHS requirements. For this reason the Trust is committed to integrating these into the Equality, Diversity and Human Rights Strategy and into all the Trust does.

## **7. Health Inequalities**

The provision for improvements in health inequalities is embedded in the Health and Social Care Act 2012 and is also relevant to this strategy and agenda. We are tasked with helping to reduce inequalities in our patients in respect to their ability to access health services, and in the health outcomes achieved for them, Also to promote the involvement of patients and their carers in decisions, and enable them to make a choice about the health services provided for them.

The NHS focus for health inequalities previously was based on socio-economic factors known to have a strong impact on health. It includes now the inequalities that patients from the nine protected characteristics face and how fair services and health outcomes are for these groups.

## 8. Accessible Information Standard

In line with NHS England guidance during 2016 we will be implementing the new Accessible Information Standard to help ensure support for patients with communication access needs due to a disability or sensory loss. This includes looking at information in large print, braille, easy read, or via email or via a British Sign Language Interpreter.

## 9 General Principles that support this Agenda

The Trust and the Strategy undertake that this agenda is not simply about compliance but the need to reflect all the communities and people we serve or employ, and to promote inclusion, diversity and cultural change. For instance we will work towards reducing health inequalities or any barriers to health and well being, and also to identify the business case for diversity in our Equality Information and Equality Objectives.

To help with this agenda and our strategy we have defined five general principles and areas of actions linked to them:

- **Fairness and Consistency** - Act fairly and consistently towards all patients, staff and communities. This involves identifying and removing barriers that prevent people we serve from being treated equally and treating all people as individuals with their own experiences and needs.
- **Culture and Environment** - Provide a hospital environment which is safe, inclusive and welcoming. This involves treating everyone with dignity and respect and using everyday language when we communicate with people.
- **Engaging People** - Engage with people in the development and improvement of services. This involves working creatively with patients, carers, families and staff from across all sections of the community.
- **Partnership Working** - The Trust will draw upon the expertise and skills of partner organisations and this involves identifying and developing new partners.
- **The right infrastructure** - Equality and diversity is at the heart of everything we do and is central to all functions across the Trust. This involves learning from what we do – both from what we do well and from where we can improve.

### **We aim to meet these principles by:**

- becoming a leading organisation for the promotion of equality, diversity, inclusion and respect, in service delivery and employment
- recognising the contribution and valuing the diversity of all staff and service users

- Being supportive, fair and challenging discrimination.
- ensuring that Luton and Dunstable University Hospital Trust is regarded as an exemplary employer and service provider

**Our general approach to this includes working to ensure that we:**

- Have Governance, accountability and delivery from the top and a thorough approach to mainstreaming what we do
- Keep our strategy and objectives relevant and deliverable with monitoring, reporting and publishing to demonstrate and support our progress
- That all our activities from corporate procurement to human resource policies and from partnerships to individual treatment, recognise, understand, and adhere to the needs of this agenda.
- Seek to use influence and resources to make a difference to the life opportunities and the health of the local community especially those who are disadvantaged.
- Ensure that contracts and service level agreements are awarded only to organisations which can demonstrate compliance to equality legislation or who have an equalities policy.
- Undertake an equality analysis on all policies, strategies, services, functions and business plans.
- Seek to involve the community and workforce in the development and improvement of services.
- Respond to any concerns or complaints as speedily, effectively, and fairly as possible through both formal and informal processes, within a clear framework and timescales.
- Actively seek to engage with minority groups through a range of methods to hear of their experiences of our services. Also to develop new ways to attract feedback from patients reflective of all the 'protected characteristic' groups listed.

## **10. Equality Delivery System (EDS2)**

The Trust uses an NHS wide framework and system called the Equality Delivery System (EDS2) which was devised to help NHS organisations to deliver on this agenda. EDS2 provides the following overarching goals;

- Better Health Outcomes for All
- Improved Patient Access and Experience
- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership

EDS2 is a generic tool for the NHS which defines 18 expected outcomes from these 4 goals. The language used will not all be applicable to the Trust so we have adapted the language on some outcomes to better reflect our service, role and responsibilities and so that the outcomes are bespoke to what we do. Below are the 4 overarching goals with our 18 bespoke outcomes.

## **Goal 1 - Better Health Outcomes for All**

- 1.1 Services are commissioned, procured, designed, and delivered to meet the health needs of local communities, promote well-being, and reduce health inequalities**
- 1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways**
- 1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly with everyone well informed.**
- 1.4 The safety of patients is prioritised so that there is freedom from mistakes, mistreatment or abuse from other patients, staff or visitors.**
- 1.5 Public health, vaccination, screening programmes and health promotion services reach and benefit all local communities and groups as appropriate are targeted where appropriate**

## **Goal 2- Improved Patient Access and Experience**

**2**

- 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds**
- 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, with choice about treatment and place of treatment**
- 2.3 Patients, carers and visitors report positive experiences of their treatment and care, being listened to, respected and a mindful approach to their privacy and dignity.**
- 2.4 Patient, carer or other service complaints are handled respectfully and efficiently including those related to conduct with any remedial actions being fair to all.**

### **Goal 3 - Empowered, Engaged and Well Supported Staff**

**3**

- 3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades**
- 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, and our commitment to ensuring equal pay for work of equal value, is evident and monitored.**
- 3.3 All staff have access to and receive support, training, personal development and a work appraisal. This is evaluated to ensure staff are confident, competent and positive about their learning and work.**
- 3.4 All staff are free from abuse, harassment bullying, and violence from patients, carers, visitors or colleagues in their work, with any remedial action being fair and open.**
- 3.5 Flexible working options are available to all staff, consistent with the needs of the service, and the way that people lead their lives.**
- 3.6 Staff are supported to remain healthy and sustain their wellbeing. Major health and lifestyle issues that affect individual staff and the wider population are addressed.**

### **Goal 4 - Inclusive Leadership**

**4**

- 4.1 Boards and senior leaders demonstrate their commitment by embedding and making equality integral in how business is planned and conducted and promoting this internally and externally so that equality and good relations are advanced.**
- 4.2 Equality Analysis is integrated into the initial and further stages of decision making for new policy, practices and services, and within reports. Staff competently undertake Equality Analysis, evaluating impact for informed decision making and management of risk**
- 4.3 Line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination. Leadership competencies are used to develop and support strategic leaders to advance equality outcomes**

## EDS2 Grading

The EDS2 system and goals not only help the Trust in managing its performance in equality, diversity and human rights, they also provide a means for our stakeholders to help in evaluating and grading the Trust's performance.

The EDS2 grading system has four grades, with the highest grade in evaluation criteria being "excelling" and the lowest 'underdeveloped',

<b>Excelling</b>	people from all the protected groups fare as well as people overall
<b>Achieving</b>	most people from the protected groups fare as well as people overall
<b>Developing</b>	people from only some of the protected groups fare as well as people overall
<b>Underdeveloped</b>	that people from all or many of the protected groups fare poorly compared with people overall or the evidence is not available

The EDS2 evaluation process and grading , along with the Trusts Annual Equalities Performance Report (published on the Trusts website) enables staff and external bodies to monitor progress against the goals listed each year.

This strategy and action plan has taken into account and included areas under EDS 2 which have been highlighted as needing improvement.

## 11. Equality Analysis

Equality analysis (or equality impact assessment) is designed to help the Trust to identify the impact or effect (either negative or positive) of their policies, procedures activities and functions across the population, and with particular regard to the needs of protected groups and minorities. If any negative effects are identified, steps can then be taken to address this.

This is not just a duty requirement, it also has benefits and value for the Trust and individuals, in that better informed decisions can be made, and, if necessary objectively justified. The Trust has a formal approach which uses an Equality Analysis template with guidance and training provided to staff. This template, and a list of policies already analysed can be found on the Trust's website.

## 12. Implementation and Responsibilities

**Strategic Priority** - The strategic implementation and commitment to our Equality, Diversity and Human Rights Strategy is captured in the Trust's key strategic priorities.

**Governance - Our Chief Executive and Trust Board** - The Chief Executive has ultimate responsibility for compliance and delivery on the Equality, Diversity and Human Rights agenda in conjunction with the Executive team. Board members are directly accountable for all actions and omissions related to the agenda.

The Trust has an **Equality, Diversity and Human Rights Committee** with Terms of Reference to assist in implementation including being accountable to the Trust Board for the development, monitoring and review of this strategy and agenda. The committee also oversees delivery and monitors progress including the 5 year work plan with regular reports to the Board.

The Committee is chaired by a Non Executive Director and is attended by other senior staff, governors and representatives from the Patient and Public Involvement Group. The Equality and Diversity Committee is also supported by the Trust's Equality and Diversity Lead.

**The Executive Team Directors** help ensure that all areas of the Trust are actively engaged in this agenda and that structures are in place throughout their Directorates to enable positive actions to be taken to bring equality, diversity and human rights alive and central to everything we do. Their **Directorates** must ensure that agreed actions are taken and monitored to improve services and regular reports made to the Trust's EDHR Committee to demonstrate agreed actions have been taken.

We have an **Equality & Diversity Lead** who is responsible for ensuring that a trust-wide co-ordinated approach is taken to deliver an effective equality, diversity and human rights programme. This will include ensuring systems are in place to meet all legislature requirements.

**Our Personal, Fair & Diverse (PFD) Champions** are a group of staff working at all levels who have expressed a commitment in promoting equality and diversity through their day to day work. They are the ears and eyes of equality and diversity across the Trust. The Trust wants to develop and promote these champions so that in celebrating their achievements and the work they do it will have a positive influence on changing attitudes and culture across the organisation.

**All Members of Staff** - Ensuring that everyone is treated equally with dignity and respect is the responsibility of all staff in the Trust. Everyone must challenge discrimination and stigma whenever they become aware of it or at the very least, seek support to ensure that discrimination is removed. **It is also the responsibility of all who use our services**

## 13 Monitoring of Progress and reporting

The actions from this strategy will be monitored via the Board, internal management systems and by the Equality, Diversity and Human Rights Committee. This includes:

### **Publishing Equality Information:**

#### **Annually for our;**

- Workforce Equality Information Report
- Patient Equality Information Report and;
- Workforce Race Equality Standard Report Format for NHS England (see Appendix 4 for more details)
- The Equality Diversity System EDS2 Report Format for NHS England (see Appendix 5 for more details).

#### **As created or reviewed for our:**

- Equality Analysis of our policies and changes
- Our Policies

### **Publishing our strategy and framework including our:**

- Equality Objectives
- Equality, Diversity and Human Rights Strategy
- Equality, Diversity and Human Rights Policy
- Annual Performance Reports of the progress against our Equality Objectives
- Annual NHS Equality Delivery System (EDS2) evaluation / grades

**The Care Quality Commission CQC** – The CQC have also added their Approach to this Agenda and have included this on their inspection criteria. You can read more about this in Appendix 3





CLINICAL EXCELLENCE, QUALITY & SAFETY

Equality Objectives  
And  
Four year work plan  
2015-2019

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## 1. Introduction

This appendix to the Equality, Diversity and Human Rights Strategy shows our performance on Equality Objectives and how objectives have been established, evaluated and reviewed for the 4 year work plan 2015 to 2019 which includes;

- 1 how the Trust is meeting the requirements of the Equality Act 2010 and the Public Sector Equality Duty and the work done to eliminate discrimination, advance equality and foster good relations
- 2 the use of all Equality Information available to both:
  - 2.1 evidence our equality and diversity performance within the Trust including feedback from the Equality Delivery System 2 (EDS2).
  - 2.2 make informed decisions about new objectives
    - our activities, outcomes and new plans

## 2. Process used for establishing the equality objectives

Equality objectives were developed by analysing shared themes from a number of information sources, including:

- Corporate - such as, considering the Trust's objectives and business plans and reviewing previous Single Equality Scheme action plans
- Workforce – for instance feedback from (a) the Staff Survey; (b) initial findings of a study examining BME representation in the workforce and : from (c) staff regarding performance of, and priorities for the Trust
- External looking at feedback from patients, partner organisations etc. from (a) previous years' patient surveys (b) patient experience tools and (3) as part of the EDS2 engagement process around performance and priorities

There are many potential objectives, but we are keen to focus on a number of key priority areas, based on their being achievable and also of most benefit across all protected groups, both for our service users and our workforce.

Each equality objective contributes to the Trust's wider goals of (a) ensuring fair and equitable access to employment and services for all and (b) that the workforce is competent and capable of responding to the needs of individuals, their backgrounds and human rights. See the 4 Key Equality Goals in Section 3 below as established in the Trust's first EDS grading- October 2013

## 3. Four Equality Goals and Trust Outcomes

These are the 4 generic key goals provided by the NHS Equality and Delivery System EDS2. The Trust aims to achieve these goals and our 18 bespoke outcomes as listed under the goals through our broader objectives, actions and work plans which are listed later in this document.

## **Goal 1 - Better Health Outcomes for All**

- 4.4 Services are commissioned, procured, designed, and delivered to meet the health needs of local communities, promote well-being, and reduce health inequalities**
- 4.5 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways**
- 4.6 Changes across services for individual patients are discussed with them, and transitions are made smoothly with everyone well informed.**
- 4.7 The safety of patients is prioritised so that there is freedom from mistakes, mistreatment or abuse from other patients, staff or visitors.**
- 4.8 Public health, vaccination, screening programmes and health promotion services reach and benefit all local communities and groups as appropriate are targeted where appropriate**

## **Goal 2- Improved Patient Access and Experience**

**5**

- 5.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds**
- 5.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, with choice about treatment and place of treatment**
- 5.3 Patients, carers and visitors report positive experiences of their treatment and care, being listened to, respected and a mindful approach to their privacy and dignity.**
- 5.4 Patient, carer or other service complaints are handled respectfully and efficiently including those related to conduct with any remedial actions being fair to all.**

### **Goal 3 - Empowered, Engaged and Well Supported Staff**

**6**

- 6.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades**
- 6.2 Levels of pay and related terms and conditions are fairly determined for all posts, and our commitment to ensuring equal pay for work of equal value, is evident and monitored.**
- 6.3 All staff have access to and receive support, training, personal development and a work appraisal. This is evaluated to ensure staff are confident, competent and positive about their learning and work.**
- 6.4 All staff are free from abuse, harassment bullying, and violence from patients, carers, visitors or colleagues in their work, with any remedial action being fair and open.**
- 6.5 Flexible working options are available to all staff, consistent with the needs of the service, and the way that people lead their lives.**
- 6.6 Staff are supported to remain healthy and sustain their wellbeing. Major health and lifestyle issues that affect individual staff and the wider population are addressed.**

### **Goal 4 - Inclusive Leadership**

**7**

- 7.1 Boards and senior leaders demonstrate their commitment by embedding and making equality integral in how business is planned and conducted and promoting this internally and externally so that equality and good relations are advanced.**
- 7.2 Equality Analysis is integrated into the initial and further stages of decision making for new policy, practices and services, and within reports. Staff competently undertake Equality Analysis, evaluating impact for informed decision making and management of risk**
- 7.3 Line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination. Leadership competencies are used to develop and support strategic leaders to advance equality outcomes**

**4. What has been achieved on broader plans to meet these 4 Key Goals and what still needs to be done?**

In the three areas of translation and interpreting, staff training and raising the profile of equality, diversity and human rights work we have achieved as follows:

Narrative and work to be undertaken	Status
<b>1. Translation &amp; Interpreting</b>	
<ul style="list-style-type: none"> <li>• <i>Update the translation and interpreting policy.</i></li> <li>• <i>Produce clear guidelines for the use on translation and interpreting services.</i></li> <li>• <i>Reproduce the (Red Cross) emergency multi-lingual phrase for use across the Trust</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Completed</i></li> <li>• <i>Completed</i></li> <li>• <i>Completed</i></li> </ul>
<b>2 Training – Ensure:</b>	
<ul style="list-style-type: none"> <li>• <i>Equality, diversity and human rights is incorporated into the Induction training programme.</i></li> <li>• <i>All staff receive equality and diversity training within last 3 years.</i></li> <li>• <i>Equality Analysis training available to staff who require it.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Completed and training on going</i></li> <li>• <i>Ongoing</i></li> <li>• <i>Training presentation completed</i></li> </ul>
<b>3. Raise the profile of equality, diversity and human rights work</b>	
<ul style="list-style-type: none"> <li>▪ <i>Produce an equalities and human rights information pack for staff.</i></li> <li>▪ <i>Produce an equality and diversity newsletter for patients, carers, families and staff ensuring copies are circulated widely</i></li> <li>▪ <i>An equalities conference to launch the equality, human rights and diversity strategy.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>This has been drafted and content is being reviewed</i></li> <li>• <i>Completed a template - first copy circulated</i></li> <li>• <i>Held 26/11/15 – numbers low so an equalities forum held instead</i></li> <li>• <i>The EDHR Strategy will be launched more formally in early 2016.</i></li> </ul>

These activities also are incorporated in the following areas (which are also covered in section 4 below):

- **Designing and procuring services**
- **Improvements through communication**
- **Improvement through complaints**
- **Improving Patient Access and Experience**
- **Empowered, engaged and well supported staff**
- **EDS2 Goal Four: inclusive leadership**

In the areas below we had undertakings of “what we said we would do” for which “evidence of progress or lack of progress” has been assessed as listed below:

#### 4.1 Designing and procuring services

*What we said we would do - “Services will be designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities. In particular for patients with a disability and patients from Black and Minority groups” [Goal 1 (1)]*

##### Evidence of progress or lack of progress

Progress	Additional work required
<p>The Trust contributes to nationally recognised and statutory partnerships through cross system networks to support high quality care and Choosing Health priorities such as cardiac network, diabetes network, mental health partnership arrangements and prevention of teenage pregnancy in maternity services.</p>	<p>We are in the process of rolling out a new Patient data system which has the capacity to meet all equality data requirements. We will review how we use this system and its data.</p>
<p>Services delivered by the Trust are developed to meet the needs and specifications of Commissioners.</p> <p>Evidence show’s that staff are using Equality Analysis in developing policies / designing services. Plans and training are in place to improve the quality of these assessments.</p>	<p>We continue to raise the profile of organ donation and cancer awareness through community events - some targeted at the ‘most at risk’ groups</p> <p>Health inequalities are included in staff induction training. Specific health inequalities have been captured in an equality newsletter</p>

<p>The Trust has been positively involved in a Learning Disability Group which sought to ensure patients in this area receive appropriate care whilst in the hospital setting. Since then coffee mornings for LD patients have been set up.</p>	<p>The coffee mornings continue as a forum to share issue and develop new initiatives that will support this group further.</p>
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## 4.2 Improvements through communication

**What we said we would do** - *“Patients will be informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment”*. **[Goal 1 (2)]**

*“For patients who need support in understanding or communicating with clinical staff we will develop tools to support our patients and we will measure our effectiveness”*. **[Goal 2 (3)]**

### Evidence of progress or lack of progress

Progress	Additional work required
<p>We have reviewed our interpreting and Translation policy, with greater access to telephone interpreting services. Also produced an emergency multi-lingual phrasebook in 15 different languages to assist staff to communicate with patients needing urgent care</p>	<p>We need to develop a range of ‘easy read’ information sheets which includes a ‘consent to treatment’ leaflet</p> <p>In line with NHS England guidance we will be implementing the new <b>Accessible Information Standard</b> to help ensure support for patients with communication access needs due to a disability or sensory loss. E.g. information in large print, braille, easy read, via email or via a British Sign Language Interpreter.</p>
<p>We have developed equality training in clinical practice programme and now provide face to face equality training for all staff as part of the Trusts Induction programme.</p>	<p>Work is ongoing to ensure that equality and diversity is imbedded into all training programmes</p>



### 4.3 Improvement through handling complaints

*What we said we would do - “We will improve the way patients and carers complaints about services are collected and seek to reduce any Inequality gaps. In particular we will ensure patients with learning difficulties and or language needs are able to access our services” [Goal 2 (4)]*

Evidence of progress or lack of progress

Progress	Additional work required
<p>As an ongoing process to establish the success of the complaints handling process, complainants’ satisfaction questionnaires are sent out with complaint responses to find out if they were satisfied with how their complaint had been handled.</p> <p>Over the past three years there has been a 46% increase in the number of complaints received.</p>	<p><b>Patient Affairs team</b> will continue to;</p> <ul style="list-style-type: none"> <li>• issue complainant satisfaction questionnaires with responses when appropriate to complainants to monitor satisfaction.</li> <li>• regularly review complaints information (posters &amp; leaflets) available around the hospital ,ensuring visibility to all service users provide training in complaints handling to front line staff whenever required</li> <li>• whenever possible to contact complainants in the first instance to discuss their concerns along with timeframes.</li> <li>• highlight to Divisions any trends identified as a result of complaints in a timely manner</li> </ul> <p><b>General Managers</b> to ensure they record and feedback actions taken as a result of a complaint at their Clinical Team meetings and to the Trust Board.</p>

### 4.4 Improving Patient Access and Experience

The Trust delivers services in an area of high diversity. With an estimate of **over 200 community languages spoken** across Luton and Dunstable, this poses significant communications challenges. There are other access issues the Trust regularly considers, such as physical access to services, for people with disabilities affecting their mobility or dependent on public transport.

Patients expect and deserve a positive experience when they are in the care of the Trust. We offer patient-centred communication, and appropriate training to staff and have a number of initiatives to improve the patient’s experiences of care and for this element, the Trust was graded as “developing” (in terms of the second level of the EDS2)

*What we said we would do - “We will engage more with patients, carers and family members, broadening our approach so that we can target the ‘seldom heard’ communities” – [Goal 2 (5)]*

***“We will collect and analyse the demographic data of patients to ensure we get a wide range of feedback on patient’s experience” [Goal 2 (6)]***

Evidence of progress or lack of progress

Progress	Additional work required
<p>We have run an engagement event for members of the public and staff</p> <p>We have piloted a PAL’s service on Elderly care wards during September 2014.</p>	<ul style="list-style-type: none"> <li>• We will ensure access issues are at the forefront of the planning and design process in the hospital’s redevelopment programme</li> <li>• Build on our partnership meetings with the community via the Patient and Public Participation Group and look to broaden membership</li> </ul>
<p>We are in the process of producing a Patient and Public Involvement Strategy</p>	<ul style="list-style-type: none"> <li>• We need to complete this strategy and then embed the Strategy across the Trust and widen the representation of PPI members</li> </ul>

**4.5 Empowered, engaged and well supported staff**

The Trust has well established systems and processes for monitoring equality and diversity in its workforce. *This was recognised by stakeholders grading the Trust as **Achieving** against goal 3 of the EDS.*

**Improving the collection of data on staffs’ protected characteristics**

There are nine protected characteristics for data purposes; age, ethnicity, disability, gender, marital status, religion and belief, sexual orientation, transgender. An annual workforce report on this data goes to the Board and is published. There is good disclosure from staff on age, ethnicity, and gender. Sexual orientation, disability and religious belief are also included in the report, but disclosure rates for these are relatively low.

The Trust aims to improve this disclosure year on year

***What we said we would do - “We will through providing support, training, personal development and performance appraisal ensuring all staff are confident and competent to do their work, in order that services are commissioned and provided appropriately”. [Goal 3 (7)]***

***“We will collect data for all our staff and measure our effectiveness on this objective by ensuring we close any gaps in the implementation of our policies in this objective area”. [Goal 3 (8)]***

Evidence of progress or lack of progress

Progress	Additional work required – we will:
<p>We have reintroduced equality and diversity to the induction training programme for all staff and have planned a revision of the Equality and human rights Information book to reinforce the message given through training</p>	<ul style="list-style-type: none"> <li>• Complete the Equality and human rights Information book</li> <li>• Deliver face to face equality and diversity training for staff on wards.</li> <li>• Raise the profile of equalities work via quarterly publication of equality and diversity newsletter, articles in the staff newsletter and equalities events such as conferences, seminars and forums</li> </ul>
	<ul style="list-style-type: none"> <li>• support the development of a LGBT group for staff –</li> <li>• continue to raise importance of demographic data disclosure for staff</li> </ul>

**4.6 EDS2 Goal Four: inclusive leadership**

One of the key aims of the Equality Act and the EDS is to encourage public sector organisations to use intelligence about equalities in considerations about the development and delivery of their services. To achieve its equality objective, the Trust needs to show that it is using Equality Information as part of its mainstream service quality and management processes.

What we said we would do

***“We will mainstream equality in the core business of the Trust” [Goal 4 (9)]***

***“We will ensure that there is a clear system in place for conducting an Equality Analysis on services and policy changes” [Goal 4 (10)]***

Evidence of progress or lack of progress

Progress	Additional work required - We will:
<p><b>The Trust has progressed here via:</b></p> <ul style="list-style-type: none"> <li>• Our Equality Diversity and Human Rights Committee EDHR which is chaired by a Non-Executive Director, and supported by the HR Director. Accountable to the Executive Board, it has broad representatives from Board Members and staff, to patient, community or local support groups</li> </ul>	<ul style="list-style-type: none"> <li>• Review our policies to ensure high and consistent Equality Analysis standards across all policies.</li> <li>• Separate the Equality Analysis report from our policies so that policies do not look daunting and un-wieldy but more user-friendly.</li> <li>• Store and list Equality Analyses on the website for transparency</li> </ul>

<ul style="list-style-type: none"> <li>• The EDHR committee ensures annual Equality and Diversity and Data reports which evidences Trust compliance with its Duty to consider Equality Information and Equality Objectives and to publish details and data on its performance.</li> <li>• The two Board members of the EDHR ensure this remains high profile.</li> <li>• Reports go to the Clinical Operations Quality Committee and the Audit Risk Committee accountable to the Trust Board.</li> <li>• Production of an Equality, Diversity and Human Rights Strategy with key equality goals and standards</li> <li>• Production of a new Equality, Diversity and Human Rights policy</li> </ul>	<ul style="list-style-type: none"> <li>• Review Terms of Reference for the Equality, Diversity, Human Rights Committee, and strengthen committee membership to ensure that it reflects the majority of Trust service areas / disciplines.</li> <li>• Encourage work in this area to focus more on benefits / values to create more engagement, understanding, recognition and application for our initiatives and activities and so that we can mainstream these more.</li> <li>• Ensure our approach is more about Dignity, Respect and Fair Treatment for all, going beyond the protected characteristics to also consider other aspects such as socio-economic factors, caring commitments and health inequalities.</li> </ul>
<ul style="list-style-type: none"> <li>• Managers routinely undertake Equality Analyses recording consideration of equality issues in service or policy changes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>We will</b> continue to provide advice and support for staff completing Equality Analysis,</li> </ul>
<ul style="list-style-type: none"> <li>• Values embedded and part of appraisal scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage more focus on benefits and values to encourage more engagement, understanding, recognition and application for our initiatives and activities and mainstream more</li> <li>• Ensure our approach is mindful of Dignity, Respect and Fair Treatment for other characteristics such as socio-economic factors, caring commitments and health inequalities</li> </ul>

**5. What else do we plan to do next?  
The 2016 – 2019 work plan**

**Along with the additional work listed in the blue shaded right hand columns in section 4, we have envisaged what our other plans would need to be by year until 2019. These are listed in the right hand columns of each annual section below.**

**These will need to be reviewed and added to annually as our progress and activities develop further and in response to new legislative, NHS or organisational needs and requirements.**

**2016/17**

Narrative - Work to be undertaken	Status
<b>1 - Information systems</b>	
<p><i>Ensure that information systems are up to date and the Trust is able to gather information from across the equality strands.</i></p> <p><i>Analyse information and trends from data and use this information to influence actions.</i></p>	<ul style="list-style-type: none"> <li>• <i>A new Patient Data is planned – we need to assess what functionality this has and what data is to be collected</i></li> <li>• <i>Patient feedback Data has been updated and we will have the ability to monitor feedback across all the protected characteristic areas</i></li> <li>• <i>On going</i></li> </ul>
<b>2 - Raise the profile of equality, diversity and human rights work</b>	
<p><i>Produce a cultural information pack for use across the Trust.</i></p> <p><i>Produce quarterly newsletters throughout the year using our template and focusing on marriage, civil partnerships and pregnancy and maternity issues.</i></p>	<ul style="list-style-type: none"> <li>• <i>Ensuring that each copy focuses on different areas of concerns against all protected characteristics</i></li> </ul>
<b>3 – Policies</b>	
<p><i>Review policies to ensure they comply with equality legislation and that they are not having an adverse impact on any particular groups protected by legislation</i></p>	<p><i>On going</i></p>

2017/18

Narrative - Work to be undertaken	Status
<b>1- Partnership working</b>	
<p><i>Liaison and partnership working with seldom heard patients and stakeholders in particular the Trans and LGB groups.</i></p> <p><i>Continue to build, nurture and develop a Trust wide network of Personal, Fair &amp; Diverse Champions</i></p>	<p><i>A mailing list of over 100 groups across a wide range of communities have been produced, continue the process of engagement with these groups</i></p> <p><i>The network is 60 strong, continue to communicate and engage with these champions</i></p>
<b>2 - Contracts and Service Level Agreements</b>	
<p><i>Ensure that contracts and service level agreements contain clauses and performance measures around duties and responsibilities under equality legislation.</i></p>	<p><i>Actions were identified with the catering and cleaning contracts continue to ensure that equality measures are included in all forthcoming contracts</i></p>
<b>3 - Raise the profile of equality, diversity and human rights work</b>	
<p><i>Produce quarterly newsletters throughout the year focusing on age and disability issues.</i></p>	<p><i>Working with the template ensure that each copy focuses on different areas of concerns against all of the protected characteristics</i></p>

2018/19

Narrative – Actions	Status
<b>1 Guidelines and training</b>	
<p><i>Audit the experiences of LGBT staff and patients. - Work with local Trans and LGB groups to produce guidance and training on meeting the health needs of their communities</i></p> <p><i>Liaison and partnership working with patients and stakeholders from Black and Minority ethnic communities locally.</i></p>	<p><i>Support was given to the LGBT group for staff established in 2015, continue to support this group</i></p> <p><i>A mailing list of over 100 groups across a wide range of communities have been produced, continue the process of engagement with these groups</i></p>
<b>2 Raise the profile of equality, diversity and human rights work</b>	
<p><i>Produce quarterly newsletters throughout the year focusing on sexual orientation and religion/beliefs</i></p>	<p><i>Working with the template ensure that each copy focuses on different areas of concerns against all of the protected characteristics</i></p>
<b>3 Research</b>	
<p><i>Audit the experiences of BME staff in relation to recruitment &amp; selection, disciplinary, grievances, employment tribunals, access to training and career progression.</i></p>	<p>Query</p>
<p><i>Audit the experiences of female staff returning to work following maternity leave</i></p> <p><i>Audit the take up of work life balance initiatives across the trust.</i></p>	

## **Appendix 2 - The Trust's Vision Statement, Values and Corporate Objectives**

The information in this Appendix is taken from the Annual Report 2014/15 and Annual Plan 2015/16 which can be found on the Trusts website.

### **Vision statement**

“The L&D is committed to delivering the best patient care, the best clinical knowledge and expertise using the best technology available and with kindness and understanding from all our staff“

### **Values**

1. To put the patient first, working to ensure they receive the best possible clinical outcome and high quality safe care with dignity and respect.
2. To value the contribution of staff, volunteers, members, governors and other partners and stakeholders, working collaboratively and professionally to deliver high quality clinical care.
3. To focus on continuous improvement in the pursuit of excellence, and in maximising development opportunities.
4. To manage our resources in a co-ordinated way, with an emphasis on productivity, value for money and quality.
5. To see the diversity of our people as a strength, through our commitment to inclusion, equality and human rights.
6. To accept responsibility for our actions, individually and collectively, to meet our obligations and deliver our commitments.

### **Corporate Objectives 2014/15**

1. Deliver Excellent Clinical Outcomes
2. Improve Patient Safety
3. Improve Patient Experience
4. Deliver National Quality and Performance Targets
5. Implement our New Strategic Plan
6. Develop all staff to maximise their potential
7. Optimise the financial position



Corporate Objectives	Narrative
<b>1. Deliver Excellent Clinical</b>	<ul style="list-style-type: none"> <li>• Year on year reduction in HSMR in all diagnostic categories</li> </ul>
<b>2. Improve Patient Safety</b>	<ul style="list-style-type: none"> <li>• Year on year reduction in clinical error resulting in harm</li> <li>• Year on year reduction in HAI</li> </ul>
<b>3. Improve Patient Experience</b>	<ul style="list-style-type: none"> <li>• Year on year improvement in patient experience demonstrated through hospital and national patient survey, leading to upper quartile performance</li> </ul>
<b>4. Deliver National Quality &amp; Performance Targets</b>	<ul style="list-style-type: none"> <li>• Deliver sustained performance with all Care Quality Commission (CQC) outcome measures</li> <li>• Deliver nationally mandated waiting times and other indicators</li> </ul>
<b>5. Implement our New Strategic Plan</b>	<ul style="list-style-type: none"> <li>• Deliver new service models:               <ul style="list-style-type: none"> <li>- Emergency Hospital (collaborating on integrated care and including hospital at home care)</li> <li>- Women's &amp; Children's Hospital</li> <li>- Elective Centre</li> <li>- Academic Unit</li> </ul> </li> <li>• Implementation of preferred option for the re-development of the site.</li> </ul>
<b>6. Secure and Develop a Workforce to meet the needs of our Patients</b>	<ul style="list-style-type: none"> <li>• Develop and monitor the delivery of a comprehensive recruitment programme for all staff groups. The programme will incorporate a work plan focussing on retention.</li> <li>• Ensure a culture where all staff understand the vision of the organisation and a highly motivated to deliver the best possible clinical outcomes.</li> <li>• Deliver excellent in teaching a research as a University Hospital. Ensure that all staff have access to appropriate education and facilities to maintain their competence.</li> </ul>
<b>7. Optimise our Financial Plan</b>	<ul style="list-style-type: none"> <li>• Deliver our financial plan 2014-2016 with particular focus on the implementation of re-engineering programmes</li> </ul>

### **APPENDIX 3 – The Care Quality Commission (CQC) Approach to Equality and Human Rights**

The Care Quality Commission's role is to ensure that the NHS provides people with safe, effective, compassionate, high quality care, and encourage improvements.

To achieve this, the CQC carry out a programme of unannounced inspections and enforcement across the NHS and publish reports about the quality and safety of services including performance ratings. In the process, they involve those who use NHS services, families and carers and focus on human rights, equality and diversity.

You can find out more about the CQC's people approach in their strategy document called **Raising standards, putting people first - Our strategy for 2013 to 2016:**

[http://www.cqc.org.uk/sites/default/files/documents/20130503\\_cqc\\_strategy\\_2013\\_final\\_cm\\_tagged.pdf](http://www.cqc.org.uk/sites/default/files/documents/20130503_cqc_strategy_2013_final_cm_tagged.pdf)

You can find out more about CQC's people principles in their document called: **Human Rights approach for our regulation of Health and Social Care Services:**

[http://www.cqc.org.uk/sites/default/files/20150416\\_our\\_human\\_rights\\_approach.pdf](http://www.cqc.org.uk/sites/default/files/20150416_our_human_rights_approach.pdf)

**The list below is the CQC's working definitions of each of their human rights principles:**

- **Fairness** – people who use services and people acting on their behalf have access to clear and fair processes for getting their views heard, for decision-making about care and treatment and to raise and resolve concerns or complaints.
- **Respect** – people who use services are valued as individuals and are listened to, and what is important to them is viewed as important by the service. People acting on behalf of others, such as family and friends are also valued and listened to.
- **Equality** – people who use services do not experience discrimination and have their needs met, including on the grounds of age, disability, gender, race, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity status. This includes looking at the needs of people who may experience multiple discrimination or disadvantage on more than one ground.
- **Dignity** – people who use services are always treated in a humanitarian way with compassion and in a way that values them as a human being

**Mental Health Focus** – A key focus for the CQC is on services where people are in vulnerable circumstances, such as in services caring for those with learning disabilities, or mental health issues. These are inspected more frequently to ensure

that the NHS is giving mental health the same level of importance as physical health.

**The CQC will basically look to see that services are:** well led, with an open and transparent culture that is backed up by effective leadership, governance and clinical involvement. Are putting people first, protecting their rights and enabling speaking out without fear. Also that services are improving awareness and understanding among people who are choosing , researching or receiving care especially for those who are rarely heard.

**The CQC use 5 key questions in inspections which are:**

**Is the service safe, effective, caring, responsive and well led?**

**In terms of Human Rights and Equality CQC consider the following:**

**1. Is the service safe?**

**Are people are protected from abuse and avoidable harm?**

**Topics considered:**

- Safeguarding protects human rights through dealing with abuse that impacts on equality and human rights, involving people using the service appropriately, balancing risk and autonomy and applying Deprivation of Liberty safeguards
- Participation and feedback from people who use services in safety issues
- Avoidable harm and restrictive practice that impacts on human rights

**Areas considered**

- Does assessment of levels of harm include experience of people using services and carers
- How is discriminatory abuse dealt with
- How is abuse that impacts on dignity dealt with (e.g. neglect) Environmental safety and service safety factors which impact on dignity (e.g. cleanliness)

**2. Is the service effective?**

**Does peoples care and treatment achieve good outcomes, promote a good quality of life and is this evidence based where possible?**

**Topics considered:**

- Informed consent including use of Mental Capacity Act and reasonable adjustments – to ensure fairness and respect
- Equality and human rights aspects of care and treatment in decisions by

professionals

- Factors in effective delivery of care and treatment which contribute to dignity and autonomy

**Areas considered:**

- Is there unlawful discrimination in care and treatment decisions
- Are reasonable adjustments in place to enable consent to processes

**3. Is the service caring?**

**Do staff involve and treat people with compassion, kindness, dignity and respect?**

**Topics considered:**

- The Impact of the actions and behaviours of individual staff / staff teams on fairness, dignity, respect, equality, autonomy and the right to life for people using their service

**Areas considered:**

- Do Individual staff avoid discrimination, do staff respond to diverse needs (e.g. for community contact and relationships, communication needs, culture) .
- Do staff involve people using the service who lack capacity/ their representatives in their own care

**4. Is the service responsive?**

**Are services organised so that they meet people's needs?**

**Topics considered:**

- Planning and organisation of services to deliver appropriate care for people in all equality groups and for others who may receive not receive the same quality care unless their needs are specifically considered
- Ensuring people's human rights are upheld when their needs change
- Service organisation and arrangements which respond to human rights issues for individuals beyond care delivery – such as responding to complaints and maximising people's independence and citizenship

**Areas considered and assessed:**

- Is there a complaints process and effective action on individual complaints
- Is there due regard to equality groups when planning services
- Are barriers in service access addressed
- Are patients' cultural, ethical and spiritual needs assessed
- Is care appropriate to patients in relation to age, disability, gender, race, religion, sexual orientation, gender reassignment including reasonable adjustments, environmental accessibility, support services (e.g. interpreting, catering, spiritual support)
- Are reasonable adjustments made for disabled people using the service, in line with legal requirements
- Does the service have an appropriate focus on finding out and meeting the needs and wishes of people with a learning disability or those lacking capacity
- Is there availability of single sex accommodation and a choice of gender for the person providing care and treatment where required

**5. Is the service well-led?**

The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

**Topics considered:**

- Embedding equality and human rights into organisational culture and strategy
- Leadership oversight and modeling of equality and human rights
- Participation of people who use services and frontline staff in service and organisational development and change
- Upholding equality and human rights for staff

**Areas considered and assessed:**

- Organisation vision and values include key human rights

- Leadership oversight for services
  - of the involvement of people who use services, and their carers in shaping vision, values, culture, strategies and also in service design and improvement
  - that people's rights are protected through Mental Health Act responsibilities
  - that the views of people using the service make a difference to the way that services are delivered
- Leadership modeling and oversight of
  - respect
  - dignity and compassion
  - equality
  - organisational values / culture development around equality and diversity
  - organisational values / culture development around dignity and compassion
  - response to frontline views
- Leadership for staff
  - modeling and oversight of staff safety including bullying and harassment
  - Compassion towards staff including staff well-being initiatives
  - Work to ensure equality for staff
  - Empowerment of staff to provide flexible, person-centered services which uphold people's rights

## APPENDIX 4 - NATIONAL WORKFORCE RACE EQUALITY STANDARD (WRES)

### Purpose of the National WRES

The WRES was devised by NHS England and the NHS Equality and Diversity Council to enable Black Minority Ethnicities BME to have equal access to career opportunities and fair treatment in the workplace within the NHS. This was in response to research indicating potentially less favourable treatment of BME groups in the NHS.

It is included in the 2015/16 NHS standard contract for NHS providers, so that from 1 July 2015, the Trust has been required to demonstrate progress against 9 indicators of workforce race equality. These indicators focus on Board level representation and differences between the experience and treatment of White and BME staff in the NHS.

### The NHS 9 Workforce Race Equality Standard Indicators (April 2016)

<b>Indicators 1-4</b> - data for White / BME staff is compared for these 4 indicators:
<b>Indicator 1</b> - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Note: This calculation is done separately for non-clinical and for clinical staff
<b>Indicator 2</b> - Relative likelihood of staff being appointed from short-listing across all posts
<b>Indicator 3</b> - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator is based on data from a 2 year rolling average of the current and the previous year
<b>Indicator 4</b> - Relative likelihood of staff accessing non-mandatory training / CPD
<b>Indicators 5-8</b> - come from the National NHS Staff Survey (or equivalent) – and for each indicator, the outcomes of the responses for White /BME staff are compared:
<b>Indicator 5 (KF 25)</b> – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
<b>Indicator 6 (KF 26)</b> - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
<b>Indicator 7 (KF 21)</b> - Percentage believing that trust provides equal opportunities for career progression or promotion

<p><b>Indicator 8 (Q217)</b> - In the last 12 months staff that have personally experienced discrimination at work from any of the following- Manager/team leader or colleagues</p>
<p><b>Board representation</b> – indicator 9 compares the difference for White and BME staff</p>
<p><b>Indicator 9</b> - Percentage difference between the Trusts Board voting membership and its overall workforce (Note: Only voting Board members are included in this indicator)</p>

Annually on July 1<sup>st</sup>, each Trust submits data against the 9 Indicators intended to:

- Lead to evidence based action
- Show the degree of BME representation at senior management and board level
- Highlight differences in experiences / treatment of BME and White staff in the NHS
- Show where we are, where we need to be and how we can get there

From 2016 the data will also be submitted on Unify 2, a database designed to help in national reporting and comparison.

**Learning and Benchmarking** – The WRES only started in 2015 and the results in 2015 were a learning stage for initial discussion and inquiry within the Trust and to encourage good practice.

**NHS National Report on WRES data submissions** – After 2016 submissions WRES National data return reports will include inter and intra-organisational comparisons and benchmarking. This National Report groups Luton and Dunstable Hospital twice. Firstly nationally under Acute Trust Services, and secondly, regionally by all Trusts in the Midlands and East of England, (which is the new regional grouping used by the NHS). Data comparison and publication is intended to assist peer support between Trusts, lead to inquiry into the causes of issues or data patterns and to assist the national WRES Team to identify and share good practices.

**Robust Action Plans** – The Trust is required to understand the data and have robust action plans for continuous improvements as essential steps towards helping the workplace to be free from discrimination.

**National healthcare bodies** also have an important role in workforce race equality and so embedding the WRES within key policy levers with effective system-wide strategic alignment will support local NHS organisations in their use of this tool.

**Commitment** to promoting equality and diversity in the workforce, along with inclusive leadership is crucially associated with increased patient-centred care, innovation, staff morale and access to a wider talent pool.



**The Care Quality Commission's Role** - From April 2016 onwards, progress on the WRES will be considered as part of the "well led" domain in the CQC inspection programme for NHS organisations. In 2015/16, the CQC piloted its approach to use of the WRES in some of their full inspections including analysis of the organisation's WRES Report Template and action plan and how they were addressing any issues arising from their WRES data as part of the evidence used in the inspections.

To support CQC in using the WRES in the inspection process, CQC inspectors will be trained, there will be WRES specialist advisors as part of the CQC inspection team and short WRES briefings on the Trust being inspected to aid CQC inspectors and be a source of reference during inspections.

**The WRES and the Equality Delivery System (EDS2)** – EDS2 helps NHS Trusts, in discussion with their stakeholders, to review and improve their performance for patients, communities and staff for characteristics protected by the Equality Act 2010. The WRES covers just the characteristic of Race with focus on the less favourable treatment and experience of BME staff in the NHS.

However, the data and analyses for the WRES indicators will assist organisations when implementing EDS2, in particular, with outcomes under EDS2 Goals 3 and 4:

**Goal 3: A representative and supported workforce – EDS2 outcomes:**

- 3.1 – Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- 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
- 3.6 – Staff report positive experience of their membership of the workforce

**Goal 4: Inclusive leadership – notably EDS2 outcomes:**

- 4.1 – Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- 4.3 – Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

**The Trusts WRES Reports and Action Plans** can be found on the Trust's website under - Equality and Diversity Annual Reports.

## Appendix 5 - NHS Equality Delivery System 2 (EDS2)

NHS England has devised an Equality Delivery System (EDS2), to assist NHS organisation like the Trust in implementing their equality and diversity strategies. EDS2 also helps in meeting the requirements of the Equality Act 2010 and Public Sector Equality Duty in terms of the:

- 9 Protected Characteristics of age, disability, gender, gender reassignment, marriage or civil partnerships, pregnancy or maternity, race, belief and sexual orientation.
- General Duty - to eliminate harassment, discrimination, victimisation or other prohibited conduct, foster good relations, tackle prejudice and promote understanding and to advance equality of opportunity between different protected characteristics.
- Specific Duty - to gather, analyse and use equality data, engage, consult and involve service users, publish annual equality information (accessibly), publish Equality Objectives, report annually on progress, use Equality Analysis to analyse and assess impact and to review our approach to this agenda every 4 years

It also helps deliver against the requirements of the following:

- [The NHS Constitution](#)
- [The Humans Rights Act](#)
- [The Care Quality Commission's Quality Outcomes](#)
- [The Care Quality Commission's Equality and Human Rights](#)
- [The NHS Outcomes Framework](#)

You can find the NHS England full EDS2 document here -

<https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

### EDS2 and other Equality initiatives

- **EDS2 and the Workforce Race Equality Standard WRES** - EDS2 covers all 9 protected characteristics. The WRES covers the characteristic of race and ethnicity (see Appendix 4), where a particular need has been identified to improve NHS performance in this area. Like the WRES, there is an annual reporting format for EDS2. However, where the WRES culminates in an Action Plan, EDS2 has a whole process which culminates in and encompasses all Equality Objectives and actions.
- **EDS2 and the Care Quality Commission CQC**- After piloting their approach, from April 2016, the CQC now include Equality and Diversity as part of their “well led” domain in their NHS inspection programme. This includes analysis of EDS2 and WRES Report Templates, action plans and how issues arising from equality data are addressed as part of the evidence used in the inspections.

### How does the EDS2 work?

The EDS2 has:

- **4 overarching goals;**
  - Better Health Outcomes for All
  - Improved Patient Access and Experience
  - Empowered, Engaged and Well Supported Staff

- Inclusive Leadership

- **18 Expected Outcomes from across the 4 Goals**

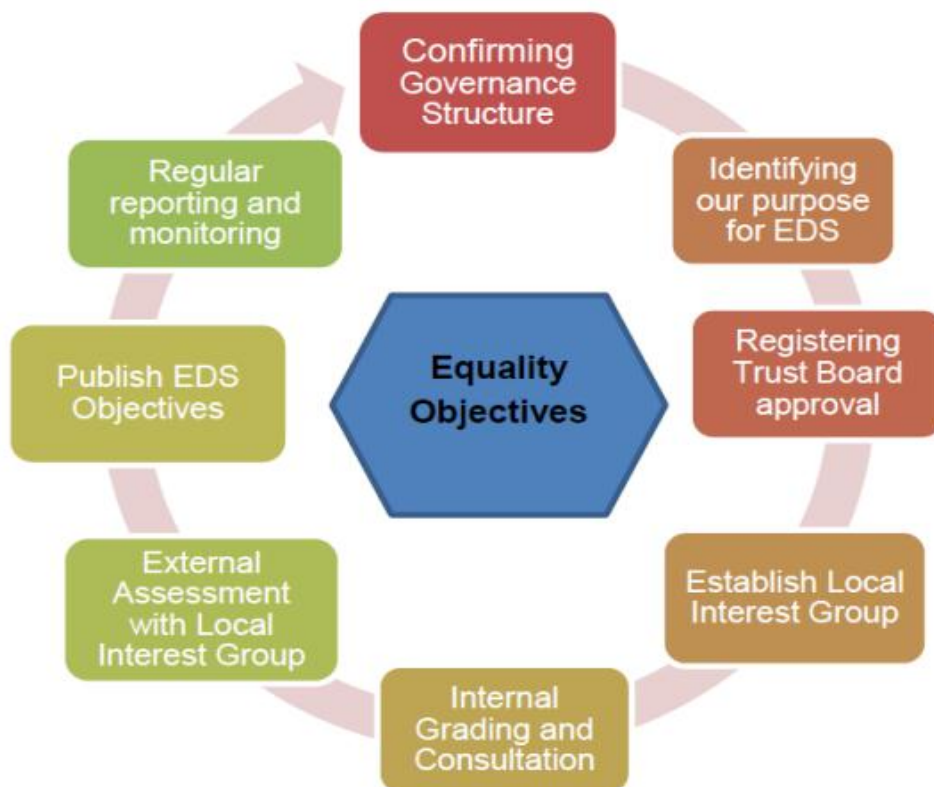
EDS2 has 18 expected outcomes from these 4 goals. However, since EDS2 is a generic tool for the NHS the generic definition may not be applicable to every NHS organisation. As a result, the Luton and Dunstable Hospital Trust has adjusted the outcome language to be bespoke to what we do. Our defined outcomes for the Trust are relevant to our service, role and responsibilities.

**The Trust's 4 goals and the Trusts outcomes** - can be seen on Page 12 of our main Equality, Diversity and Human Rights Strategy.

**How the EDS2 helps**

We use this robust process to identify and implement real objectives, to deliver better outcomes and benefits that meet the needs of our staff and service users. The effective Implementation of the EDS will also support us to deliver on other areas and align our equality priorities to the Trust's organisational objectives.

In order to develop our Equality Objectives we have followed a robust and inclusive process. The graph below illustrates our journey so far which is cyclical.



**Confirming Governance Structure** - To see our Governance Structure that supports implementation of EDS2 see page >>>> of our EDHR Strategy.

**Identifying our purpose for EDS2** - EDS2 helps us to develop Equality Objectives that will continue to build on and make real improvements in our services and working

conditions that can be sustained over time. It also helps us to focus on what matters most for our patients, communities and staff, by seeking genuine and meaningful engagement.

Equality Objectives are also informed by transparent and effective use of Equality Information that supports proactive action.

We strive to achieve a diverse workforce that reflects the community we serve since diversity in employment produces a workforce sensitive to the different needs of our community. The Trust will work towards eliminating discrimination, promoting equal opportunity and removing barriers which may hinder the fair and equal treatment of our staff and patients.

**Trust Board Approval** - Support from the Trust Board ensures full ownership of this agenda and an understanding of accountability. For instance the Board is aware of, involved in and approves all equality developments and understands their role, NHS expectations and legal requirements.

**Establishing Local Interest Groups and Consultation** - A main component of the EDS2 process is the identification of Local Interest Groups to carry out the assessment and evaluation stage. Luton has a well-established Borough Council system to facilitate an on-going dialogue between diverse communities and local service providers. The partnership-wide approach to consultation and engagement and the Community Involvement strategy is underpinned by initiatives such as the Neighbourhood Governance (NG) mechanism.

Specifically, in terms of engaging with `local interest groups` (including those reflecting protected characteristics) work has been carried out with patient networks that would typically not be consulted who can now be involved and engaged.

Internal Grading - We aim to conduct a number of evidence gathering sessions where staff are able to assess and gather evidence to assist in grading performance on EDS2 Objectives. The evidence was then made available for the external assessment.

**For further information and evidence** see our 2 [EDS2 performance reports](#) for 2013-2014 and 2014-2015.

Assessment by Local Interest Groups - Luton EDS-Locally Empowered Advisory Delegates (LEAD) is a group of volunteers, chaired by the Chief Executive of Voluntary Action Luton (VAL) and has membership of various community organisations and staff groups covering the protected characteristics. This group worked with us to review gathered evidence from consultation activities including presentations from key Trust staff, to identify key priorities which resulted in our ratings and our Equality Objectives being identified and accepted.

### **Publication of Equality Objectives and Outcomes**

See our [Equality Objectives](#)

See our [progress reports on Equality Objectives](#)

Regular Monitoring and Review - Regular updates on progress are made to the Equality, Diversity and Human Rights Committee. Individual work streams and task and finish groups will be established, as required, progressing identified projects and sharing best practice to ensure that we continue to advance equality and promote equal opportunity.

## APPENDIX 6 - GLOSSARY OF TERMS

**Access** - The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).

**Ageism** - Discrimination against people based on assumptions and stereotypes about age.

**Black and Minority Ethnic (BME)** Term currently used to describe range of minority ethnic communities and groups in the UK.

**Champion** - Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. equality and diversity).

**Commissioning** - The process of specifying, purchasing and monitoring services to meet the needs of the local population.

**Comply** - To make sure the Trust meets the requirements of different equality legislation.

**Consultation** - Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

**Culture** - Relates to a way of life which includes:

- Language — the spoken word and other communication methods
- Customs — rites, rituals, religion and lifestyle
- Shared system of values — beliefs and morals
- Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).

**Direct Discrimination** - Treating one person less favourably than another on the grounds of race, disability, gender, age, religion or belief, sexual orientation or other grounds.

**Disability** - The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

**Discrimination** - Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.

**Diversity** - is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.

**Duty** - Under equalities legislation public authorities have general duties and specific duties. These are things that have to be done by the Trust in order to meet with the requirements of the law.

**Equal Opportunities** - This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.

**Equality** - Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.

**Ethnicity** - A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.

**Harassment** - Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.

**Interpreting** - The conversion of one spoken language into another, enabling communication between people who do not share a common language.

**Monitoring** - The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.

**Procurement** - Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.

**Race** - A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity.

**Ethnicity** - A term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.

**Racism** - Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.

**Religion** - sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.

**Sexism** - A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.

**Sexual Orientation** – Sexual orientation is defined as:

- An orientation towards persons of the same sex (lesbians and gay men)
- An orientation towards persons of the opposite sex (heterosexual)
- An orientation towards persons of the same sex and opposite sex (bisexual)

**.SLAs** - Service Level Agreement is a form of contract between two parties.

**Transsexual / Transgender / Tran's** – Are terms used to describe a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex

