



East Kent University NHS Foundation Trust
University House

The Equality Delivery System
for the NHS – EKUFT Grading
Document

Reviewed by Diversity House

Date of Review:	17 April 2012
Review Number:	DH04/12
Reviewing Organisation:	Diversity House (Registered Charity No. 1122960)
Subject:	The Equality Delivery System for the NHS – East Kent Hospital University Foundation Trust (EKHUFT)
Reviewed Documents:	<ol style="list-style-type: none"> 1. EKHUFT Grading Document – 15 February 2012; 2. EKHUFT Workforce Equalities Monitoring Report 2011; 3. EKHUFT Equality Objectives 2012; 4. The Equality Delivery System for the NHS: Statement on Costs and Benefits;
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Action: This paper is for (please tick)			
Assurance	Approval	Decision	
Purpose:			
To review and comment on the Equality Delivery System for the NHS - East Kent Hospitals University NHS Foundation Trust (EKHUFT) grading document 2012.			

Introduction:
<p>Diversity House is a charity situated in Swale, Kent. It delivers community care services to disadvantaged communities, particularly, those with a diverse background to mitigate the underpinning factors that lead to deprivation and inequalities in health and social care, consequently promoting community integration, inclusion and cohesion.</p> <p>Therefore, engaging with EKHUFT to review this grading document will help Diversity House meet its core mission of promoting equality and diversity and also give voice to its service users who mostly fall within the EDS nine protected characteristics.</p> <p>The EDS requires NHS organisations to assess and evidence their progress towards 12 equality outcomes and to form objectives to address any weaknesses which are highlighted by the process.</p>

EDS OUTCOME	EKHUFT'S EDS GRADING - EVIDENCED BY:	EKHUFT'S GRADING	DIVERSITY HOUSE - COMMENT(S)	REVIEWED GRADE
EDS OUTCOME 1.1 (Better health outcomes for all)	<ol style="list-style-type: none"> 1. Services are designed and delivered to meet the needs of most protected group, promoting wellbeing and reducing health inequalities; 2. Patients from protected characteristics are engaged; 3. Key disadvantaged groups are taken into account 	Achieving	In our view, we believe that the Trust can substantiate its rating of this outcome as: <ol style="list-style-type: none"> 1. Services are designed and delivered to meet the needs of most protected groups using the local Joint Strategic Needs Assessment (JNSA) which is the remit of Eastern and Coastal Kent PCT; 2. Community members and groups are engaged with and regularly consulted about service design through groups such as: the PUP; PAFAF, etc. 	Achieving
EDS OUTCOME 1.2 (Individual patients health needs are assessed , and resulting services provided, in appropriate and effective ways)	<ol style="list-style-type: none"> I) Consent from patients and families II) Family and carers engagement III) Provision of interpreting and translation services IV) Patient users partnership groups V) Patient and public advisory forum VI) Supporting Kent Transgender Forum and Learning Disabilities Group and their carers 	Achieving	Diversity House commends the Trust on its good practice as evidenced by cultural sensitivity towards the Gypsy and Travelling communities, Learning Disabilities, Transgender and Asylum Seekers. However, there is need for the Trust to identify the other outstanding protected characteristics that are yet to be engaged. It is pertinent that the Trust have a strategy in place which will indicate 'how, what and when' this outcome would be achieved. This will ensure that the Trust move to the next level of 'excelling'.	Achieving
EDS OUTCOME 1.3 (Changes across services for individual patients are discussed with them, and transitions are made smoothly)	<ol style="list-style-type: none"> 1) Discharge and Transfer of Care Policy 2) Patients and Public Engagement Strategy 	Developing	Diversity House commends the Trust for all the policies. However, the inability of the Trust in breaking down responses according to protected groups is a cause for worry. One may deem it right to ask the following questions: <ol style="list-style-type: none"> 1) Is it that the Trust has not been presented with the opportunity/facilities for recording the protected characteristics? 	Undeveloped

			<p>2) Has surveys been designed in a manner that is not fit for appropriate responses to be collected? The Trust does not analyse feedback from patients and families by protected characteristics.</p> <p>Having reviewed the limited information available to us, our view is that the Trust is undeveloped and should be graded as such.</p>	
<p>EDS OUTCOME 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)</p>	<ol style="list-style-type: none"> 1) Patients' safety monitored against Care Quality Commission Standards (CQC); 2) A safeguarding group made up of organisations from outside the Trust; 3) Equality and Human Rights Policy; 4) Staff training on customer services which includes bullying and harassment awareness; 5) The Trust has an Equality and Human Rights Manager with the responsibility to ensure that the Trust complies with Human Rights and Equality Act in the provision of services; 6) Patients survey, Dr Foster 	<p>Developing</p>	<p>The Trust has demonstrated to some extent that it is meeting EDS Outcome 1.4. The Trust has put in place protocols for patients and service users safety. Having said this, it loses good opportunity for collecting evidence with which to compare the safety of patients from the protected characteristics against the patients as a whole (evidenced by the Trust failure in analysing feedbacks from patients and families of protected groups).</p> <p>After considerable deliberation made difficult by the fact that the evidences referred to by the Trust were not on hand for the reviewers' perusal.</p> <p>Diversity House will like to know what are the measures put in place to deal with harassments, bullying and violence from patients and staff?</p> <p>Training of staff against bully, violence, etc. should be an on-going/developmental process as this is required to ingrain behavioural change. It is not clear from the EDS grading document what is the content, structure and timescale of the training giving to staff to judge its appropriateness.</p> <p>1) What is the next milestone to be developed as</p>	<p>Developing</p>

			<p>mentioned in the EDS Grading document. Progression plans has been mentioned frequently without any clarity as to what it entails.</p> <p>2) What are the mechanism/systems for capturing complaints (is it through the patients' survey..?) The absence of complaints should not be taken as given as there may be underlining issues why people are not complaining.</p> <p>3) Is it possible that the absence of complaints or expressions of concerns in 2011 signifies people's apathy, fear or reprisals or that they genuinely had nothing no complaints?</p> <p>4) How are patients encouraged to report cases?</p> <p>We are concerned that feedbacks from patients and families are not being analysed by protected group characteristics as this may offer opportunity to compare the experiences of the protected characteristics against the general group.</p> <p>It is our view that the Trust has been vague in its narrative of how it reached its grading on this outcome, however, we have to concede to it.</p>	
<p>EDS OUTCOME 1.5 (Public health, vaccination and screening programmes reach and benefit all local communities and groups)</p>		Developing	<p>Having reviewed the Trust reasons for its rating, we concur to it. However, we are of the view that the Trust should attempt to keep some records of the population that the various public health services are being provided for if it is to progress to the next grade.</p> <p>We agree that the Trust provide these public health</p>	Developing

			<p>programmes on behalf of the commissioners who determine the specific needs of the community via the local Joint Strategic Needs Assessment (JSNA). However, the Trust could work closer with the Assistant director of public health and his team, the community engagement practitioners to gain some understanding of the communities that the services are being commissioned for. We believe that by so doing the Trust could gather evidence to demonstrate how it is achieving on this particular EDS goal.</p> <p>There are opportunities for collaboration between the Trust and the commissioners. For instance, the Eastern and Coastal Kent NHS PCT delivers a PACE Setter's project which is an awareness/campaign project around breast and prostate cancer. This project has particular biases for young men, BME women and breast screening and BME men screening for prostate cancer.</p> <p>We therefore concede that the grade for this outcome is 'developing'.</p>	
EDS OUTCOME 2.1 (Improved patient access and experience)		Developing	Diversity House will like to know how this is achieved. What is the next milestone, what parameters are being used to measure this and track progress, as the narrative in the EDS document is not clear.	
EDS OUTCOME 2.2 (Improved patient access and experience)		Developing	Diversity House will like to commend the Trust for all the work done to ensure patient choice, consent to treatment, choice of treatment place, availability of information for patients in acceptable format, example: Braille, Easy read and foreign languages. Diversity House will equally like to commend the Trust for its interpretation and translation	Achieved

			<p>services; foreign languages and sign languages.</p> <p>However, Diversity House is concerned as to why the EDS grading is 'developing' rather than 'achieved'. We therefore grade this outcome as 'achieving'.</p>	
EDS OUTCOME 2.3 (Improved patient access and experience)		Developing	<p>Diversity House will like to highlight that the Trust seems to be championing mostly the course/courses of LGBT above other groups. Why?</p> <p>The Gypsy and Travelling communities and BME have rarely been mentioned in any of the EDS outcomes. Why?</p>	Developing
EDS OUTCOME 2.4 ("Patients' and carers' complaints about services, and subsequent claims....)		Developing	<p>The Trust has a level of efficiency in the complaints process. The complaint level against the Trust is high. The Trust need to deal with the causes of complaints to be in a good stead as they are far above the national average.</p>	Developing
EDS OUTCOME 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	<p>Diversity House commends the Trust for having in place systems – ESR, ATS, and Staff Survey to monitor, track and record data on staff recruitment and workforce analysis of 7 of the protected characteristics.</p> <p>However, Diversity House would like the following questions to be addressed:</p> <ol style="list-style-type: none"> 1) <i>How does the Trust publicise job vacancies?</i> 2) <i>Do it use the NHS Jobs?</i> 3) <i>Are job adverts placed locally to encourage some disadvantaged groups to apply?</i> <p>Diversity House noticed that the Trust workforce are predominantly female, that is, 78.4%. Women are over-represented in the agenda for change grade Band 7 and under-represented at Band, senior management and consultant medical and dental levels.</p> <p>Are there plans to address the above issues? Maybe through</p>	Developing

			<p>relevant trainings to help women to progress.</p> <p>Staff that declared having disabilities are decreasing in number. Although the data in the workforce report is not clear as it talks about previous report of 0.5% and then 5.3% of the workforce are recorded on the ESR system as having disability.</p> <p>Diversity House want to know what the previous data for disability was. Is it 0.5%? Is the current figure 5.3%? This need to be clarified as this discrepancy could be an issue of concern.</p> <p>“This is an area for further work”</p> <p>We noticed that this statement runs across the document without the area of further work being substantiated. Diversity House believe that for the Trust to progress to the next grading level, clear, specific, achievable and time bound objectives with short, medium and long term goals need to be put in place.</p> <p>Based on the above, we rate this outcome as ‘developing’.</p>	
<p>EDS OUTCOME 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</p>	<p>1) Roles are evaluated for staff covered by Agenda for Change terms; 2) Trust pays staff in accordance with nationally agreed terms and conditions; 3) Job matching and evaluation undertaken in conjunction with the staff side</p>	<p>Excelling</p>	<p>1) How does the Trust publish pay gap? 2) Does it use the Workforce Monitoring Report?</p> <p>Refer to: para 5.2 of Workforce Monitoring Report 2011: “The Trust pay staff in accordance with nationally agreed terms and conditions....”</p> <p>3) What is this nationally agreed terms and conditions?</p>	<p>Excelling</p>

<p>pay)</p>			<p>The above statement lacks specificity. In reports such as this, effort should be made to build in clarity and transparency.</p> <ol style="list-style-type: none"> 4) Does the statement refer to NHS Job Evaluation Process? 5) What new pay system has been adopted? 6) How was it agreed on? 7) What is the makeup of this Remuneration Committee? 8) What evidence would have been taken to mean discrimination in regards to pay? 9) Is there an Organisation’s Grievances Procedure to proactively support employees who feel they have been disadvantaged by the pay and related terms and conditions process? If not, then it is pertinent that this is put in place to prevent long and drawn out cases with the Employment Tribunal as indicated in the last sentence of para 5.2, page 10 Workforce Monitoring Report 2011). <p>Para 5.2: “The Trust has an area of discretion in the annual allocation of Clinical Excellence Awards....”</p> <p>“Discretion” = freedom to act and think as one wishes; etc.</p> <p>Diversity House commends the Trust for using its discretion</p>	
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			to reward areas of excellence. We believe that this action would help the Trust to retain good and efficient staff.	
Outcome 3.3 (Empowered, engaged and well-supported staff)	<ol style="list-style-type: none"> 1. Person development for 8 protected characteristics; 2. Specific training and support for workers with learning difficulties; 3. Comprehensive induction and mandatory training on equality and diversity among others; 4. Supportive staff appraisal process for personal development programme (evidenced by the KSF – Knowledge and Skills Framework); 5. Appropriate grievance policy; 	Achieving	<p>Our review of the “Workforce Equalities Monitoring Report 2011” validates the Trust reasons for its rating. Staff members across the board received comprehensive training and support to promote personal development and are not treated differently. Additionally, specifically developed training and support were provided for staff with learning difficulties.</p> <p>However, we query some of the methods used in addressing Outcome 3.3 and these are:</p> <p>“Some work is being done with key disadvantaged groups including those with learning disabilities” (p. 12. Para 2. EKHUFT Grading Document 2012)</p> <ol style="list-style-type: none"> 1) What is the work being done? This assertion need to be some clarified and specific work referred to. <p>“The Trust prepares staff for their role through a comprehensive induction programme, customer care and mandatory equality and diversity (which must be updated every 5 years....” (p.12; Para. 3)</p> <ol style="list-style-type: none"> 2) How long is this comprehensive induction and what does entail, that is, in terms of content and structure)? <p>We feel that providing staff with a mandatory equality and diversity training (E-Learning) that is updated every 5 years is not adequate, that is, if the Trust want to have suitably equipped workforce, positioned to work in a fast growing</p>	Achieving

			<p>multicultural and multi faith Britain. Evidence-based literature indicates that in-person training of cross-cultural issues which incorporates equality and diversity among other pertinent topics is suitable for achieving behaviour change. Human behaviour is entrenched (good or bad) and like every other difficult to achieve. Giving an E-Learning training on equality and diversity is perfunctory to save cost and will achieve next to nothing, as attitudes such as biases, prejudice, misconception, etc. which lead to bullying, harassment, victimisation, etc. cannot be identified and proactively addressed in person until it is too late. Also, it is necessary to support staff to understand why they should freely undertake the equality and diversity training rather than be coerced into doing so as attitudes cannot be changed through mandatory trainings.</p> <p>We suggest that that cross-cultural training may yield better result and help staff to negotiate all the phases of behavioural change (Prochaska and Diclemente, 1984)</p> <p>We feel that addressing this outcome will help the Trust to achieve EDS outcome 3.4.</p>	
<p>EDS OUTCOME 3.4 (Empowered, engaged and well supported staff)</p>	<p>Your Evidence:</p> <ol style="list-style-type: none"> 1) Data collected for most protected characteristics; 2) Trust engages with local staff-side and staff members ; 3) Policies developed with staff-side and members of staff to counteract issues; 4) Use of mainstream issues to 	<p>Achieving</p>	<p>Diversity House refers to the Trust’s ‘Workforce Monitoring Report 2011’ and ‘Equality Objectives 2012’ and notes:</p> <ol style="list-style-type: none"> 1) System for data collection not reliable. <p>Para 5.4: “incidence of abuse, harassment, bullying and violence from the public and patients are reported via the Datix information system. This system does not reliably collect protected characteristics data for the employee involved (some protected characteristics data is requested but it is not mandatory). Information is</p>	<p>Developing</p>

	<p>counteract, manage and deal with incidents of abuse, harassment and bullying;</p> <p>5) Key disadvantaged groups taken into account in the above processes</p>		<p>not therefore provided from Datix in this report”.</p> <p><i>If information is not collected from the Datix for this report, then where did it come from?</i></p> <p><i>In the progress plan for 2012, will the Trust include the development of a reliable data collection system in its action plan?</i></p> <p>2) Reference to the Equality Objective 12 – We noticed that the Trust is yet to develop systems to monitor the different protected characteristics, e.g., complaints, PAS system is yet to be developed (due date: 30/6/2012) and further improvement on it 31/12/2012). This is indicative that the Trust is still developing and not achieving.</p> <p>DATIX information systems need to be revolved to collect a comprehensive data of the protected characteristics for employees.</p> <p>Other systems such as the e-appraisal portfolio are yet to be developed.</p> <p>Diversity House is unclear about the use of the Equality Objectives 2012. As the title indicates, it only sets out the objectives for 2012 but how are these going to be achieved?</p> <p>In the case of abuse, harassment, bullying, etc., the staff survey data 2010 indicated 7% of staff reported having experienced discrimination in the last 12 months – reduction of 1% when compared to 2009 (reference “Workforce</p>	
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			<p>Monitoring Report 2011, para 5.4).</p> <p>On the above, we believe that there is a deep-seated issue with regards to ethnicity which should be closely looked at and strategy put in place to address it. The fact that those who reported the abuse, harassment and bullying were unwilling to pursue it or purportedly handled it informally should not be presumed to be okay. There could be some underlining issues such as fear of reprisal or further victimisation/abuse.</p> <p>Diversity House question the fact that the Trust's EDS outcome 3.4 reported this issues as: "There appears to be no evidence of complaints from employees being disproportionate to the population of workforce in regards to protected characteristics....."</p> <p>However, the fact that 5% of ethnicity reported bullying and harassment out of 13% staff members with ethnic background is an indication of problem which the Trust should be finding ways to address this problem or the Trust will continue to waste valuable resources in carrying out investigations, attending employment tribunals and other litigation/mitigation costs (para 5.4: Workforce Monitoring Report 2011).</p> <p>Based on the above, Diversity House cannot justify the Trust's grading of this outcome as "achieving". It is therefore graded as "developing".</p>	
<p>EDS OUTCOME 3.5 (Flexible working options are made available to all staff consistent with the</p>		<p>Developing</p>	<p>The Trust can evidence that it has developed and implement flexible working policy and a maternity policy. These are referred in the Trust Workforce Monitoring Report 2011 (page 10; para 5.5)</p>	<p>Developing</p>

needs of patients, and the way people lead their lives)			We rate this outcome developing as we know that the Trust could progress to the next level.	
EDS OUTCOME 3.6 (The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues...)	1) The Trust has developed system (OPAS) for recording patients appointments, referrals and outcomes; 2) Staff have access to physiotherapy and opportunities for early referrals to a consultant psychiatrist; 3) There is an health and well being group in the Trust	Developing	The Workforce Monitoring Report 2011 seems to portray major health and lifestyle issues which require urgent attention and resolution compared with the positive outlook portrayed in the EDS grading document. 1) Why is it that the system for recording patients' appointments (OPAS) cannot hold protected characteristics data? 2) Has the Trust made effort to identify why those with disability are reporting sick higher than other groups? An action plan should be put in place to put strategies in place to address the issue. 3) What additional support is there for recently divorced women/men?	Developing
EDS OUTCOME 4.1 (Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations)	Evidenced by: 1) Verbal pledge by the Board to uphold equality and diversity; 2) Policy- equality and diversity 3) Board's approval of partnership working between the Trust and communities/groups; exemplified by patient and public engagement strategy; project search; purchase of the Aston Team Building ; 4) Provision of accommodation and support for the inaugural meeting of the LGBT group	Achieving	Diversity House will like to commend the Trust for good governance and the interest to promote equality and diversity which has been adequately evidenced. However, Diversity House will like to reiterate that the Trust seems to shown considerable interest around issues concerning LGBT which is seems not to be shown towards other groups. For instance, BME Network; HIV Service Users Forum in Canterbury; Gypsy and Travelling communities, to mention but a few. To move to 'excelling' it is necessary that proactive support be extended to other groups rather than the usual suspect.	Achieving
EDS OUTCOME 4.2	1) Managers use the Skills Framework in	Developing	The Trust has proffered evidence in support of how its	Developing

<p>(Middle managers and other line managers work support and motivate their staff to work in culturally competent ways within a work environment free of discrimination)</p>	<p>recruitment and selection as well as appraisal process; 2) Managers undergo recruitment and selection training; 3) Mentoring and secondment policy which mainstreams equality and diversity; 4) Dedicated manager who works to improve services for patients with learning disabilities; 5) Managers responsible for implementation of policies – e.g., improved dietary provision to meet religious requirements, improved interpreters service, etc.,</p>		<p>managers motivate their staff to work in culturally competent ways. In as much as we commend the Trust for such good practices, we have to also clarify that equality and diversity is just an aspect of cultural competent.</p> <p>Cultural competency is “a set of attitudes, skills behaviours, and policies enabling individuals and organisations to establish effective interpersonal and working relationships that supersede cultural differences”. It is an ongoing and developmental process of increasing self-awareness, information, skills, without a finite endpoint.</p> <p>To be engaged in a process of becoming culturally competent involves practice in cultural awareness and seeking opportunities to engage with individuals who hold divergent cultural perspectives. The first step toward cultural competency is the commitment to and practice of an ongoing reflexive practice that leads to an increased level of self-awareness and awareness of other cultural perspectives.</p> <p>We noticed that the Trust EDS Grading document rarely mentioned ethnicity/race in the context of health disparities whilst other causes of disparities such as sexual orientation, gender, disability, etc., were often mentioned. It is pertinent the Trust appreciate that race/ethnicity impacts on peoples explanatory of illness and how they engage with services. This is evidenced in literatures on social determinants of health (WHO, 2007).</p> <p>Managers themselves should undergo regular training on cultural competence to be able to motivate the staff on working in culturally competent ways.</p>	
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			Motivating staff to work in culturally competent ways run deeper than what is being done currently done by the Trust, we therefore agree that the grade 'developing' is appropriate for this outcome.	
EDS OUTCOME 4.3 (The organisation uses the Competency Framework for Equality and Diversity leadership to recruit, develop and support strategic leaders to advance equality outcomes)	1) The organisation will use the Competency Framework to identify weaknesses in the skill sets of leaders;	Developing	Diversity House's view is that the Trust is still in the planning phase with this outcome. There are not statistics or substantial information with which to score this outcome. Diversity House therefore rate this outcome as 'under-developing'.	developing

OUR RECOMMENDATION

In summary, Diversity House make the following recommendations to the Trust based on the information derived from its grading document 2012:

1. The Trust should review its systems to ensure that well balanced information with data for all the protected characteristics are collected;
2. Workforce – recruitment and selection: The Trust should in conjunction with the NHS Jobs use other avenues to publicise job vacancies so as to reach out to some protected groups which are under-represented within the workforce
3. Training on Equality and Diversity should be on-going rather than the current training giving during inductions and updated via e-learning every five years;
4. Managers should receive on-going training on cultural competence or proficiency so as to have the necessary skills to motivate their staff to work in culturally competent ways;
5. Good practices implemented within the Trust to address staff bullying, harassment and violence (mentors, etc.) should be publicised via the Trust Website to encourage other NHS organisations and even non-NHS organisation to copy such good practices.
6. The Trust should champion the causes of other protected groups rather than focusing on just a few as it is currently doing. The Trust should try to engage more with organisations representing Black and Minority Ethnic communities;
7. The Trust should endeavour to develop a proper Workforce Equalities Monitoring Report in 2013, to include very clear statistics of the nine protected characteristics; clearly identified issues and action plan for addressing such issues;

Finally, we commend the Trust for some good practices reported on its first Equality Delivery System for the NHS grading document 2012 and look forward with enthusiasm for its next report in 2014.