Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Meeting the duties of the Equality Act 2010

Introduction

The Equality Act came into force on 1st October 2010, simplifying existing equalities law into one single source of Statute. The Act also changed and refined certain concepts and definitions, as well as introducing some new provisions. In addition to the Act, a new statutory duty (the Equality Duty) came into force in April 2011 which is applicable to all public sector bodies.

As a Trust we must demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the involvement we have of the Trust Board in this work and through publishing a range of equalities data on an annual basis. This paper sets out how we are meeting the general and specific duties of the Equality Act 2010.

To comply with the first specific duty of the Act, the Trust was legally required to publish equality data relating to both service users and staff at the end of January 2012. The Trust has compiled a comprehensive report containing equality information, a copy of which is available on the GOSH website at www.gosh.nhs.uk/about-us/equality-and-diversity/ .This will be updated on an annual basis.

The second part of the specific duty requires the Trust to 'prepare and publish equality objectives, which should be specific and measurable, setting out how progress towards these objectives should be measured. Details of the engagement in developing these objectives should also be published.' To help develop relevant equality objectives involving key stakeholders, the Family Equality and Diversity (FED) and Staff Equality and Diversity (SED) groups have utilised the NHS Equality Delivery System (EDS) to grade the Trust against several equality related outcomes.

This paper sets out the four objectives required by the Equality Act for the next three year period, how they were identified and how they will be monitored. The appendix covers how we assessed our organisation against the four goals and 18 outcomes of the Equality Delivery System (EDS). In addition other ongoing activities are identified which will be carried out during the coming three year period.

Equality objectives for period 2012 to 2015

Using the information gained as a result of collating equality and diversity data, the evidence collected during the EDS process and on the basis of the EDS grades awarded, both FED and SED have developed equality objectives. FED identified two objectives relating to goals 1 and 2 and SED a further two objectives for goals 3 and 4.

In selecting objectives, consideration has also been given to objectives which will foster the aims of the general Equality Duty concerning issues which affect people with protected characteristics and which will have the most impact on the disadvantages they face.

As well as the objectives outlined below and required by law, other work will be ongoing throughout the year to progress specific equality issues:

- SED will continue to support the work of the Black and Minority Ethnic Network (BAMEN) group, review a system for monitoring flexible working requests and explore cultural competence training for managers.

- FED will continue to improve services for children and families with learning disabilities, identify methods of understanding the patient experience of specific groups, such as non-English speakers or faith groups, and work to analyse clinical outcomes by demographic groups.

The objectives identified will help us achieve the requirements of the Equality Duty, but they will also support our attainment of existing organisational goals.

Objective 1:

While carrying out the analysis for the FED report about our patient population, referred to earlier in this document, it became apparent that there was potential overlap between the response options in PiMS. For ethnic group, the options in the drop-down menus are 'not asked or known', 'not specified' and 'refused to give' while for religion, there is only the option of 'not specified'. In both cases, the default option is 'not specified'.

In order to make this data more coherent, it is proposed to remove the 'not specified' options for ethnic group and religion, making the default value 'not asked'. This is planned to happen from 1st April 2012.

The 'refused to give' option will remain under ethnic group field and be created for the religion field. It is not obligatory for families to provide this information so the 'refused to give' option must be included.

We aim to reduce the number of patients for whom ethnic group and religion is 'not asked' by ten per cent year on year. Until the amendments noted above are carried out, we are unable to provide a baseline against which we can measure our progress.

This objective forms part of a wider plan to revisit data collection and usage at GOSH, which will enable more meaningful analysis and action in future.

Objective 2:

Each year, GOSH commissions Ipsos MORI to carry out a survey of patient experience at GOSH. Around 750 inpatients or outpatients and their parents are asked a series of questions so that we may better understand their experience and levels of satisfaction with our services. In 2011, two additional questions about disability were added:

- Does you child have any special needs or disabilities? For instance, a physical disability or learning disabilities.
- To what extent do you agree or disagree that the hospital understands these needs and puts arrangements in place to meet them?

We aim to increase the percentage of respondents stating that they agreed that the hospital understood these needs and put arrangements in place to meet them year on year. Until the first survey containing these questions has been completed, we are unable to provide a baseline or specify by how much we will aim to increase 'agree' responses.

This objective forms part of a wider plan to improve our services for children with disabilities, which is required by Monitor and other organisations.

Objective 3:

Staff appraisal data shows that 61 per cent of staff have an appraisal. Of those who do not have a current appraisal 40 per cent are from a BME background, or their ethnicity is not known. The proportion of BME staff without an appraisal is therefore higher than the proportion employed in the

Trust, which is 29 per cent. In 2010-11 work was undertaken to identify the blocks to appraisals and remedial action taken. This resulted in an increase in appraisal rates although the disproportion of BME staff receiving an appraisal remained. However, we have recently seen another dip in rates and an action plan and a Trust wide objective is in place to address this.

Following on from the Trust objective to increase appraisal rates for all staff to 80 per cent, we aim to achieve a year on year improvement of the percentage of staff from protected groups having appraisals. By 2013 the appraisal rates for all protected groups will match the appraisal rates of all other staff.

In order to help achieve this departments and units having low appraisal rates will be targeted and priority targeting of those areas of low appraisal rates and a high proportion of BME staff will be put into place.

Objective 4:

There is evidence from our recruitment data and through sources such as our staff survey that suggests staff from BME backgrounds (and in some instances with other protected characteristics) are not as successful in being recruited into the Trust as other groups. There may be many complex factors affecting this, but increasing the objectivity of the selection process will help mitigate unfair or unwitting discrimination.

In addition, selection testing for 'people skills' will help the Trust to appoint staff who are able to undertake supervisory and management roles. A common theme from the EDS grading exercise was that the experiences and perceptions of our staff are very much dependent on the quality of the line management they receive. It was consistently asserted that high quality staff management is important to help ensure fairness and inclusivity.

Currently, relatively very few pre-selection tests are used. The increased usage of an electronic recruitment system and the development of a dedicated recruitment team will enable more pre-selection tests to be used in order to inform employment decisions.

There will be a year on year increase in the percentage of tests used in recruitment selection processes. Benchmarking of current usage of selection testing is currently underway. Once this has been identified a percentage increase will be set and this objective will be updated accordingly.

The increase in the number of recruitment episodes that include tests will be reviewed in conjunction with demographic recruitment data to monitor the impact of the objective below on the numbers of staff who have protected characteristics who are appointed.

Monitoring progress against objectives

Objectives 1 and 2 will be formally monitored by FED and objectives 3 and 4 by SED. Progress against each objective will be reviewed every six months. Progress against all objectives will be formally reported to Trust Board annually.

Action required

Trust Board are asked to note the contents of this report and approve the equality objectives identified for the coming three years.

Appendix 1

The Equality Delivery System (EDS) grading system

At the heart of the EDS 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 goals and outcomes that performance is analysed, graded and action determined.

Goal 1 – Better health for all
Goal 2 – Improved patient access and experience
Goal 3 – Empowered, engaged and included staff
Goal 4 – Inclusive leadership at all levels

Each outcome can be assigned one of four grades based on a RAG+ rating system as below:

Grade	Description
Purple = Excelling	Outcome is met for all nine protected groups*
Green = Achieving	Outcome is met for six to eight of the nine protected groups
Amber = Developing	Outcome is met for three to five protected groups
Red = Undeveloped	Outcome is met for one or two groups only or no groups at all OR No evidence can be found to prove outcome has been met

* "Protected groups" means characteristics which must not be used as a reason to treat some people worse than others. These are: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The grading assigned to each objective is then aggregated to determine the overall grading for each goal.

How we carried out our grading

Goals 1 and 2 were assigned to the Family Equality and Diversity (FED) Group and Goals 3 and 4 to the Staff Equality and Diversity (SED) Group. Similar approaches were taken by both groups although on separate occasions as the audience for the grading were quite different.

Goals 1 and 2

Evidence to enable the grading exercise was collected and collated, although it was quite difficult to collect evidence against some of the outcomes, purely because the data did not exist or was not accessible. Also, as a children's hospital, GOSH is in a rather different position to most other hospitals in that it could be argued that several protected groups are not relevant to children aged less than 16 years. An additional challenge is that in order to fully understand our service provision and its suitability for our users, we need to consider the protected characteristics of our patients' parents.

A small-scale workshop was held in early January with a mixture of public/parent members and representatives of most service delivery departments within GOSH. Public/parent members were recruited in a direct email to our FT Membership, resulting in six expressions of interest. Standing members of the FED Group were also invited, along with other members of staff showing interest in the topic.

In a two hour session, attendees were asked to work in pairs to 'vote' using sticky dots for the protected groups for whom we confidently felt we were meeting the outcome. Nine sheets (one for each outcome) were developed to make 'voting' as clear and simple as possible. Evidence for each outcome was identified and displayed on the voting sheet above a grid showing each protected group covered by the Act.

After discussion in pairs, each attendee applied a sticky dot to the protected group(s) for whom they felt we were meeting the outcome. Attendees were advised to be mainly guided by the evidence provided, although if additional evidence was known, this could be added to the sheet for consideration by remaining pairs. Once each pair had 'voted', the sheet was passed on to the next pair and the process repeated until every pair had voted on each of the nine outcomes.

Goals 3 and 4

A short anonymous survey was sent out to all staff electronically in order to elicit their views regarding the nine outcomes which fall under goals three and four. A total of 270 staff responded. The responses, along with information gained from a legal review of GOSH staffing-related practices and policies and information from other sources such as the staff survey, were used as evidence to inform the grading process.

A workshop was held in January which was attended by members of SED, senior managers, staff-side, Foundation Trust shadow staff councillors and other key stakeholders. This enabled us to ensure that there were people present who could reflect the views and experiences of many of the protected groups including black and minority ethnic (BME) staff, lesbian, gay, bisexual and transgender (LGBT) staff and disabled staff. Attendees were split into small groups and each group considered the evidence presented and allocated a provisional grade for every outcome. At the end of the session final grades were discussed and agreed by consensus of the whole group.

Grading Results

Prior to the Equality Act 2010, statute concentrated on collecting data and reporting against race, sex and disability. Under the EDS, data has to be available on **more than five** protected groups to grade any outcome above developing (amber). Consequently most outcomes for the Trust have been rated as underdeveloped or developing on the basis that data about all protected groups is not available. Developing more complete data is an area that both FED and SED will be improving, and an area that the national systems used by the Trust will also need to address.

The following grading was reached following voting at the workshop for Goal 1 and 2:

Outcome	Grade assessed	Notes/Comments
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well being and reduce health inequalities	Undeveloped	Policy in place but evidence only available for a couple of groups
1.2 Individual patients' health needs are assessed, and resulting services, provided, in appropriate and effective ways	Developing	Good evidence for three groups but little for others
1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly	Developing	Good evidence for three groups but little for others
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	Undeveloped	Policy in place but little evidence of results available

1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Developing	Evidence available for few groups only
2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds	Undeveloped	Little hard evidence available
2.2 Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care and to exercise choice about treatments and places of treatments	Developing	Good evidence for three groups but little for others
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	Undeveloped	Strong evidence for some groups, little for others
2.4 Patients' and carers' complaints about services and subsequent claims for redress should be handled respectfully and efficiently	Undeveloped	Policy in place but little evidence of outcomes

The following grading was allocated at the workshop for Goal 3 and 4:

Outcome	Grade assessed	Notes/comments
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	Developing	Good recruitment processes but variable implementation by line managers possible.
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally	Developing	Good staff-side engagement in banding decisions.
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	Developing	Variability of line manager influences access to training across the board and not in respect to any specific protected group.
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	Developing	New staff support service offering improved mediation.

3.5 Flexible working options are made available to all staff, consistent with the needs of patients and the way that people lead their lives	Developing	No central recording system of requests exists. Lots of people access.
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.	Achieving	Lots of initiatives in place and evidence that they are readily accessible to all protected groups. Planned further work to support managers dealing with mental ill health.
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.	Developing	Group felt that equality and diversity is upheld but no overt evidence for all protected groups. Many survey respondents couldn't comment.
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	Managers have varying levels of skills.
4.3 The organisation uses the NHS Equality and Diversity competency framework to recruit, develop and support strategic leaders to advance equality outcomes	Not applicable	GOSH do not use this framework but have several other leadership and competency frameworks in place and work to support the development of equality and diversity across the organisation.