

Meeting forum	Trust Board – Part I meeting	Date: 25 July 2018
Report title	NHS Equality Delivery System (EDS)	Agenda item: 19
Lead Directors	Alison Heeralall, Director of Workforce (workforce equality lead) and Donna Lamb, Director of Nursing & Non-Medical Professionals (patient equality lead)	
Report authors	Alison Heeralall and Robin Chapman, Patient Experience Manager	
Report summary	<p>This report is a self-assessment of the trust position against the NHS EDS domains for 2017/18. The assessment involved reviewing the grading with representatives from staff and the community.</p> <p>The main purpose of the EDS is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with protected characteristics as defined by the Equality Act 2010.</p> <p>This paper was developed in line with previous EDS assessments however, as a trust on a journey to outstanding, we will use the framework to identify areas where the trust can be outstanding in its approach to equality and diversity. Part of this will be to widen participation to more patients, public and staff next year.</p> <p>By using the EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED).</p> <p>Patients: The assessment graded seven out of the nine outcomes as achieving, one was scored as developing and one was excelling.</p> <p>Staff: The assessment graded five out of the nine outcomes as achieving and four as developing.</p> <p>This represents continued improvement in the assessment by moving more areas of the EDS domains from developing to achieving since the last assessment.</p>	
Purpose	Approval	

Recommendations	<p>Board members are invited to:</p> <ul style="list-style-type: none"> i. approve the EDS self-assessment; and ii. note that the equality and diversity action plan will be reviewed in light of this EDS assessment, the Workforce Race Equality Standard (WRES) outcomes and the 2017/18 PSED report, with the objective of assuring all areas are achieving by the end of 2018-2019, aspiring to extend domains to excel in longer term as part of our journey to outstanding.
Link to BAF/TRR	Q1/Q2 – well-led evidence and P1 – People
Report history	None
Appendices	<p>1: EDS2 Self-assessment</p> <p>2: NHS EDS framework guidance: https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf</p>

NHS Equality Delivery System (EDS) grading exercise

1. Background

- 1.1 The Equality Delivery System (EDS) framework is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and to ensure better working environments for staff, which are personal, fair and diverse.
- 1.2 At the heart of the EDS is a set of 18 outcomes grouped into four goals or domains. These outcomes focus on the equality issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and equality objectives set. The first two domains of the EDS framework cover patients and the latter two staff.
- 1.3 As part of a suite of activities undertaken annually in relation to Equality and Diversity, HRCH reviews its performance against the 18 outcomes and identifies gaps and actions to ensure it can demonstrate continuous improvement in performance against the standards.

2. HRCH assessment against EDS goals

- 2.1 The trust's self-assessed performance ratings against the EDS framework are set out in appendix 1. The EDS assessment has been reviewed at a number of trust governance committees:
- Equality and Diversity Committee;
 - for patient elements discussed at the Trust patient forum and noted at QGC;
 - for staff elements discussed and approved by JNCC and noted at WEC prior to coming to the Board.
- 2.2 EDS grading guidance is set out in the link to appendix 2 shown on the front sheet of this paper (refer to pages 18– 35 of the grading document). There are four grading assessments allowed:

Grading outcome	
Undeveloped	
Developing	
Achieving	
Excelling	

3. Conclusions

- 3.1 The EDS is a continuous development tool and has provided us with an opportunity to engage with local stakeholders to grade our equality performance and to identify areas for action which will form the basis of our 2018-19 equality and diversity action plan.

- 3.2 The revised grading guidance is issued by NHS England and makes clear that, in order to achieve higher grades under the EDS framework, NHS bodies really need to report evidence by as many protected characteristics as possible. The trust has several areas of good practice which comply with EDS outcomes sought for patients, however, improvement is required, particularly in the monitoring of patient contacts and outcomes by more protected characteristics than those currently reported. The Trust Board remains committed to delivering on its equality obligations and has made this an ongoing priority to improve our standing in this area.

Patient domains

- 3.3 The clear equality objective that the trust identified from its last EDS grading for domains 1 and 2 of the EDS framework is a need to widen its monitoring of patients' protected characteristics as listed under the Equality Act (2010). This will mean looking to increase coverage of patients' disability status, religion or belief, pregnancy or maternity status (where applicable), marriage and civil partnership status, sexual orientation and gender reassignment.
- 3.4 It is acknowledged that monitoring for some of these protected characteristics is sensitive, particularly on sexual orientation and gender reassignment. However, the trust will aim to use a number of approaches to increase its coverage of patient diversity. These will include:
- i. discussion with local clinical commissioning groups to increase patient diversity data following referrals from primary care as primary care services are also subject to the equality duty to report this information;
 - ii. learning from other NHS trusts who have successfully navigated this area and now routinely report patient contacts by a range of diversity variables;
 - iii. raising awareness amongst our patients and staff (through leaflets and training) on why collecting such data is important, in line with our statutory duties, as a publicly-funded body.

Workforce domains

- 3.5 Whilst the workforce domain 3 provides evidence that the Trust has a diverse workforce with appropriate and equitable policies and processes in place, the assessment also takes into consideration PSED, WRES and Staff survey findings hence why some areas are classed as developing where the trust has agreed continual improvement focus is required.
- 3.6 The trust has valued based recruitment questions, has values assessed as part of the appraisal process and also has values detailed in job descriptions and HR policies. Work continues to ensure values and associated behaviours are embedded in everything the trust does. Goal 4.2 has been assessed as developing as although policies and organisation changes proposed have an EIA as standard, not all papers that come before the board do so this is an area to consider what is meaningful with the Board.

4. Recommendations

4.1 Board members are invited to:

- i. approve the grading assessment and evidence provided
- ii. note that the present 2017-2019 equality and diversity plan will be updated taking into account this assessment along with this year's WRES and PSED reports

Appendix 1.

EDS Summary Report

EDS grading guidance is detailed further in the documentation which can be located via the link shown for appendix 3. There are four grading assessments allowed:

Grading outcome	
Undeveloped	
Developing	
Achieving	
Excelling	

Evidence in support of assessment and statement:

EDS goal 1 – Better Health Outcomes		
EDS Outcome	Evidence drawn upon for rating	EDS Grading
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<ul style="list-style-type: none"> - Public Sector Equality Duty report 16/17 advises the Trust collects 5 of the characteristics routinely. The Trust system has the ability to capture the nine protected characteristics and will be capturing data routinely from 2018/19. - Working with DisabledGo who have been commissioned to review access to our trust sites and provide access guides - The Learning and Disability Team (LD) produced a film around mental capacity and best interest decision making. One of the vignettes' was centred on a man with learning disabilities. This film will help staff understand the process, requirements and improve their practice relating to the Mental Capacity Act (MCA) 	Achieving

- The Trust produced a film that promotes the uptake of health checks in primary care for people with learning disabilities. This short (client focussed film) is there to de-mystify the health check process for people with learning disabilities
 - Co-developed with Hounslow CCG a new LD health Check template for people with learning disabilities
 - In partnership with West Middlesex University Hospital, co-developed and delivered a 'getting to know your hospital event', this event provides an opportunity to for a 'behind the scenes' tour of the hospital. This is the 4th time we have undertaken this with West Mid and proves a useful 'medium' for clients with learning disabilities to visit the hospital not as a patient (with all of the associated anxieties that there are at that time)
 - The learning disability service has introduced 'service user' interview panels for behaviour therapists, community nurses and Doctors (to date). This gives a real opportunity for service users to influence who will be working with them
 - The Trust has an 'LD' alert flag on the system. The Trust is in the process of ensuring that people with learning disabilities have this alert flagged activated on systmone. This will then ensure that people with an LD are known to services and appropriate reasonable adjustments are made
 - The Trust 'good practice' guidance has been reviewed and will be re-launched during the summer. The good practice guidance will support front line staff to appreciate and understand people with learning disabilities in how to effectively support them when they attend appointments
 - The Trust is working in partnership with the London Borough of Hounslow in developing 'Project Search' on the job training opportunities for young people with disabilities (including learning disabilities).
- The Children's Acute Nursing Service (CANS) – is based in the Walk In-Centre seeing children 0-15years with minor ailments based within Teddington Memorial Hospital. The lead nurse used to work in the Asthma Service, but saw that there was a gap in services where Children's Advanced Nurse Practitioners could help prevent avoidable A&E attendances amongst children.
- The service now has 4 Nurses working in the team. In the two years that the service has been running, an incredible 97% of all children have been discharged back home, with only 3% referred on to A&E.

	<p>- This year the trust adopted Always Events methodology to engage with patients and carers. By following this process we were able to understand what really matters to them. Always Events activity was undertaken in three areas to begin with:</p> <ol style="list-style-type: none"> 1. End of life care (long-term conditions) - to see how best HRCH staff can support patients and those important to them to talk about their preferences and wishes when receiving care now and in the future. <ul style="list-style-type: none"> • 16 interviews held with patients, carers and clinicians in addition to 3 workshops. • Co-design event with carers and staff to create an Always Event vision statement 2. Dementia care – to see how HRCH can best support patients and carers living with dementia <ul style="list-style-type: none"> • Held 25 interviews with patients, their families and staff • A co-design event was held with carers and staff to create an Always Event vision statement and the first Always Event aim statement, which will be tested from July - October using a PDSA (Plan-Do-Study-Act) Cycle 3. TMH Inpatient Unit – to ensure patients, carers and the public have awareness of service processes and what happens next: <ul style="list-style-type: none"> • Held 46 interviews with patients, their families and staff over a three-day period • A co-design event was held with patients, carers and staff to create an Always Event vision statement and the first Always Event aim statement, which will be tested from April – June (2018/19) using a PDSA (Plan- Do-Study-Act) Cycle. 	
<p>1.2 Individual people's health needs are assessed and met in appropriate and effective ways</p>	<p>- Audiology provide annual deaf awareness training. This training is offered jointly with the Richmond borough's Achieving for Children's team. The trainers include audiologists, teachers of deaf children and deaf professionals.</p> <p>- The Children's Hearing Services Working Group which is a multidisciplinary forum of parents, voluntary agencies and public sector practitioners who work in, or are associated with the delivery of hearing services for all children and young people. In Hounslow and Richmond, the CHSWG meetings are attended by representatives from many services, including new born hearing screening, Paediatric Audiology, Speech and Language Therapy, Education Services, Social care, Healthcare Commissioners and both local and national voluntary organisations.</p>	

	<ul style="list-style-type: none"> - The Hounslow Community Learning Disability Team (CLDT) has developed good practice guidance for HRCH staff - Supporting people with learning disabilities – to enable our staff to understand the needs of people with learning disabilities and to offer appropriate care, education and support. - The schools Immunisations team ensure that all genders are respected. – an anxious parent called to ask if immunisations sessions were separate sex or mixed sex sessions as her child was worried about this. We explained that sessions were mixed, but respect and appropriate privacy was in place. The parent thanked us as her child was transgender, and was not sure where they should be placed. - Health visiting: Each of our local wards and communities differ greatly with unique health needs, challenges and priorities including dental health problems, obesity rates and immunisation uptake. An example of how we responded and tailored delivery to impact on this was through sharing and analysing data with partners, we identified a large number of children were entering reception that were not potty trained. Our nursery nurses worked with 2 schools in Feltham to deliver a targeted intervention on potty training for all families where this was identified. Evaluation data showed 80% of families said they learnt new techniques to help address the issue. 	Achieving
<p>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p>	<ul style="list-style-type: none"> - Additional investment into Learning Disabilities team which increased specialist support for complex cases being transitioned back into borough. - Learning Disabilities team and Hounslow Improving Access to Psychological Therapies service (IAPT) have developed a shared pathway for people with learning disabilities accessing mainstream mental health services. - Referrals into and out of Teddington Memorial Hospital Inpatient unit are overseen by our Rapid response and reablement team. To ensure transition is well planned and appropriate. - The Trust is working with Richmond GP Alliance to develop community pathways for patients with 5 identified long term conditions. e.g. Diabetes and respiratory care 	Developing

<p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p>	<ul style="list-style-type: none"> - Through the year 2017/18, we have further reviewed our governance of patient safety and have put in place measures to ensure timely action on incidents identified. The management of incidents and serious incidents is through our internal policy; this is based on the NHS Improvement National serious incident framework for NHS England and includes an equality impact assessment. All patients, staff and the public are treated equally when an incident investigation is undertaken however in order to promote an effective system as an organisation we have also adopted the NHS Improvement “Just Culture Guide” used to support conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely. - The Trust is starting to collect protected characteristics for incidents on Datix which will enable an analysis of SIs for themes on these characteristics. - Duty of Candour Policy (including Being Open) 2017/18 the Trust reported nine duty of candour incidents and shared these with the people involved as per our policy. <p>Promoting a culture of being open is a prerequisite to improving patient safety and the quality of healthcare systems. For patients, effective communication starts from a healthcare need being identified and continues throughout their treatment. Being open when things go wrong is fundamental to the partnership between the care giver(s) and patients and carers. The effects of harming a patient may have devastating emotional and physical consequences for the patient and their families or carers. Being open involves apologising and explaining what happened, which can help patients and staff to cope better with the after-effects of an incident. In this context, an apology is not an admission of liability.</p> <p>Being open and honest can prevent such events becoming formal complaints or litigation claims. It can also help support a ‘just culture’</p> <ul style="list-style-type: none"> - the Trust has dedicated professionals to Lead on Safeguarding children and vulnerable adults who provide assurance to Trust Board that we are compliant with statutory requirements. - The Trust achieved its targets regarding safeguarding training. 	<p>Achieving</p>
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<p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p>	<ul style="list-style-type: none"> - School Immunisation programme - One You health promotion in Hounslow and Merton. <p>The Trust reports performance against health promotion activities to evidence that we are reaching local communities. Activities are focused on our knowledge of protected characteristics and targeted were appropriate.</p> <ul style="list-style-type: none"> - One You cook and eat programme - One You Merton health and wellbeing hub. - HRCH Health Visiting and Family Nurse Partnership teams have also identified Oral Health Champions who have attended Tooth Champion Training sessions. This training has provided the knowledge and the tools for our champions to deliver oral health promotion sessions to all staff. HV staff promotes oral health at every contact with families which supports making every contact count (MECC) and maximises reach through partnership working and delivery. A dental pack is given to every child who attends a transfer-in contact, 1 or 2 year. - Another key priority for Hounslow is addressing the increase in childhood obesity. Our service and local data shows that obesity levels are higher in Heston, Cranfield, Feltham Bedfont and Central Hounslow, We are also aware of the diversity of the different communities in these wards. We work with One You Hounslow to deliver joint health promotion sessions at different faith centres including Gurdwaras and Hindu temple mosques providing parents and extended family members with mini health checks, working with our One You Hounslow service to cover weaning sessions and keeping active advice as part of our 'think family' approach - An increasing number of Children & Young People are identifying as LGBT. It is crucial that in accessing the service both parents and young people feel they can confide and communicate openly with the School Nursing service to meet their health needs directly as well as signposting them and supporting them to access specific services that can help them e.g. with transition issues 	<p>Excelling</p>
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EDS goal 2– Improved Patient Access and Experience		EDS Grading
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<p>The Trust tries to ensure equability of access to services in a number of ways, ensuring that patients accessing an outpatient appointment, diagnostics or planned admission are managed in line with National Waiting List Guidance.</p> <ul style="list-style-type: none"> - Evidence is available in our 2016/17 public sector equality duty report published on our external web which illustrates patient access to the Hounslow urgent care centre and the Walk-in-Centre based at Teddington memorial Hospital. The patient access data is disaggregated by patient age, gender and ethnicity. No incidences of patients being denied access to treatment occurred. People accessing unplanned urgent care is however representative of the population as a whole. - DisabledGo work being completed this year. - The Trust produced a film that promotes the uptake of health checks in primary care for people with learning disabilities. This short (client focused film) is there to de-mystify the health check process for people with learning disabilities. - HRCH website uses a system called Browse Aloud which when text is highlighted can read aloud the text or translate the English text to any language. 	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	<ul style="list-style-type: none"> - Information leaflets provided for services this includes a section written in the top 5 languages for the boroughs advising on how to obtain the leaflet in a language of their choice. - Translation and interpreting service available for any language difficulties. Teams can book translators where required to attend appointments with patients. - In most cases, treatment information is provided and discussed when the patient is told of the need for a procedure in the initial Outpatients appointment, well in advance of the actual procedure being carried out. This gives the patient time to think about their consent decisions and allows them to refuse or withdraw should they wish to do so. When treatment is refused, the risks and benefits of refusing and alternative options are further explained. Where there are changing needs for the patient, consent decisions are regularly reviewed. - Involving the family in a Continuing Health care Assessment so that they can provide their input and view on the patients needs. - Advocacy services provided by independent services to complainants who may wish 	Achieving

	<p>support in making a complaint.</p> <ul style="list-style-type: none"> - HRCH website - In our standard Patient Survey for 2017/18, 91% of patients agreed that they were involved as much as they wanted to be about decisions. - The Trust produced a film around mental capacity and best interest decision making. One of the vignettes' was centred on a man with learning disabilities. This film will help staff understand the process, requirements and improve their practice relating to the Mental Capacity Act (MCA 	
<p>2.3 People report positive experiences of the NHS</p>	<ul style="list-style-type: none"> - Feedback provided by our patient feedback system called MES includes feedback on all nine characteristics on the standard patient survey. - The following reports include demographic information to the Board and various committees and commissioners. The Annual Complaints Report, quarterly Patient Experience report which also is provided for the two CCGs. In these reports we also list and give examples of compliments received about our services. - Patient stories are also heard at the Board where a patient can "tell their story" - Low number of formal complaints for the Trust with none being investigated by the Ombudsman last year (17-18). 43 formal complaints compared to over 600,000 patient attendances with the Trust. - The Friends and Family Test (FFT) result for the year was 95% Recommend compared to 94% for the London Region. This was after collecting over 14500 responses. - New process for obtaining EDS data for complaints to improve EDS and ensure that there is evidence that no one group is being disadvantaged. - We also have a children's specific comment card which is more visually appealing to the standard comment to ensure we are hearing the 'children's voice'. In 2017/18 98% Recommended the children's services provided. 	<p>Achieving</p>
<p>2.4 People's complaints about services are handled respectfully and efficiently</p>	<ul style="list-style-type: none"> - A complaints equality and diversity survey is sent out to all formal complainants and we had a response from seven in 17/18 out of 43. This year we will be using our patient record system to report on protected characteristics for patients so we can analyze if there is a relationship between patient protected characteristics and our services. - Our complaints policy and National statutory complaint function. - examples are: Being open meetings which shows the Trust as being 'open and honest' and dealing 	

	<p>with a complaint in a way that they have chosen. Our response rate to complaints last year was 91% of complaints were answered within time frame. 100% of complaints were acknowledged within 3 working days - Low number of formal complaints for the Trust with none being investigated by the Ombudsman last year (17-18). 43 formal complaints compared to over 600,000 patient attendances with the Trust. The low number of formal complaints with the increased number of Enhanced PALS illustrates that complainants prefer to have their complaints responded to by the quickest route possible whilst still being investigated properly.</p>	<p>Achieving</p>
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EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<p>The Trust has a comprehensive in date policy, which is updated regularly and where there are legislative changes with an Equality Impact Assessment completed. The policy has been consulted on with staff side and can be accessed via the intranet for staff and ensures all applicants regardless of their protected characteristic are treated fairly and equitably throughout the recruitment process. Candidates are all scored on their competency-based interview. NHS Jobs collates data on six of the nine protected characteristics covered by the Equality Act (2010) and the data can be viewed in our 2015/16 public sector equality duty report available on our web pages via this link: http://www.hrch.nhs.uk/about-us/equality-and-diversity/</p> <p><u>Advertising:</u> The NHS Jobs web portal can be accessed via the NHS jobs site which is accessible to everyone. Posts are advertised on NHS jobs normally for two weeks for external and internal posts. Secondments and other development opportunities are also advertised via our internal comms bulletins to help widen publicity and opportunities for staff to develop within HRCH. When shortlisting via NHS Jobs, applicants personal details including name and equal opportunities data cannot be seen when shortlisting thereby minimising potential for bias based on any protected characteristic. NHS jobs and the Trust also follow the good practice Disability Confident (originally Two Ticks) system and offer guaranteed shortlisting for applicants meeting the essential criteria under this.</p> <p>NHS jobs is commonly accessed by candidates from overseas and there are no limitations to the number of posts an individual can apply for. However, this can cause a number of applications to be unsuccessful as candidates may have misunderstood the purpose of the job role or the post may not attract the work permit required. This is consistent across the NHS and is not unique to the Trust. The UK Border agency is responsible for issuing work permits.</p>	Developing

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
	<p><u>Accreditation and external involvement:</u> The Trust has successfully been accredited with the two ticks symbol for several years running. This has been replaced by the Disability Confident scheme and the trust was reassessed in 2017 and is permitted to use this symbol in its advertising material. This is awarded to organisations who are positive about employing disabled people and we have demonstrated our year on year commitment to this. For applicants under this scheme, we will interview those candidates who meet the minimum criteria and assess them on their abilities to carry out the job.</p> <p>The Trust policies and processes in place are robust and fair and in addition the Trust has trained over 60 recruiting managers in unconscious bias training in relation to recruitment in 2015 and ran extended scope unconscious bias training procured for 200 managers in 2017/18. The trust needs to see if this extended training translates into any better results over the next two years. In addition the Board received unconscious bias training in late 2016.</p> <p>A management essentials course launched in 2016 covers recruitment and selection and has been evaluated and updated to include more training including Unconscious Bias and equality and diversity. The Equality and Diversity lead has also worked to produce a new manager's E&D toolkit.</p> <p>The corporate induction Equality and diversity training has been reviewed and updated to also include elements of Unconscious Bias. This training is in place for all staff.</p> <p>Whilst the policy, processes and training are in place and would attract a green rating, based on the information contained in our statutory public sector equality report (PSED) and Workforce Race Equality Standard (WRES), we have identified that progress has been made in improving the number of BME staff in senior positions in the Trust,</p>	

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
	<p>however there is still a need to review conversion of applicant to offer rates of BME applicants compared to White applicants.</p> <p>Therefore a rating of amber is still proposed and this will be discussed at the Trust Board. In addition, the Workforce Team have reviewed the Management Essentials Programme and have delivered further Recruitment and Selection Training as requested by services with a focus of equality and diversity during 2018/2019. Further training workshops are being organised and will be available to staff outside of the Management Essentials programme.</p>	
<p>3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p>	<p>As an NHS Trust we use the national grading and pay system known as Agenda for Change (AfC) for all staff with the exception of Medical and Dental staff and those managers on the Very Senior Manager (VSM) pay.</p> <p>AfC has been nationally equality-proofed by the Department of Health and the NHS unions. Our pay data by protected characteristic is contained in pages 16-17 of our Equality report which illustrates this by age, disability, gender and race. We have developed a comprehensive process for AfC job matching and evaluation, and consistency checking which is carried out in partnership with staff side. Further AfC matching training was delivered in August 2016.</p> <p>The Trust follows nationally negotiated terms and conditions and job matches and consistency checks with Staff side to assure equal pay of equal value. There have been no Equal Pay claims made to HRCH. Our PSED report provides the analysis of pay band by protected characteristic and this is approved by our Trust Board and published on our website in 2017/18. In addition, the trust has completed a detailed Gender Pay Gap report and this has been approved by our Trust Board and published on our website in March 2018.</p>	<p>Achieving</p>

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
	<p>The results of these reports are considered by the Equality and diversity committee which feeds through to WEC for staffing matters with any actions incorporated into our Equality and diversity action plan.</p> <p>Our gender pay gap report went to our Trust board and was published on our web pages in March 2018. The Trust employs a predominantly female workforce and follows national pay guidance across all grades of staff regardless of gender. Across all Agenda for Change pay scales, females are paid more than their male counterparts on average. In the category Medical/Other males are paid more than females. This difference is influenced by the salary scales for particular VSM Director roles and years of service for Medical staff rather than gender difference.</p>	
3.3 Training and development opportunities are taken up and positively evaluated by all staff	<p>All our staff have corporate and local induction and complete a range of obligatory and essential training which includes equality and diversity. This ensures staff are equipped to do their job and know their equality duties. Each year staff meet with their managers to agree performance objectives and a personal development plan for training and other support to help them develop professionally and deliver high quality work. A range of training is made available to all staff directly via email and through their managers, as well as being advertised on the staff intranet and via staff newsletters.</p> <p>In terms of our staff survey results, we can highlight the following on training:</p> <ul style="list-style-type: none"> • 76% of staff said that they had received training, learning or development in the last 12 months which had helped them perform their jobs better, stay up-to-date with their jobs or stay up-to-date with professional requirements. This was the second best score across the country • Furthermore, in the staff survey 90% of staff said that they had received an appraisal, performance development review, in the last 12 months. 	Developing

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
	<ul style="list-style-type: none"> Further review of development opportunities for BME staff and administrative staff, forms part of the trust’s equality action plan. As access to career opportunities is still below average at 83% in the 2017 staff survey results this is marked as amber. <p>The Trust has undertaken considerable work to develop an Education and Training plan to ensure that the right training and education is provided to the right staff, at all levels in the organisation to deliver the Trust strategic objectives and vision to enable people to live a healthier and more independent life through high quality seamless care. This education and training also needs to be delivered in the most effective and efficient way to diverse staff groups. This is also an important consideration to enable robust reporting at Trust level of all training supported as well as for the Equality Duty.</p> <p>An Education and Training panel has been set up to manage education and training budgets more carefully going forward. The panel will ensure that requests for education and training are managed more robustly, align to HRCH strategic objectives and ensure that funding is distributed fairly and equitably across our workforce given the reductions. This will encourage an open culture where study leave and funding allocations are discussed amongst a group</p> <p>Data in our last public sector equality duty report contained information on the nine protected characteristics of applicants for training. Our Learning and Development Strategy agreed in January 2018 includes provision for training to meet diversity of staff and at different bands.</p>	

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	<p>The Trust has a zero tolerance on any form of discrimination experienced by our staff or patients and we have robust policies in place. The policy also includes ‘other’ unwanted conduct. It also states what other support staff can access to help them and encourages reporting. All staff receive information at induction and also via the staff hand book as well as information on what polices and information can be accessed via the staff intranet.</p> <p>The Management Essentials programme has a Disciplinary module which encompasses bullying and harassment, which forms part of their role as a line manager. There are plans to make this module available to all staff going forward. Staff are encouraged to report all incidents of actual or perceived harassment. The HR team are specialists in managing such cases and work with managers and the staff to look at ways to informally resolve the matters as an initial option based on the staff members view. In addition, the HR team and line managers had a legal update and refresher training on this from our solicitors in 2016 to support them to be able to carry out investigations appropriately.</p> <p>Our equality report highlighted data by four of the nine protected characteristics. It also showed that there were a very low level of grievances and disciplinary cases in 2016/17. The WRES submission demonstrated that in 2016/17, only 5 cases of disciplinary or grievances were formally investigated. The Trust endeavours to address issues of grievances and misconduct informally where possible.</p> <p>The number of cases investigated is very small in comparison with the total workforce which makes drawing significant conclusions difficult. No formal investigations were undertaken against anyone who had declared a disability. There appears to be no pattern in terms of disciplinary or grievances against sex, age, religion or belief or marriage/pregnancy. All five cases investigated formally, involved BME staff with four</p>	Developing

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
	<p>different ethnicities/races. Two of the five cases were investigations the Trust inherited following a TUPE transfer.</p> <p>A review of our formal disciplinary and grievance outcomes was conducted and presented to the Equality & Diversity Committee on 6 October. In line with good practice, this review was essentially a full equality impact analysis and also looked at formal grievance and capability cases. The review drilled down to individual cases and concluded that, in view of the issues considered for respective cases, the outcomes for the cases presented were reasonable.</p> <p>A similar review of cases from the most recent WRES 2018 report shows valid misconduct reasons and the trust is reviewing further work and practice pan London to improve this.</p>	
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<p>The Trust has a flexible working policy for all staff and applies to all protected characteristics. We encourage a flexible workforce to assist us in the delivery of services but also enables us to retain staff. Staff are afforded reasonable adjustments to their working patterns, which includes change to hours to assist in their return to work following a period of sickness absence or with their disability.</p> <p>In the trust's 2016/2017 public sector equality duty report, data demonstrated that a large number of staff – over 43% of staff work on a flexible part-time basis with the Trust. The Trust will also be collating further information on flexible working arrangements in 2018/19 to help provide robust evidence of the practice and use of flexible working options across the trust and their consistent application, in line with service needs. The trust is also promoting flexible and agile working both in clinical and corporate areas to aid retention and positive work-life balance further.</p>	Achieving

EDS goal 3 – A representative and supported workforce		
EDS Outcome	Evidence drawn upon for rating	EDS grading
3.6 Staff report positive experiences of their membership of the workforce	<p>The Trust achieved above the national average for staff engagement in comparison to other NHS Community Trusts in the last national survey. The 2017 staff survey results showed that the Trust scored top results nationally, in comparison to other Community Trusts, for staff recommending the trust as a place to work, being motivated at work, believing their role makes a difference, being satisfied with resources and support and with the quality of care they are able to provide.</p> <p>The Trust achieved 3.95 out of an aspirational 4/5 strategic objective and KPI re improving staff engagement in 2017/18 as measured by the national staff survey.</p> <p>The above shows incremental improvement on staff engagement and experiences and could potentially move to excelling this year.</p>	Achieving

EDS goal 4 – Inclusive leadership		
Outcome	Self-assessment statement	EDS grading
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<p>The Trust is compliant with its requirement to publish a statutory annual Public Sector Equality Duty report and also to submit its annual WRES return to NHS England.</p> <p>The Trust has designated leadership roles for equality and diversity with the Director of Workforce holding lead responsibility for equality and inclusion for workforce matters. The Director of Quality is the lead for patient and carer equality and inclusion. The Board Secretary is the trust’s Equality lead and progress is overseen by the Equality & Diversity Committee which has Non-Executive Director representation and reports to the Workforce & Education and Quality Governance Committees.</p> <p>Unconscious bias training was procured for 200 managers across the organisation in 2017/18 and Board training was provided in late 2016. The Director of Quality held a second 6Cs event in 2016 that focussed on equality and diversity.</p> <p>The trust’s Board is diverse when compared with other NHS bodies in London and recently reported as the second most diverse board in London. It currently has 15 Board members in total with twelve voting members, five of which are female and two (three from May 2018) of whom are from a BME background. In addition, the Board has two, female; BME non-voting Directors Board members also had unconscious bias training as part of the Board’s December 2016 seminar.</p> <p>Two distinct examples stand out in relation to this EDS goal. Work has been undertaken there has been work undertaken by Board members in Hounslow with Spark, a local organisation that works with education and business to prepare people for working life and enhance their employability through practical, accredited and inspiring work-related experiences. In addition, the trust participated in NHS Improvement’s NeXT initiative to improve the representation of BME non-executive directors on NHS Boards in London and as hosted two BME aspirant NEDs and have a further two female NeXT NEDs in 2018 attending its Board.</p>	Achieving

EDS goal 4 – Inclusive leadership		
Outcome	Self-assessment statement	EDS grading
	A new Celebrating Diversity event was held in June 2018, which received 100% positive feedback. This event was led in partnership with staff side, with senior leaders explaining their personal backgrounds and vulnerabilities with key messages to bring authentic self to work. This was an example of excelling and if we do more of this next year, this may move to excel in the next assessment.	
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	All Board papers which present a major policy or strategy need to undergo an equality impact analysis (EIA) which helps to embed equality into all that we do. All trust policies have an EIA. Practice is less consistent in strategy and service development and the EIA toolkit is designed to help embed this good practice.	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	<p>Over 60 middle managers have attended the unconscious bias training to help improve recruitment and selection best practice in 2015 and further 200 procured for wider unconscious bias training in 2017/18.</p> <p>In addition, a toolkit has been developed for frontline staff to use and be aware of cultural differences for the diverse patient community we serve so that they are able to receive a service which is fair, personal and diverse, particularly in the areas of diet, dress, end of life and spiritual care. A diversity calendar has been developed and is used regularly in regular, monthly communications to aid trust managers and staff.</p> <p>Furthermore, a toolkit for line managers has been issued to help increase their confidence and capability in managing diverse teams fairly and inclusively. This will be accompanied by an updated intranet site for all trust staff.</p>	Achieving