

Trust Board MeetingITEM: 20
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DATE: 28 March 2012

TITLE: Whittington Health Equality objectives

SPONSOR: Maria Da Silva, Chief
Operative OfficerREPORT FROM: Margaret Boltwood,
Director of People**PURPOSE:** To update the Trust Board with progress on developing the Equality Delivery system and for agreement of proposed equality objectives**EXECUTIVE SUMMARY:**

Whittington Health has been developing its Equality delivery system as part of its commitment to equality both in terms of services and employment, with the aim that it will improve our equality performance.

Whittington Health published on 31 January 2012, a document summarising how we deliver our services with equalities at its centre. The protected groups within the Equalities Act 2010 are included within this document. These are:

- Age
- Disability
- Sex
- Marriage and civil partnership
- Pregnancy & maternity
- Race including nationality & ethnicity
- Gender re-assignment
- sexual orientation
- religion or belief

The Trust has now developed nine equality objectives to support the further development, and embedding of equalities, into how it delivers its services and behaves as an employer.

There are four equalities outcomes which are recommended by the Department of Health upon which Whittington Health has based its equalities objectives. These also fit well within Whittington Health's strategic objectives, for example, improving population health. The equality outcomes and proposed equality objectives are as follows:

◆ **Equality outcome: Better health outcomes for all**

Objective 1 Empower patients, service users, carers and staff to take more control over and improve their health

Objective 2 Make every intervention a health promoting intervention

Objective 3 Work in strategic partnerships to narrow the gap in health inequalities and life expectancy in Haringey and Islington.

Objective 4 Ensure that patients with long term conditions are supported to manage their conditions

◆ **Equality outcome :Improved patient access and experience**

Objective 5 Information for patients and service users is understood by all

Objective 6 The complaints and compliments procedure is available to all in accessible



formats

◆ **Equality outcome Empowered, engaged and well supported staff**

Objective 7 Staff feel fully engaged in delivering services

Objective 8 Staff are supported through fair performance management

◆ **Equality outcome Inclusive leaders at all levels**

Objective 9 All managers and leaders to integrate equalities into the delivery of their duties

PROPOSED ACTION: Agreement of Whittington Health's equality objectives for publication by 6 April 2012

APPENDICES:

DECLARATION

In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

Implications for the NHS Constitution, CQC registration

Financial, regulatory and legal implications of proposed action

Risk management, Annual Plan/IBP

Moving Ahead – how does this report support any of the Trust's 5 Strategic Goals

Supporting Information

1. Introduction

1.1 Whittington Health has been developing its Equality delivery system as part of its commitment to equality both in terms of services and employment, with the aim that it will help to improve our equality performance. It is recognised that equality is very important in terms of the way we deliver our services and employ our staff.

1.2 Whittington Health is committed to delivering equality to all our patients, service users and staff and this equality system will help us to deliver improved and more consistent performance on equality issues. The Equality Delivery System, from the Department of Health, concentrates on achieving the following four equalities outcomes:

- *Better health outcomes for all*
- *Improved patient access and experience*
- *Empowered, engaged and well supported staff*
- *Inclusive leaders at all levels*

2. Publication

2.1 *In line with requirements of the Equalities Act, Whittington Health published on 31 January 2012, a document which summarises how we deliver our services with equalities at its centre. The protected groups within the Equalities Act 2010 are included within this document. These are:*

- *Age*
- *Disability*
- *Sex*
- *Marriage and civil partnership*
- *Pregnancy & maternity*
- *Race including nationality & ethnicity*
- *Gender re-assignment*
- *sexual orientation*
- *religion or belief*

2.2 The document sets out how we deliver our services with equalities at its centre. We will use this to identify gaps in our equality service delivery and then put in place improvement plans. We recognise that the success of the work will only be achieved through the continued involvement of service users, local people, staff, and our governors. We will seek their views as well as with our local authority partners, and local community organisations on how we can improve our services. This is a living document that will be regularly updated.

3. Equalities objectives

3.1 Based upon these summaries, Whittington Health has now identified nine key equalities objectives which are presented to the Trust Board for agreement. These also fit very much with our strategic goals as our local population is key to our strategic purpose.

4. Development of these equalities objectives

4.1 These equality objectives have been developed through the following involvement:

- ◆ Trust Board seminar
- ◆ QIPP Board
- ◆ Partnership Group
- ◆ Specialist experts

4.2 The objectives have also been scrutinised and amended by the Equality and Diversity Steering Group as well as the involvement of the Trust Board's specialist adviser. They have been agreed with the staff partnership Group. The Trust is required to publish its equality objectives by 6 April 2012.

5. Further consultation

5.1 This is very much a journey for the Trust, to enhance the way it integrates equalities issues into the way it delivers services and behaves. It is very important that the publication of services and the equality objectives are now widely consulted upon with relevant groups eg Trust's Governors; Links; Patient Experience Group; local special interest community groups and health groups. There has to be a strong link through to the local population and a determination to improve the health of local people.

5.2 The lead directors for each health outcome will be responsible for ensuring this is considered within the agendas of appropriate groups. The aim will be two fold:

- ◆ *To find out views of how well our services meet local needs and how they could be improved*
- ◆ *To check whether these are the most appropriate equality objectives and how they could be improved*

5.3 Feedback will be co-ordinated centrally to enable a review to take place of the objectives.

6. Monitoring

6.1 The Equality and Diversity Steering Group will monitor the progress on implementation of these plans in relation to the equality objectives and has agreed an agenda plan accordingly.

6.2 It is proposed that the Executive Committee and the Trust Board monitor progress on a six monthly basis.

Whittington Health: equality objectives 2012-15

Whittington Health’s strategic vision: To be an outstanding provider of high quality joined up healthcare to local people in partnership with GPs, councils and local providers

To help deliver this vision Whittington Health has nine equality objectives which are embedded within its strategic goals. These have particular relevance to the nine protected equality groups: age; disability; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race including nationality and ethnicity; religion or belief; sex; and sexual orientation.

Equality outcome	Equality objective	Specific actions	Measures of success	timescale
Better health outcomes for all Lead: Chief Operating Officer	1. Empower patients, service users, carers and staff to take more control over and improve their health	<ul style="list-style-type: none"> ◆ Each of the 3 Clinical Divisions to have identified, planned and implemented at least one prevention/ health promotion project 	<ul style="list-style-type: none"> ◆ Incremental cycles of change done in each area – learning shared / successful ones adopted for further development/spread 	By March 2013
	2. Make every intervention a health promoting intervention	<ul style="list-style-type: none"> ◆ Map self management interventions and take up 	<ul style="list-style-type: none"> ◆ Gaps identified re self management offer and take up 	By October 2012
	3. To work in strategic partnerships to narrow the gap in health inequalities and life expectancy in Haringey and Islington.	<ul style="list-style-type: none"> ◆ Work with local authority Health and Wellbeing Boards and public health teams to develop and support priorities for health improvement interventions ◆ To actively target health interventions within our most deprived communities 	<ul style="list-style-type: none"> ◆ Improving trends in health outcomes indicators 	Review March 2013

Equality outcome	Equality objective	Specific actions	Measures of success	timescale
	<p>4. Ensure that patients with long term conditions are supported to manage their conditions</p>	<ul style="list-style-type: none"> ◆ To routinely measure and report health outcomes indicators ◆ Self management interventions incorporated into LTC transformational change streams 	<ul style="list-style-type: none"> ◆ Gaps identified re self management offer and take up 	<p>By October 2012</p>
<p>Improved patient access and experience Lead: Director of Nursing and Patient Experience</p>	<p>5. Information for patients and service users is understood by all</p>	<ul style="list-style-type: none"> ◆ Systematic review of all printed leaflets in use to ensure format is consistent and information is clear. ◆ Agree core leaflets for all services and ensure these can be provided in a variety of formats (including languages, large print, Braille, and audio tape) ◆ Where practicable accessibility strap-line to be included in all printed documents ◆ Accessibility strap-line publicised on all patient information on intranet and internet. 	<ul style="list-style-type: none"> ◆ Printed copies of core patient information leaflets are available in various formats in all locations where services are delivered. ◆ Trust patient/ service user leaflets are easily accessed on the intranet and Trust website. ◆ Positive feedback from a patient/service user focus group and from LINKs.¹ 	<p>Review October 2012</p>

¹ LINKs – local Involvement Network.

	<p>6. The complaints and compliments procedure is available to all in accessible formats</p>	<ul style="list-style-type: none"> ◆ Produce a Complaints and PALs leaflet in a variety of formats/ languages and ensure it is available in all locations where services are delivered ◆ Analysis of complaints and compliments to include (where appropriate and practicable) diversity issues /trends. 	<ul style="list-style-type: none"> ◆ Feedback from 2012 Review of Compliance. ◆ The quarterly complaints report will identify diversity issues and trends. 	<p>Review July 2012</p>
<p>Empowered, engaged and well supported staff Lead: Director of people</p>	<p>7. Staff feel fully engaged in delivering services</p>	<ul style="list-style-type: none"> ◆ Involve a diverse range of staff in re-designing services ◆ Diverse staff participate in CEO and other briefing events ◆ Extend the range of current workforce equality monitoring to cover all nine strands working closely with staff representatives ◆ All staff are aware of the Trust's strategic goals and able to contribute views and to the development of organisational values 	<ul style="list-style-type: none"> ◆ Staff participation in service reviews and organisational briefing events by protected group composition (subject to availability of data) ◆ More employee data is available to reflect 9 strands ◆ Increased organisational commitment demonstrated through staff survey results 	<p>By September 2012</p> <p>By March 2012</p> <p>Review march annually</p>

	<p>8. Staff are supported through fair performance management</p>	<ul style="list-style-type: none"> ◆ Quarterly monitoring of appraisal rates, formal disciplinary and capability action by protected groups where available ◆ Integrate equality issues into training and development of supervisors, managers and leaders 	<ul style="list-style-type: none"> ◆ Increased appraisal participation rates by protected groups (subject to availability of data) ◆ Disciplinary and capability formal action is proportionate throughout the overall composition of the workforce ◆ All relevant training and development programmes have equalities embedded within their aims 	<p>Review every 6 months September 2012 onwards</p> <p>Review every 6 months September 2012 onwards</p> <p>By February 2013</p>
<p>Inclusive leaders at all levels Lead: Chief Executive (Director of People)</p>	<p>9. All managers and leaders to integrate equalities into the delivery of their duties</p>	<ul style="list-style-type: none"> ◆ Develop organisational values to reflect importance of equalities issues ◆ Leadership and management development programmes integrate equalities issues 	<ul style="list-style-type: none"> ◆ Equalities are embedded within the Trust's organisational values ◆ NHS Competency Framework and Equality & Diversity Leadership is the utilised within the trust's management and leadership development programmes 	<p>By June 2012</p> <p>By February 2013</p>

		<ul style="list-style-type: none"> ◆ Introduction of coaching/mentoring/shadowing opportunities to support development of talent ◆ Succession planning for the Trust takes account of equalities 	<ul style="list-style-type: none"> ◆ Staff participate and value a coaching/mentoring/shadowing programme ◆ The Trust's succession plan embraces a diverse workforce 	<p>By February 2013</p> <p>By February 2012</p>
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