



# **EQUALITY ASSURANCE REPORT**

Angela Doak  
Human Resources Director  
Roy Ebanks  
Interim Equality & Diversity Lead  
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## **COMPLIANCE WITH THE PUBLIC SECTOR EQUALITY DUTY AND IMPLEMENTATION OF THE EQUALITY DELIVERY SYSTEM**

This report has been written at the request of the Strategic Health Authority to demonstrate and progress evidence that Luton and Dunstable Hospital NHS Foundation Trust as a Provider, is adhering to the Public Sector Equality Duties (PSED) as set out within the Equality Act 2010 and implementing the NHS Equality Delivery System (EDS) during 2011-12.

The overarching objective of this report is to provide assurance that Luton and Dunstable Hospital NHS Foundation Trust is advancing equality of opportunity, tackling discrimination and fostering good relationships between different community groups.

Luton and Dunstable Hospital NHS Foundation Trust (The Trust) takes its responsibility seriously and is embedding the equality agenda across all of its business functions, together with partner commissioning organisations across Luton accountable for their part, in mitigating any risks of non-compliance as defined in the Equality Act 2010.

The development and implementation the EDS is unprecedented for the NHS and as such we will be producing a strategy in due course which will reflect:

- the four goals of the EDS ;
- the priority objectives within them as defined and co- agreed with our local interests; and
- the timeline for implementation.

This strategy will ensure a broader definition of equality is taken and whilst our former Single Equality Scheme looked at age, race and gender, we recognise the need to strengthen our approach to include all nine protected characteristics going forward and as defined within the Equality Act 2010.

### **EQUALITY WORKFORCE DATA**

The Trust produced an Trust Equalities Monitoring Report covering the staff profile for the period 2010-2011 (see **Appendix A**) and a final draft of the 2011-12 report is nearing completion and will be made available and published by the 31<sup>st</sup> January 2012 deadline.

#### **Staff in Post**

The Trust, like most NHS organisations, uses the **Employee Staff Record (ESR)** to capture the following protected characteristics of staff employed:

- age
- gender
- ethnicity
- sexual orientation
- disability

- religion and belief

### Recruitment

A similar range of protected characteristics evidence is also obtained from the data that is extracted from the **NHS Jobs portal**, which is the main recruitment channel for:

- all Trust posts advertised
- applicants
- shortlisted applicants
- appointed applicants

### Development

The Trust has also deployed a bespoke data base to capture the profile of its training and development programmes covering mandatory and specific training needs across age, gender, ethnicity and disability. Data is also captured as to the staff profile of those employees who Did Not Attend (DNA) training having requested it – to help identify if there are any trends or groups who do not follow through, for whatever reason, their formally requested training.

The above information has been summarised for reporting purposes and correlated to the 2010-11 data to form appropriate comparative performance data. This can be found at **Appendix B**.

Overall, The Trust is in a strong position to analyse staff data alongside other survey and feedback information, to determine those key few equality priorities.

## **EQUALITY DATA MONITORING**

The Trust has evidence of the patient profile for both Inpatients and Outpatients as part of its Patient Information Management System (PIMS) for the following protected characteristics:

- Age
- Gender
- Ethnicity

However, areas such as disability, religion and belief, transgender and sexual orientation are not captured as the current system without investment, cannot achieve this. There is some anecdotal evidence that amongst specialist services such as Diabetes, some informal data on additional patient protected characteristics is captured by some speciality leads, such as disabilities, but as this based on individual case records, such data cannot be easily or seamlessly accessed for Trust wide reporting purposes.

The Inpatient and Outpatient data by speciality for April 2010 – March 2011 can be found at **Appendix C&D below:**



[inpatient summary - Age and Sex- 2010-2011.htm](#)

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[Appendix C - LDHospital FT- Outpatient-ethnicity 2010-2011.htm](#)

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[Appendix D - Summary Discharges EthnicityAPR 2010 - Mar 2011.htm](#)

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## **PUBLISHING PSED OBJECTIVES**

In line with timeframes, as set out by the Department of Health the Trust will publish its Equality Objectives by April 6<sup>th</sup> 2012, for the period 2012-2016

Having consulted with some 4,000+ members of the community NHS and Trust staff across Luton, on what they deem to be priority areas in line with the EDS objectives we are in the process of analysing the feedback.

It is envisaged analysis will be completed by the beginning of February and will then be shared with ***Luton Locally Empowered Advisory Delegates (EDS-LEAD)***; a group of our local interests. This group, which will act as the grading panel for the EDS will help decide what the objectives will be that they wish NHS services to deliver upon.

## **KEY HEALTH INEQUALITIES**

The EDS has been embedded as a `golden thread` into the Luton Joint Needs Strategic Assessment (JSNA) and will also be woven into the Health & Well-Being Strategy ensuring it is very much on the radar of the Trust 's clinical and executive leadership alongside its partners across NHS Luton, NHS Bedfordshire, Luton Borough Council and beyond. Board.

The Trust has also published as past of Annual Quality Report (2010-11) report a number of themes for improvement:

## Disability

An earlier study of disabled patients' hospital experience, using patient and staff interviews, revealed many problems for this group of patients in accessing hospital services as out-patients or in-patients.

Four key issues were highlighted in the study:

- 1) *The inability of the hospital to react to the needs of these patients when they present at the hospital;*
- 2) *The lack of identification of disabled patients that can lead to lack of awareness by many front-line staff;*
- 3) *Poor physical access and lack of equipment;*
- 4) *The lack of relevant staff training.*

The Trust conducted a six month pilot during 2010-2011 that focused on improving the experience of disabled patients and their carers within Outpatients.

The project included patients with mobility, hearing and learning disability and also took account of patients with speech disabilities. As a result:

An eye-catching leaflet is sent to every patient with their appointment letter, listing the services that the hospital can offer disabled patients, such as:

- a portable loop,
- Braille information leaflet
- 'Meet and Greet' service (booked in advance by phoning a dedicated helpline)

The innovation of this service delivery is offering our patients the choice to ask for services they need. Also, they can choose to have a relevant sticker to put on their notes themselves, 'consenting' to identification. This empowers patient, improves their experience and safety as well as enabling the staff to recognise different patients' needs. It has proved to have been very popular with patients and staff alike.

## Mental Health

Trust signed up to the **MENCAP 'Getting it Right'** Charter and has worked with partners including representatives of patients and families to create a task and focus group. The group had an action plan to implement each of the part of the Charter during 2011. The Trust has worked to improve the care of patients with dementia through rolling out increased staff training, and the use of '*all about me*' information for each patient completed with the family, so that staff can improve anticipation of patient need.

## Learning Disability

For Patients with learning disabilities, the Trust has a specialist Learning Disability Liaison Nursing Team to support sensitive and effective implementation of Trust services, for those patients who require it. In addition, there is a **Learning Disability Task Group** which sets out the key learning disability actions for the Trust in improving patient and staff experience of managing learning disabilities. The Task Group also considers a range of disability focused action that support the wider access issues and engagement of patients and their carers.

Patient satisfaction - This is at the core of delivering services that meet patient and staff expectations. The Trust is focused on its *Patient First* programme which uses its patient feedback mechanisms to gather evidence of patient satisfaction and issues raised for action.

## Improved access

The Trust is in the midst of a multi million pound investment in aligning Trust services, patient experience and access needs to suit its changing demographics and clinical outcomes.

The Trust actively works with other healthcare organisations, social services and other local partners to promote, protect and improve the health of the community and reduce health inequalities.

For example:

- Meeting with practiced based commissioners (CCG) to identify priorities for the future
- Quality Monitoring Boards with Trust commissioners
- Chief Executive's Leadership Group, Urgent Care Programme Board
- Regular CEO and Director meetings with PCT colleagues

The Trust also contributes to nationally recognised and statutory partnerships through:

- Cross system networks to support high quality care
- Choosing Health priorities that in many instances, affect disproportionately, BME and local diverse communities by, developing networks such as:
  - cardiac network
  - diabetes network
  - mental health partnership arrangements
  - prevention of teenage pregnancy
- Enhancing its maternity services.
- Links to local strategic partnerships such as Local Area Agreement and Bedfordshire and Luton Local Resilience Forum.
- Local Safeguarding Children's Board (LSCB) – Luton LSCB and Bedfordshire LSCB membership.

- Local Safeguarding Vulnerable Adult Boards for Luton and Bedfordshire

**EQUALITY ASSURANCE (EAR)  
2012 – 2013 – NHS MIDLANDS AND EAST**

**Luton and Dunstable Hospital FT**

Item	Description	Evidence
A)	<p>Have you/will you have published your NHS Trust:</p> <p>Equality Strategy and/or Assurance document (this is the main document that shows your compliance with the public sector equality duty) - by 31 January 2012</p> <p>Can you give a summary of its format and where it can be located on your website.</p>	<p>Yes. See attached.</p> <p>Ditto</p>
B)	<p>Have you published your Equality workforce data?</p> <p>Please summarise:</p> <ul style="list-style-type: none"> <li>• Any gaps/trends</li> <li>• How it has been collected</li> <li>• Where it can be viewed</li> <li>• What it covers</li> </ul>	<p>Yes - this will be published by 31<sup>st</sup> January.</p> <p>See supporting commentary in EAR.</p>
C)	<p>What assurance can you give a commissioning/or Provider organisation that your data monitoring will reflect and be broken down to the protected characteristics required by the public sector equality duty (PSED)?</p>	<p>Staff – evidence of data captured from Employee Staff Record (ESR) and NHS Jobs has been applied and data tables.</p> <p>Patients – evidence provided from Patient Information Management System (PIMS) covering those protected characteristics captured as highlighted in report and patients served (Inpatient, Outpatient and Discharges).</p>
D)	<p>Will you publish your PSED</p>	<p>Yes.</p>

Item	Description	Evidence
	<p>objective/s by April 2012?</p> <p>Please outline the Equality objective for your organisation;</p> <ul style="list-style-type: none"> <li>• Commissioner Equality objectives</li> <li>• Provider Equality objectives.</li> </ul> <p><i>(Delete as appropriate)</i></p>	<p>Objectives are still being refined. Will be published to EDS deadlines following necessary consultation and grading arrangements with <b>EDS Locally Empowered Advisory Delegates (LEAD)</b>, which is the Luton Community interest Group for the EDS.</p>
E)	<p>Can you summarise the key health inequalities that your organisation will address in 2012/13 (including Protected Characteristic Areas)?</p>	<p>Objectives are still being refined. Will be published to EDS deadlines following necessary consultation and grading arrangements with <b>EDS Locally Empowered Advisory Delegates (LEAD)</b>, which is the Luton Community interest Group for the EDS.</p>
F)	<p>Can you highlight and give examples of good practice in relation to the rollout out of the Equality Delivery System (EDS)?</p>	<p>Yes. All detailed in EAR submission.</p>
G)	<p>What Governance structures are in place to oversee the monitoring and grading of the Equality Delivery System (EDS) goals and objectives?</p>	<p>Existing <b>Trust Equalities, Diversity and Rights Committee</b> plus Trust membership of <b>Luton's EDS Implementation Group</b></p>
H)	<p>What workforce/community</p>	<p>Current interim Trust equalities</p>

<b>Item</b>	<b>Description</b>	<b>Evidence</b>
	engagement structures are in place to oversee the monitoring and grading of the Equality Delivery System (EDS) goals and objectives?	leadership to manage the Trust's input, engagement and communications and outcome implementation of EDS to April 2012 deadlines.
l)	What are the Risk Areas (if any) to the delivery of your NHS Trusts Equality Assurance and objectives?	Detailed in EAR submission.