

## Report to Portsmouth Health Overview and Scrutiny Panel on the results of the NHS Equality Delivery System for NHS Portsmouth

### Introduction

NHS Portsmouth adopted the NHS Equality Delivery System or EDS as the framework to achieve compliance with the Equality Act 2010 and the associated Public Sector Equality Duty, and to improve performance on equality and diversity. This work has been completed as part of an overarching project by Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Primary Care Trust Cluster, in partnership with NHS provider trusts across Hampshire.

This report aims to update the Portsmouth Health Overview and Scrutiny Panel (HOSP) on:

1. The approach to implementation of the EDS taken locally
2. The findings of the NHS Equality Delivery System baseline assessment for NHS Portsmouth
3. The findings of the *Everyone Counts Survey* of patients
4. The headlines from the workshop with diverse community representatives
5. The final NHS EDS grades for NHS Portsmouth
6. Proposed Equality Objectives for NHS Portsmouth

It is assumed that Panel members already have an understanding of the Equality Act 2010 and the associated Public Sector Equality Duty, as well as the NHS Equality Delivery System, following the presentation by NHS Portsmouth at a previous HOSP meeting. An overview is provided in Appendix One.

NHS Portsmouth would welcome the views of the Portsmouth Health Overview and Scrutiny Panel regarding the implementation of EDS locally, the interim/ final grades against the EDS goals and outcomes, and the proposed Equality Objectives.

### Local approach to NHS Equality Delivery System implementation

The Equality and Diversity Leads from all 12 NHS organisations across Southampton, Hampshire, Isle of Wight and Portsmouth decided to work in partnership to roll out the NHS Equality Delivery System. The advantage of this approach being that it avoids duplication and consultation fatigue amongst local communities, whilst also enabling the pooling of resources, and sharing of expertise.

This led to NHS Portsmouth, NHS Hampshire, Portsmouth Hospitals NHS Trust, Southern Health NHS Foundation Trust, and Solent NHS Trust working together on a Portsmouth and South East Hampshire 'health economy' wide implementation.

This involved:

- Running an *Everyone Counts Survey* to gather intelligence about the patient experience of people with different protected characteristics living in Portsmouth and South East Hampshire.
- Each NHS commissioner and provider organisation in Portsmouth and South East Hampshire gathering evidence and using it to complete a baseline assessment of their performance against the 18 outcomes set out in the EDS. This generated a set of interim EDS grades.

- Holding an *Everyone Counts Workshop* with community representatives from all nine protected characteristics to discuss the performance of each NHS trust, agree final EDS grades and identify Equality Objectives. This took place on 7 February 2012.
- Each NHS organisation developing a set of Equality Objectives based on the evidence of current performance and the views and ideas of patient and community representatives
- Each NHS organisation Board or Executive Team ratifying a set of final Equality Objectives, before publishing them by 6 April 2012 in line with the Public Sector Equality Duty. For NHS Portsmouth this will take place at the SHIP PCT Cluster Board on 27 March 2012

## NHS Portsmouth EDS baseline assessment

Every NHS organisation operating in Portsmouth and South East Hampshire has a statutory duty under the Equality Act, and so each trust including NHS Portsmouth, has completed an EDS baseline assessment and determined its rating of 'undeveloped', 'developing', 'achieving' or 'excelling' against the 18 EDS outcomes.

The baseline assessment for NHS Portsmouth determined that the PCT can be rated as 'undeveloped' in two outcomes, 'developing' in six outcomes, 'achieving' in eight outcomes and 'excelling' in two outcomes. For details see Table 1 – the column titled 'Baseline assessment by PCT' are the EDS grades developed by NHS Portsmouth based on its own evidence of progress.

**Table 1**

| Patient Goal                              | Patient Outcome   | NHS Portsmouth             |                                       |
|---|---|----------------------------|---------------------------------------|
|   |   | Baseline assessment by PCT | Final assessment by local communities |
| 1. Better health outcomes for all         | 1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities  | Developing                 | Developing                            |
|   | 1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways  | Achieving                  | Developing                            |
|   | 1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly  | Achieving                  | Developing                            |
|   | 1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all | Achieving                  | Developing                            |
|   | 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups  | Achieving                  | Developing                            |
| 2. Improved patient access and experience | 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds   | Developing                 | Developing                            |
|   | 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment           | Developing                 | Developing                            |
|   | 2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised                       | Developing                 | Developing                            |

| Patient Goal | Patient Outcome  | NHS Portsmouth             |                                       |
|--------------|--|----------------------------|---------------------------------------|
|              |  | Baseline assessment by PCT | Final assessment by local communities |
|              | 2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently | Developing                 | Developing                            |

| Staff Goal                                     | Staff Outcome  | Baseline assessment by PCT | Final Assessment by employees   |
|--|--|----------------------------|---------------------------------|
| 3. Empowered, engaged and well-supported staff | 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  | Achieving                  | Taking place in April/ May 2012 |
|  | 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay   | Achieving                  |                                 |
|  | 3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately   | Achieving                  |                                 |
|  | 3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all   | Achieving                  |                                 |
|  | 3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.) | Excelling                  |                                 |
|  | 3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population   | Excelling                  |                                 |
| 4. Inclusive leadership at all levels          | 4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond   | Undeveloped                |                                 |
|  | 4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination   | Developing                 |                                 |
|  | 4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes  | Undeveloped                |                                 |

Highlights from the baseline assessment include:

#### Achieving and excelling

- The safety of patients is monitored through contract arrangements with provider organisations and patient surveys. The results of these and any required action plans are discussed in Clinical Quality Review meetings with the relevant provider organisation. The PCT also meets regularly with the Portsmouth Local Involvement Network to gain community feedback from

people representing a range of diverse groups and protected characteristics and takes action as required.

- Health equity audits are undertaken on specific services such as cervical and breast screening and diabetic retinopathy. This information is used to develop equity profiles in relation to service provision, access, uptake and outcomes. The profiles are then used to develop commissioning intentions for the service.

#### Developing

- Ongoing engagement across a range of diverse groups is carried out on the JSNA through a feedback form which is available in the summary document. In addition communications and engagement work was carried out during the summer in 2010 using a variety of mechanisms. Feedback from this work resulted in the core JSNA data set being refreshed and extended.
- The PCT actively implements and manages complaints in accordance with the NHS Complaints Regulations 2009 and the NHS Constitution, Complaint and Redress. All complainants are offered ICAS support or direct support from the PCT service which facilitates meetings between patients and clinicians to promote openness and resolution.

#### Undeveloped

- The PCT's vision for services and the work place do not make specific reference to the protected characteristics. However, equality and diversity issues are championed at Board level by an executive and non-executive director and the commitment to a personal, fair and diverse organisation is expressed through an Equality and Diversity Committee and organisational policies and procedures.
- The PCT has not adopted the Competency Framework for Equality and Diversity Leadership.

The full EDS baseline assessment for NHS Portsmouth is available on the PCT website:

<http://www.portsmouth.nhs.uk/About-Us/equality-delivery-system.htm>

### **Headlines from the *Everyone Counts Survey***

The *Everyone Counts Survey* was completed by a total of 712 people from across Hampshire and the Isle of Wight. Questionnaires were received from representatives of all nine protected groups as well as from carers over a 66 days period. Out of the 712 total returns, 599 respondents gave their post code and 8% of these lived in Portsmouth (11% of the SHIP PCT Cluster population lives in Portsmouth City).

The majority of significant differences observed are between White British<sup>1</sup> respondents and those from Black Minority Ethnic (BME) communities. Each of these differences involves BME respondents reporting lower than average satisfaction.

Most of the differences related to interactions with doctors, nurses and other health professionals in a primary care setting – BME patients were less satisfied with the amount of time they were given, their level of involvement in their care, and the explanation of tests and treatments. BME

---

<sup>1</sup> In keeping with the methodology used in the GP Patient Survey, the 'White British', 'White English', 'White Welsh' and 'White Scottish' responses have been amalgamated into 'White British'. All other responses, including 'White Irish', have been grouped under 'BME'.

respondents were also less likely to be able to see a GP within 2 working days or to know how to contact the out-of-hours service.

Respondents whose first language was not English were also less likely to indicate that their GP practice took full account of their additional needs.

Respondents who were pregnant or had recently given birth were significantly more likely than other respondents to feel they were given enough privacy when discussing their condition or treatment. This group were also more likely to report that they were told who to contact if they were worried about their condition or treatment once they left hospital.

Respondents identifying with a religion or belief other than Christianity or none were significantly less likely to have found a member of staff to discuss their worries or fears with during an admission to hospital.

Although the number of respondents under the age of 25 was limited, it is still possible to identify significant differences between this group and older respondents. Those under 25 were less likely to know how to contact the out-of-hours service or to feel involved in decisions about their discharge from hospital. However, this group was also more likely to report being given enough privacy when discussing their care, and to be told about medication side effects to watch for after their discharge from hospital.

The findings of the 'Everyone Counts' survey has been used to underpin the NHS Portsmouth EDS baseline and identification of Equality Objectives. The Everyone Counts Survey report will be published on the NHS Portsmouth website by 6 April 2012.

## **Feedback from Portsmouth and South East Hampshire *Everyone Counts* Workshop**

On the 7 February 2012 a workshop was held at Paulsgrove Community Centre hosted by NHS Portsmouth, NHS Hampshire, Portsmouth Hospital NHS Trust, Southern Health NHS Foundation Trust and Solent NHS Trust. Community representatives attended from all nine protected characteristics from across Portsmouth and South East Hampshire.

The workshop focussed on patient experiences and the patient related EDS goals 1 and 2. Each NHS organisation has, or in the case of NHS Portsmouth will be, conducting a similar process with employees to agree final grades for staff related EDS goals and outcomes.

In relation to NHS care in the community key findings for patients were:

- A mixed experience of accessing and using GP services – some are very good while others are perceived as letting personal attitudes impact on care.
- For some poor communication by GPs was highlighted – appointment systems make it difficult to build a relationship with one GP
- Non English speaking patients highlight that interpreters are not always available at surgeries



- Need for health information in range of accessible formats

In relation to NHS in hospital care:

- Patients from protected groups highlighted lack of respect and dignity in hospital settings, this being perceived as stemming from a lack of staff awareness of the needs of diverse communities
- Need for health information and how to make a complaint or suggestion to reach all communities and be more accessible
- Discharge processes do not always fully involve the patient, carers/ relatives or connect with support services in the community. As a result patients are sometimes left unsupported after leaving hospital leading to problems or re-admission.

Equality Objectives suggested by local patient representatives from protected groups:

- To develop a patient held passport in which they could outline key information about their needs and preferences, plus key contacts. This would mean that patients (particularly those with communication difficulties) can give the passport to NHS staff in order to share key information and avoid staff repeatedly asking patients the same questions
- Develop a wallet sized card for Deaf people and people who speak little or no English, which can be shown to NHS staff to alert them to fact that patient needs an interpreter
- Make telephone based NHS services like NHS Direct and the Dental Helpline accessible by Deaf people
- Improve communication and information sharing when discharge planning (particularly with patient and their relatives/ carers) so that care packages better support the patient when they leave hospital. This has the potential to avoid readmission to hospital. Local charities and voluntary sector organisations highlighted that they can support successful discharge if health staff make better links.

The full workshop feedback report will be published on the NHS Portsmouth website by 6 April 2012.

The community representatives who attended the workshop described many examples of poor patient experiences. These stemmed from a lack of understanding by NHS staff of the specific needs that different individuals from minorities and protected groups have. Discussion led to the baseline assessment grades for NHS Portsmouth being down graded – this is in line with EDS guidance. The final grades for patient related EDS goals and outcomes are shown in Table 1 under ‘Final assessment by local communities’.

Following the moderation process by community representatives at the workshop, it was agreed that all 9 EDS patient outcomes for NHS Portsmouth be rated as ‘Developing’, with the original 4 rated as ‘Achieving’ being downgraded. These final grades will be published on the 6 April 2012 on the PCT website.

## **Proposed Equality Objectives**

NHS Portsmouth has considered the patient experiences gathered using the *Everyone Counts Survey* and those shared at the workshop, alongside the evidence and grades from the EDS baseline assessment, and final grades agreed with local community representatives.

This process has identified a shortlist list of proposed Equality Objectives. NHS Portsmouth has also been mindful of Equality and Human Rights Commission guidance when developing this set of priorities. The shortlisted Equality Objectives will be considered and ratified by the SHIP PCT Cluster Board on 27 March 2012.

We are sharing the proposed Equality Objectives with the Portsmouth Health Overview and Scrutiny Panel for information and comment prior to the Board meeting.

#### Shortlisted Equality Objectives:

1. Increase access to Cognitive Behaviour Therapy via IAPT programme for people from Black and Minority Ethnic communities, and lesbian, gay and bisexual people. Feedback from the workshop and other research/ evidence indicates that these groups are significantly more likely to experience anxiety and depression. Baseline performance will be identified and realistic improvement target set for 2012/ 13.
2. Increase access to interpretation services for Deaf people and those that speak little or no English at GP surgeries, dental surgeries, opticians and pharmacies. Patient groups have identified that a card or letter explaining that a person needs an interpreter would help. This will be piloted.
3. Increase the awareness of primary care clinicians and staff about the particular needs of people from different protected groups. Improvement over time will be measured by survey of staff and patients to establish baseline and position following implementation of awareness raising programme. The awareness raising programme will be developed using model devised in North East Hampshire in partnership with Portsmouth and South East Hampshire Everyone Counts Workshop attendees.
4. Increase the completion of the Say It Once ([www.sayitonce.info](http://www.sayitonce.info)) patient documents amongst people from protected groups as way to improve communication and information flows as patients move from one part of the NHS/ social care system to another. It is possible to demonstrate progress by counting the number of documents completed by patients, and the number of clinicians accessing the documents using the Hampshire Health Record system.
5. Improve the ability of patients from protected groups to access the right NHS service at the right time. This will be achieved by ensuring that the new NHS 111 service is promoted amongst minority communities and accessible to people who are Deaf. Also to ensure NHS 111 database of services includes key voluntary sector support organisations

Please note that workforce related Equality Objectives will be developed in April/ May 2012. This timeframe has been agreed to coincide with the publication of the 2011 National Staff Survey results. A list of draft Equality Objectives will be drawn up based on an analysis of the staff survey results, and these will then be tested with staff at a series of engagement events. The

EDS baseline grades for staff outcomes will also be moderated as part of the same engagement process. Final grades for EDS Goals 3 and 4 are expected to be published in June 2012.

NHS Portsmouth recognises that the achievement of our Equality Objectives depends upon robust processes, staff training and assurance. Consequently we will undertake a number of enabling activities:

- Review the collection, analysis and use of equality and diversity data as a means to ensure health services are commissioned fairly in Portsmouth and South East Hampshire

- Using the jointly agreed Portsmouth City Council/ NHS Portsmouth Equality Impact Assessment (EIA) template, increase the number of EIAs completed on policy and commissioning decisions
- Ensure all staff attend mandatory equality and diversity training and that middle managers attend training on the completion of Equality Analysis/ Equality Impact Assessment
- Utilise the recently established SHIP PCT Cluster Equality and Diversity Sub-Committee to drive progress on equalities and provide Board assurance
- Use the learning from implementing the NHS Equality Delivery System locally, to embed equality and diversity and legal compliance into the emerging Clinical Commissioning Groups and Commissioning Support Organisation.

## Appendix One

### **Equality Act 2010 and the associated Public Sector Equality Duty**

The Public Sector Equality Duty (section 149 of the Equality Act 2010) came into force on 5 April 2011. The equality duty applies to public bodies like Primary Care Trusts, NHS provider and Foundation Trusts. It will apply to Clinical Commissioning Groups once PCTs are abolished in April 2013.

The equality duty supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective, accessible to all, and which meet different people's needs.

The three aims of the general equality duty are that public bodies must:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

The nine protected characteristics covered by the equality duty are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex
- Sexual orientation

The general equality duty is also supported by two specific duties which came into force on 10 September 2011. These specific duties require public bodies to:



- Publish information to show compliance with the Equality Duty by 31 January 2012, and at least annually after that; and
- Set and publish one or more Equality Objectives by 6 April 2012, and at least every four years after that

Further information on the Equality Act 2010 can be found at:

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/introduction-to-the-equality-duty/>

## NHS Equality Delivery System

The NHS Equality Delivery System (EDS) is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The Equality Delivery System also helps NHS organisations start the analysis that is required by the Public Sector Equality Duty, by providing a framework to review current equality performance and to identify future priorities and actions (Equality Objectives). The EDS guidance stipulates that the review must be done in partnership with patients, the public, staff and staff-side organisations.

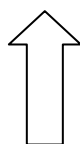
At the heart of the Equality Delivery System is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four Equality Delivery System goals are:

|  |
|--|
| <b>1. Better health outcomes for all</b>         |
| <b>2. Improved patient access and experience</b> |
| <b>3. Empowered, engaged and included staff</b>  |
| <b>4. Inclusive leadership at all levels</b>     |

The grades are as follows:

1. Excelling – **Purple**
2. Achieving - **Green**
3. Developing – **Amber**
4. Undeveloped – **Red**



Further information about the NHS Equality Delivery System is available at:

<http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/>



Southampton, Hampshire  
Isle of Wight & Portsmouth