



# Equality Delivery System March 2019



## 1. Introduction

- 1.1. The Equality Delivery System (EDS) is a framework to help NHS organisations review and assess their equality performance to ensure better outcomes for patients, communities; better working environments for staff that are personal, fair and diverse as well as legal compliance. This assessment is undertaken in partnership with the local population and communities of interest.
- 1.2. Within EDS2 there are 18 Outcomes grouped into four Goals against which the Trust is graded and assessed by its communities of interest. A full list of Goals and Outcomes is included in under section three. These four overarching Goals are:
  - (1) Better health outcomes;
  - (2) Improved patient access and experience;
  - (3) A representative and supported workforce;
  - (4) Inclusive leadership.
- 1.3. The 2019 Equality Delivery System 2 (EDS2) grading review took place on 21<sup>st</sup> March 2019 in consultation with our communities of interest, including members of the Inclusion Hub Advisory Group, the Staff Engagement Forum, members of our staff networks, Staff Side representatives, Governors, Inclusion Working Group members and staff.
- 1.4. Participants are required to grade how people from protected characteristic groups fare compared with people overall based on the information presented for each outcome. Our performance against each of the goals is graded as below:
  1. Excelling – **Purple**
  2. Achieving - **Green**
  3. Developing – **Amber**
  4. Undeveloped – **Red**

## 2. The process

- 2.1. In previous years, the Inclusion Team approached all areas of the business to collate good practice that could be provided as evidence against the overarching goal and outcomes within it.
- 2.2. In July 2018, a subgroup of the Inclusion Hub Advisory Group met to identify a process for the EDS2 review. Based on the feedback from the subgroup, it was felt a refreshed and more targeted approach should be taken to identify areas of both good practice and areas of known challenge against goals one and two, with a focus on communities with health inequalities and our ageing population.
- 2.3. The following areas were identified for focus in goals one and two.

**Goal 1:** Better Health Outcomes, focus on:

Dementia, Falls, and Brighton Homeless Street Project.

**Goal 2:** Improved patient access and experience, focus on:

Surge Management Plan and Patient Experience

2.3.1. These were chosen as the area we serve has an ageing demographic with 15 out of 20 CCGs having populations older than the England average for people aged over 65 years, and 14 having populations older than the England average for people aged over 85 years. An ageing population increases the level of morbidity including frailty, those with long-term conditions and multiple conditions, and therefore dependency on services.

2.3.2. For this reason, the subgroup recommended we focus on the needs of our older service users in Goal 1, with a spotlight on falls and dementia (one where we have made significant progress vs one where we are aware of an outstanding need). The group also noted the health inequalities that can occur because of socio-economic situations and therefore also wanted to look at the street homeless project.

2.3.3. Similarly, the issues of increasing demand on the Trust and the impact of this on patient experience informed the areas of focus for goal two.

2.4. The outcomes under goals 3 and 4 are more related to specific areas of work and leads were identified based on this. Evidence and supporting information against these two goals were provided by the leads identified for individual outcomes, including HR Operations, Organisation Development (OD), Employee Relations and the Director of Human Resources and OD, Inclusion, Corporate Governance and Culture.

2.5. The subgroup acknowledged that it was highly likely that there would be a downgrading of the Trust's previous performance against the EDS2 outcomes because of taking this approach. However, they felt strongly that it would ensure that the event was of greater value to the organisation because it would allow us to identify clear and targeted actions to be taken forward as a result.

2.6. At the grading event, participants received presentations relating to all outcomes in the goal and were then asked to discuss and consider each outcome individually, before grading, based on what they had heard and the specific EDS2 rationale.

2.7. If the result of the cumulative voting was clear participants moved on to next outcome. If it was unclear, or the results very close, further discussion took place prior to another vote to reach the final grade.

### **3. Equality Delivery System (EDS2) – Grading Outcome 21<sup>st</sup> March 2019**

3.1. The outcomes of the EDS2 review are provided on the following page.

<b>Goal 1. Better health outcomes</b>		<b>Grade</b>
1.1	SECamb services are designed and delivered to meet the health needs of local communities	Developing
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
1.4	When people use SECamb services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Achieving
1.5	SECamb health promotion initiatives reach and benefit all local communities	Developing
<b>Goal 2. Improved patient access and experience</b>		<b>Grade</b>
2.1	People, carers and communities can readily access SECamb services and should not be denied access on unreasonable grounds	Achieving
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
2.3	People report positive experiences of SECamb	Developing
2.4	People's concerns and complaints about SECamb services are handled respectfully and efficiently	Developing
<b>Goal 3. A representative and supported workforce</b>		<b>Grade</b>
3.1	SECamb recruitment and selection processes are fair and lead to a more representative workforce at all levels	Developing
3.2	SECamb is committed to equal pay for work of equal value and uses a structured pay scheme and job evaluation to help fulfil their legal obligations.	Achieving
3.3	Staff from protected groups have the same opportunity to undertake training and development as the overall workforce, and the outcomes are as favourable as for the overall workforce.	Developing
3.4	SECamb have robust policies and procedures designed to assist in protecting staff from abuse, harassment, bullying and violence from any source	Developing
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
3.6	Staff report positive experiences of their membership of the workforce	Developing
<b>Goal 4. Inclusive leadership</b>		<b>Grade</b>
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

## **4. Conclusion**

- 4.1. As anticipated this robust process resulted in a decrease in the grading outcomes. Based on the discussions which took place at the event and evaluations, this is largely due to lack of available data that would enable us to clearly identify whether staff and patients from across protected characteristic groups are having an equitable experience.
- 4.2. Participants felt there was a clear gap in patient experience, as diversity monitoring is not currently undertaken.
- 4.3. The stakeholder group noted the projected increase in people being diagnosed with dementia (one in 14 people over 65 will develop dementia, and the condition affects 1 in 6 people over 80). Given the age profile of the area we serve, participants felt strongly that the Trust should be looking to develop a Dementia workstream. However, they commended the clear clinical rationale behind the Surge Management Plan which could be broken down into protected characteristics to ensure equitable outcomes.
- 4.4. Following the discussions that took place around Goal four, Inclusive Leadership, the stakeholder panel advised that there was a need for greater focus on diversity and inclusion. In particular, lack of progress on actions on the Equality Objective and WRES action plan was highlighted and it was felt there needed to be greater focus on ensuring future progress.

## **5. Recommendations from the Inclusion Working Group**

- 5.1. As anticipated this robust process resulted in a decline in the grading outcomes (Appendix two). Based on the discussions which took place at the event and evaluations, this is largely due to lack of available data that would enable us to clearly identify whether staff and patients from across protected characteristic groups are having an equitable experience.
- 5.2. The IWG reviewed the results of the EDS2 grading and made the following recommendations which were approved by the HR Working Group alongside publication of our EDS2 grading results;
  - 5.2.1. The EDS2 framework is currently under review by NHS England and will be relaunched as the EDS3. The IWG proposes that a stakeholder subgroup is convened once the new EDS3 framework is published. The subgroup will review this year's process and make recommendations ahead of a re-grading which they recommended to take place in 2020.
  - 5.2.2. The IWG recognised the need to improve diversity monitoring within patient experience, and that feedback be shared with the relevant directorate for action. They also recognised that the development of a Patient Experience strategy is planned for later this year.
  - 5.2.3. The IWG also recommended that a Dementia Strategy be developed at the earliest possible opportunity. This recommendation has been shared

with both Medical, and Quality and Safety Directorates to determine who is best placed to take this forward.

5.2.4. The IWG noted that a lack of data was a significant factor in the reduced grading outcomes in Goal 3 and recommend increased focus in our HR data processes to ensure equitable outcomes and improved grading for 2020.

5.2.5. The IWG recommended that all Leaders and Managers take every opportunity to promote the benefits of patient and public engagement and involvement in Trust projects and workstreams, highlighting that this is a legislative requirement. They should also be reminded of the support available from the Inclusion Team to facilitate this. An action to address this is being taken forward alongside the Membership Team.

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