

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 2018

Title and Author of Paper: Equality and Diversity Strategy 2018-2022
Chris Rowlands, E&D Lead

Executive Lead: Lynne Shaw, Acting Executive Director Workforce and
Organisational Development

Paper for Debate, Decision or Information: Decision

Key Points to Note:

The strategy is part of our legal obligations under the Public Sector Equality Duties. As part of the development of this strategy we have aligned our actions to EDS2 goals and have mapped EDS2 Goals and Outcomes against the Trust's overall strategy. Included in Appendix 1 is the proposed plan of action for the first year of the strategy and this will be refreshed annually.

Risks Highlighted to Board: N/A

Does this affect any Board Assurance Framework/Corporate Risks?
Please state No
If Yes please outline

Equal Opportunities, Legal and Other Implications: Meets our legal obligations under the Public Sector Equality Duty and for NHS England regarding EDS2, WRES and the introduction of WDES reporting requirements.

Outcome Required: Decision

Link to Policies and Strategies: Trust Strategy / Workforce Strategy and the Involvement Strategy in development.



Equality Diversity and Inclusion Strategy 2018 - 2022



Table of Contents

Foreword	3
Introduction	4
Our Shared Vision	4
Meeting Our Duties	5
Equality Delivery System 2 (EDS2)	7
Equality, Diversity and Inclusion in the North East.....	8
How Representative are we as an Employer?	8
How Representative is our Service Use of the Population that we serve?	9
Our Equality, Diversity and Inclusion Objectives for 2018-2022	10
The Equality, Diversity and Inclusion Action Planning and Reporting Cycle	11
Appendices	12
Appendix 1 Equality and Diversity Detailed Trust-wide Actions for 2018/19	13
Appendix 2 Equality, Diversity and Inclusion in the North East.....	20
Appendix 3 Equality Delivery System 2 (EDS2)	30
Contact Details	34

Foreword

We are proud to introduce our Equality, Diversity and Inclusion Strategy for 2018-2022.

This strategy sets out our commitment to taking equality, diversity and inclusion into account in everything we do; whether that's providing services, employing people, developing policies, communicating, consulting or involving people in our work.

It has been designed in response to the requirements of the Equality Act 2010 and those of NHS England's Equality Delivery System 2 (EDS2). It provides a clear picture of how we set out to deliver on our Public Sector Equality Duties.

The Equality Act requires us to set objectives for a four year period. Each year we will assess progress towards delivering our objectives and monitor and report this through Trust Board. This strategy will be a 'live' document and will be reviewed annually with new actions set each year following consultation with our service users and carers, our workforce, partnering organisations and other interested parties to ensure that the strategy is responsive to changes in the external environment. This strategy reflects our Trust-wide objectives. During the life of this strategy our operational localities and corporate departments will be using EDS2 to assess the delivery of equality, diversity and inclusion in their own operational areas and will devise local objectives and actions that reflect the particular nature of the population that each locality serves.

All employees need to take responsibility if we are to continue to develop and sustain a culture that recognises and respects the individuality, difference and contribution that diversity brings to the organisation. We will continue to develop our organisation to identify and overcome employee's barriers and support employees.

We look forward to the work ahead, facing the challenges, and meeting the actions we have set ourselves.

Introduction

This Equality Strategy is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of EDS2. It also sets out how Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed. Consideration of human rights is an important factor in the production of this strategy and it underpins all our aims, objectives and actions towards addressing inequality and promoting diversity.

The Trust is also a major employer. The needs and aspirations of our staff will vary according to individual circumstances. The diversity of our workforce enriches us all, and allows us to deliver the best services possible.

This strategy is a 'live' document, in that it will be regularly reviewed and strengthened. Ongoing work is also taking place to explore how best to allow stakeholders to hold the Trust to account for the commitments made, and to increase involvement and ownership of this strategy.

Our Shared Vision

We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- Becoming a leading organisation for the promotion of Equality, Diversity and Inclusion, for challenging discrimination, and for promoting equalities in service delivery and employment.
- Identifying and removing barriers that prevent people we serve from being treated equally.
- Treating all people as individuals respecting and valuing their own experiences and needs.
- Ensuring that Northumberland, Tyne and Wear NHS Foundation Trust is regarded as a great place to work - an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination.

Meeting Our Duties

The Equality Act 2010 places an Equality Duty on public bodies such as the Trust. This Duty covers the following protected characteristics:

- Disability
- Age
- Race – this includes ethnic or national origins, colour or nationality
- Sex
- Sexual orientation
- Religion or belief
- Gender reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership

The Duty encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve. The general duty has three main aims. It requires the Trust to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people from different groups.
- Foster good relations between people of different groups.

Having due regard means that we must take account of these three aims as part of our decision making processes – in how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Meet the needs of people with protected characteristics.
- Encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Complying with the general duty explicitly recognises that disabled people's needs are different from those of non-disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is underpinned by a set of specific duties: we are obliged to publish demographic information on equality and diversity and details of objectives we set to further our performance on the General Duty. Our Equality Information can be found at <https://www.ntw.nhs.uk/about/equality/>. In meeting our legal duties we will:

- Gather information on how our work affects different groups.
- Consult employees, staff networks, equality champions and service users.
- Assess the impact of our policies.
- Use evidence to inform future priorities.
- Meet the requirements of EDS2, Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).
- Take appropriate action to improve outcomes in equality for employees and patients.
- Review our objectives at least every four years.
- Publish an annual report each year, present this to the committees and Board and make it available publicly on our website.

Equality Delivery System 2 (EDS2)

This framework helps NHS organisations review and assess their equality performance against four goals and eighteen objectives. See Appendix 3. These objectives aim to improve outcomes for patients, communities and employees and ensure legal compliance through applying a consistent framework to identify inequalities and barriers throughout the NHS.

The four EDS2 goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership at all levels

EDS2 is aligned with the Equality Act 2010 and covers the same protected characteristics. We have aligned our Equality Objectives with EDS2 Goals and have mapped EDS2 against our overall Trust strategy. Beyond the scope of the protected characteristics in the Equality Act it is our intention to develop sustained relationships with other groups such as asylum seekers, people from deprived communities and other seldom heard communities.

During the life of this strategy we will use EDS2 to help us to decide upon and monitor our progress towards tailored equality objectives for each of our operational localities. Trust-wide we will monitor our progress asking a representative panel of employees, patients, local interest groups, governors, trust members and any other interested parties to grade our performance using the following scale.

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Equality, Diversity and Inclusion in the North East

North East of England is the smallest region of the UK outside London and covers 3,317 square miles. The population is 2.6 million people and has increased by 2.6% since 2001 (representing 4% of the UK population). Source: Census 2011. For more detail about the facts below please see the tables and graphs in Appendix 2.

- In 2011, the total usual resident population of the North East stood at 2,596,886. About 5% of those residents (128,573) were born outside of the UK. This represents an increase of 74% in the non-UK born population of the region since 2001.
- Newcastle had the highest number (37,579) as well as the highest population share (13%) of non-UK born residents in the region in 2011.
- In both 2001 and 2011, the North East had the lowest population numbers as well as population share of non-UK born residents out of the ten regions of England and Wales.
- In terms of main spoken language, 70,757 residents of the North East (3% of total population) spoke a language other than English as their main language in 2011.
- 22% of people in the region state they are disabled or have a long term health condition, 4% higher than the national average and the highest regional figure in England.
- The proportion of older people is growing; currently one in four people are over 60 years old, an increase of 1.5% over the last 10 years.
- Life expectancy is amongst the lowest in the UK at 77.2 years for males and 81.2 years for females.
- Household income is the lowest of the English regions in the UK.
- 67.5% identify as Christian, 3% of people have a non-Christian faith and 24.7% do not have a religion of belief.

How Representative are we as an Employer?

At the time of publication in November 2018 we know the ethnicity of 6110 of our 6866 substantive and bank staff, (as you will see, our action plan on the following pages contains measures to improve the quality and quantity of the demographics of our staff). Of

these staff 4.3% are from a Black, Asian, Minority Ethnic (BAME) background. The 2011 Census shows that the Tyne and Wear conurbation has a BAME population of 6.7% and Northumberland 1.6%, this gives an overall figure of 4.2% BAME population at the last Census for the region that we serve. Whilst acknowledging that the situation may change as we gather more information, at present we are broadly representative as an employer of the population that we serve.

How Representative is our Service Use of the Population that we Serve?

A survey of our service use undertaken for Care Quality Commission inspection purposes in 2018 shows that 8.8% of our service use is from the BAME population. If we trim the average to account for outlying services that have a high proportion of BAME service users, the average figure is 6.1%. If we look at community services that serve a specific geographical area the figures for service use are broadly in line with those of the population. This suggests that our services are representative of the population that they serve. Conducting EDS2 assessments in each locality, to derive local action plans will ensure that needs are met within the communities that we serve during the life of this strategy.

Our Equality, Diversity and Inclusion Objectives for 2018-2022

We have aligned our Trust-wide equality, diversity and inclusion objectives for the next four years to the four EDS2 goals.

During the life of this strategy we will set and review actions on an annual basis using the Equality Delivery System to work towards achieving:

1. Better health outcomes for our service users
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

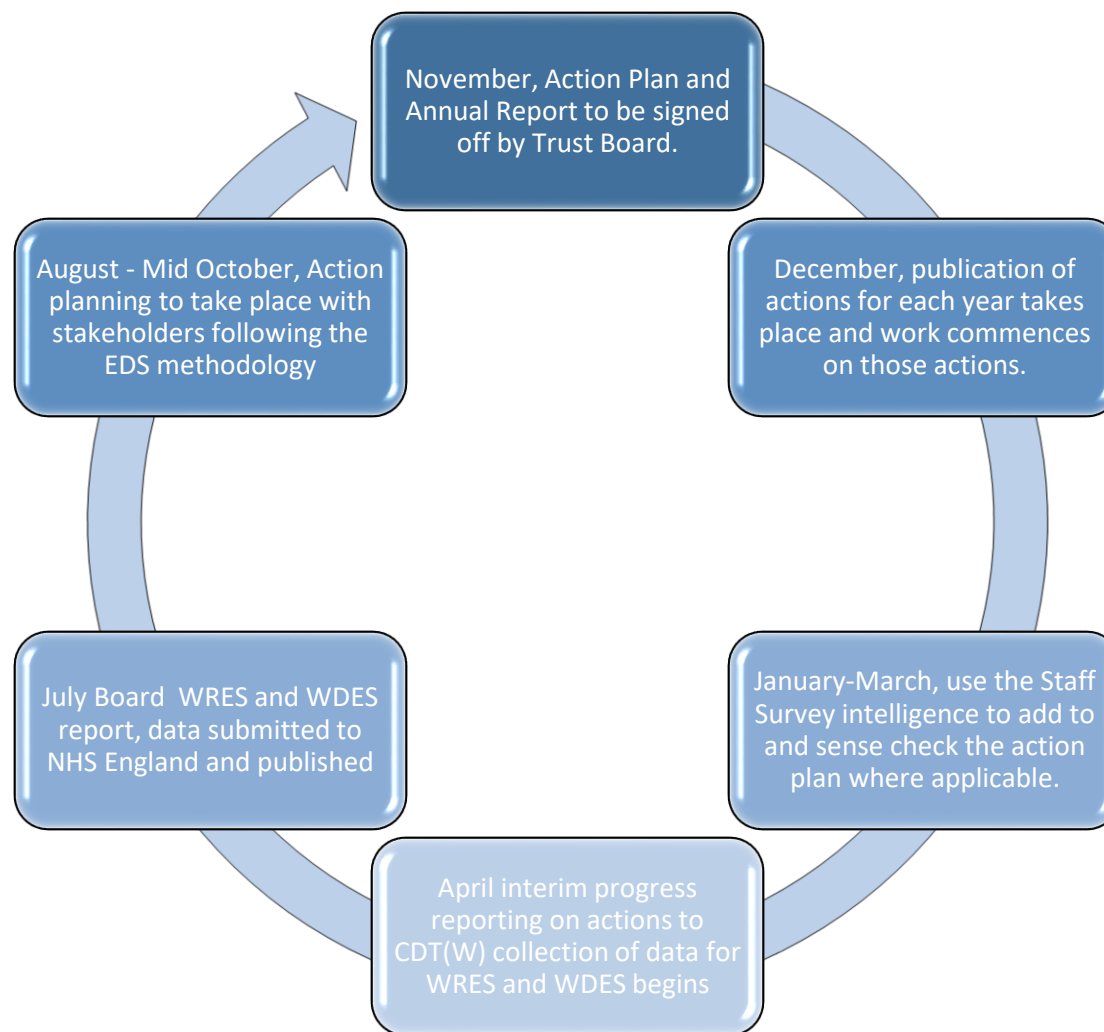
The detailed actions for the first year of this strategy are published separately and consist of ‘must do’ actions to fulfil our statutory duties. In many ways these are ‘setting the stall’ for future years of this strategy by putting mechanisms in place around key issues – for example the Accessible Information Standard and the Workforce Disability Equality Standard. For 2019-2022 we will engage in consultation with all of our stakeholders (employees, patients, local interest groups, governors, trust members and any other interested parties) on an annual basis to set and review our actions using EDS2 (or any successive NHS England Equality Measure during the strategy’s life).

The consultation exercises to define equality, diversity and inclusion actions for each year will take place in line with existing reporting timetables for equality and diversity. Much of the data that we will use as evidence has to be published in the summer which means that our action planning will take place in the late summer and autumn of each year.

In addition to these Trust-wide objectives our operational localities and corporate departments will be using EDS2 to set local objectives towards improving equality, diversity and inclusion for those we serve and to make the Trust a great place to work.

Because this is a ‘live’ strategy which will be reviewed on a regular basis, we anticipate that objectives may be modified or indeed may be replaced to reflect new requirements or obligations within the life of the strategy. Any changes will be reflected as part of a six monthly reporting cycle on equality, diversity and inclusion matters.

The Equality, Diversity and Inclusion Action Planning and Reporting Cycle



Appendices

Appendix 1 Equality and Diversity Detailed Trust-wide Actions for 2018/19

This action plan will be completed in partnership with Staff Networks, Staff Side, and Service User Carer Networks

Actions to meet statutory requirements this year of WRES, WDES, Sexual Orientation Monitoring and Accessible Information Standard are highlighted in green in the Action Column.

Objective	Action	Milestones	Led by	Date for Completion
Better Health Outcomes	To grow our network of links with local BAME communities that help enable us work together to better understand and provide for the health needs of those communities.	Analysis of information already captured to establish BAME use of Trust services, compared to local BAME population.	E&D Lead	December 2018

Objective	Action	Milestones	Led by	Date for Completion
Better Health Outcomes		Identify for each of the local authority areas existing BAME forums and establish links with these forums.	E&D Lead / Locality Directors	January 2019
		Letter to BAME Staff asking them to indicate community network groups that they are aware of and /or link into. Information gathered from this to add to the information gathered from liaison with the local authorities.	Executive Medical Director / E&D Lead	January 2019
		Focus of networking to be concentrated in those localities that have a wide range of stakeholders with the purpose of working together to better understand and provide for the health needs of those communities.	Identified leads within CBUs, supported by BAME Staff Network / E&D Lead	February 2019 onwards

Objective	Action	Milestones	Led by	Date for Completion
Better Health Outcomes	<p>Implement Sexual Orientation Monitoring Information Standards.</p> <p>Whilst doing this also adopt best practice standards for recording gender identity at the same time</p>	Develop a briefing note for staff advising them of this statutory requirement and how to fulfil the requirement.	LGBT Staff Network / E&D Lead	December 2018
		Meetings with Locality Management Groups to help prepare for the introduction of the Standard.	LGBT Staff Network / E&D Lead with designated CBU Leads	January/February 2019
		Communications Campaign leading up to the introduction of the Standard.	LGBT Staff Network / E&D Lead / Communications Team	Campaign to run February – end March 2019
		IT systems be adapted to use the question and response codes as set out in section 1.3 of the SOM Specification and Chapter 4 of best practice standards for gender monitoring.	Informatics, informed by LGBT+ Staff Network and E&D Lead	31 March 2019
		Establish a baseline measure of the recording of sexual orientation and gender recording of patient information at the introduction of the standard.	Directorate of Commissioning and Quality Assurance	Snapshot as of 31 March 2019
		Review recording of sexual orientation information six months after introduction of standard to ensure compliance with reporting.	Directorate of Commissioning and Quality Assurance	Snapshot as of 30 September 2019

Objective	Action	Milestones	Led by	Date for Completion
Improved Patient Access and Experience	Develop a Trans Equality Policy	Working group established to develop the policy.	LGBT+ Staff Network	January 2019
		Draft Policy for Consultation.	LGBT+ Staff Network	April 2019
		Policy Ratified.	Business Delivery Group	July 2019
Improved Patient Access and Experience	We will work to improve the accessibility of information that we provide to our service users by implementing and evaluating the success of a pilot study using Synertec software.	Scoping of pilot study.	AD Neurological and Specialist Services / E&D Lead / Synertec	January 2019
		Briefing of Staff on the use of Synertec Software.	Synertec / AD Neurological and Specialist Services / E&D Lead	January 2019
		Pilot study of Synertec Software to generate accessible information for service users at Walkergate Park.	Synertec / AD Neurological and Specialist Services / E&D Lead	January – June 2019
		Evaluation of pilot study with a view to rolling out the solution Trust-wide.	AD Neurological and Specialist Services / E&D Lead	June 2019

Objective	Action	Milestones	Led by	Date for Completion
A representative and supported workforce.	Implement and monitor a campaign for staff to update their personal information through ESR Self Service.	A baseline metric of protected characteristic information for staff to be recorded.	Workforce Information Team	December 2018
		Develop a briefing note for staff advising them of why we collect the information and how they can update their personal information.	E&D Lead	December 2018
		Communications Campaign on why we wish to collect this information, how staff can update their information and the benefits of doing so.	E&D Lead / Communications Team / Staff Networks	January / February 2019
		Quarterly updates on progress to be reported.	Workforce Information Team / E&D Lead	March 2019 and quarterly thereafter
A representative and supported workforce	Implement the Workforce Disability Equality Standard.	Receive and disseminate WDES Technical Standard.	NHS England / E&D Lead	Autumn 2018
		Review date and reporting against the metrics.	Transactional Workforce Team / Workforce Information Team / Capsticks / E&D Lead	Autumn / Winter 2018/19
		Release of reporting sheet with prepopulated data to check and complete.	NHS England / Transactional Workforce Team / Workforce Information Team / Capsticks / E&D Lead	June 2019
		Report compiled and presented to Trust Board along with associated action plans.	E&D Lead	July 2019
		Upload our report to NHS England.	E&D Lead	August 2019

Objective	Action	Milestones	Led by	Date for Completion
A representative and supported workforce	Training of BME Staff by RCN to be Cultural Ambassadors	Training of identified Staff.	RCN	February 2019
		Launch Campaign.	E&D Lead / Ambassadors / Communications / Capsticks	Spring 2019
		Quarterly reporting of BME D&G to measure the impact of the Ambassador programme.	Capsticks	June 2019 onwards
		Support meetings for Ambassadors.	E&D Lead / RCN	Quarterly from June 2019 onwards
		Monitor Staff Survey and WRES metrics to evaluate the success of the initiative.	E&D Lead	Annually
	Improve our Recruitment Process for BME Applicants	Joy Warmington from BRAP to deliver a targeted session with a focus on unconscious bias.	Acting Executive Director Workforce and Organisational Development	Winter 2018
		Unconscious bias training to be part of the expected training for membership of a recruitment panel.	Training Academy	Winter 2018
		E&D Masterclasses developed to include Unconscious bias training.	E&D Lead	March 2019
		BAME member of Staff to be on interview panels for posts at an agreed level.	Heads of Workforce and OD / Transactional Services Manager Workforce	Summer 2019
		Scoping out of what can be done to make the Trust more visible in the community to promote recruitment opportunities.	E&D Lead / Heads of Workforce and OD / Transactional Services Manager Workforce / external partners such as Beacon, Millin Charity, HAREF etc	February 2019
		Potential for targeted recruitment campaign.	E&D Lead / Heads of Workforce and OD / Transactional Services Manager Workforce / external partners such as Beacon, Millin Charity, HAREF etc	Spring 2019

Objective	Action	Milestones	Led by	Date for Completion
A representative and supported workforce	Ensure that the recording of non-mandatory training is as accurate as possible	Awareness campaign of the importance of accurate recording of non-mandatory training.	E&D Lead / NTW Training Academy / Heads of Workforce and OD / BAME Staff Network	Early 2019
		Focus Group of BME staff to explore the appraisal process.	E&D Lead / BAME Staff Network / Staff Side	Spring 2019
A representative and supported workforce	To scope out a course of action to address the gender imbalance within the Trust's workforce.	Focus group to explore and report upon courses of action to address the gender imbalance within the Trust's workforce.	E&D Lead / Heads of Workforce / Training Academy	Reporting to E&D Group August 2019
A representative and supported workforce	To scope out a course of action to address the issue of domestic violence for the Trust's workforce.	Focus group to explore and report upon course of action to address the issues of domestic violence for the Trust's workforce.	E&D Lead / Heads of Workforce / Staff Side	Reporting to E&D Group April 2019
Inclusive Leadership	Develop a network of LGBT allies	Scoping meeting to discuss remit of allies, identify metrics that can be potentially be used to monitor the impact of the programme. Form a Task and Finish Group to implement the allies programme.	LGBT+ Staff Network Chair / E&D Lead / Initial volunteers for ally roles	December 2018
		To draw up a Training Pack for allies.	Task and Finish Group / Training Academy	Winter 2019
		Launch allies initiative with a recruitment campaign.	Task and Finish Group and Communications	February 2019 (LGBT History Month)
Inclusive Leadership	Apply to become a Stonewall Diversity Champion.	Apply to Stonewall.	Chair LGBT+ Staff Network / E&D Lead	October 2018
		Agree with Stonewall a work programme towards improving policies and practices more LGBT+ friendly.	E&D Lead / Chair LGBT+ Staff Network / Stonewall Account Manager	Winter / Spring 2019
		Address issues identified by Stonewall.	E&D Lead / Chair LGBT+ Staff Network/Staff	Spring / Summer 2019
		Take part in Workplace Equality Index.	E&D Lead / Chair LGBT+ Staff Network / Staff	Submission September 2019

Appendix 2. Equality, Diversity and Inclusion in the North East

	2001	2011	Change (%)
Total usual resident population	2,515,442	2,596,886	+3.2%
UK-born resident population	2,441,709	2,468,313	+1.1%
Non-UK born resident population	73,733	128,573	+74.4%
Non-UK born as share of the region's population	2.9%	5%	+68.9%
Share of non-UK born population of England and Wales	1.6%	1.7%	+7.9%
Non-UK passport holders		68,736	
Non-UK passport holders as share of the region's population		2.7%	

Table 1 Key Census Statistics for the North East

Source England & Wales Census ONS

Table 2 Non-UK Born and non-UK Passports Held: North East 2011

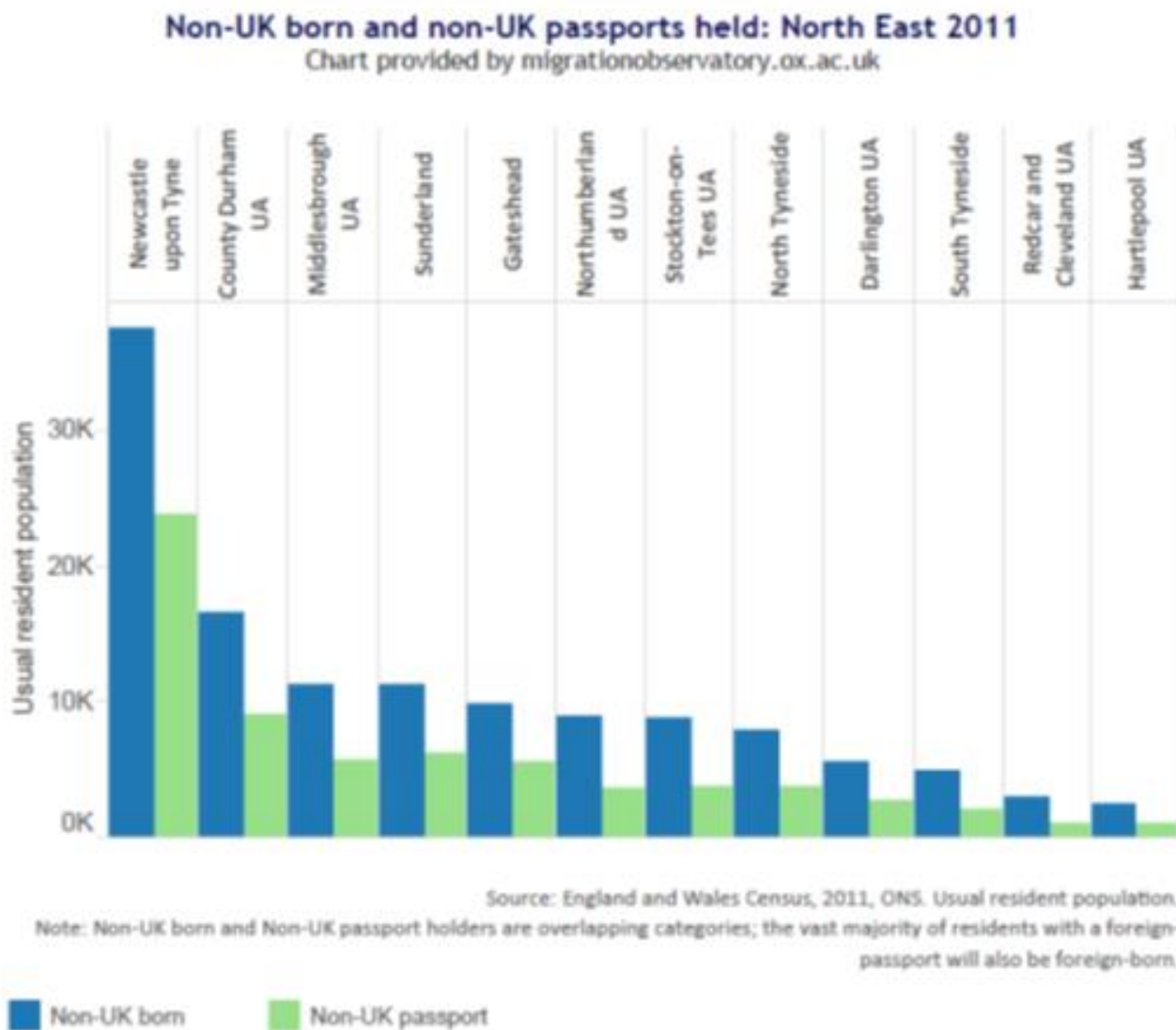


Table 3 Foreign-Born Population in England and Wales by Region and Year

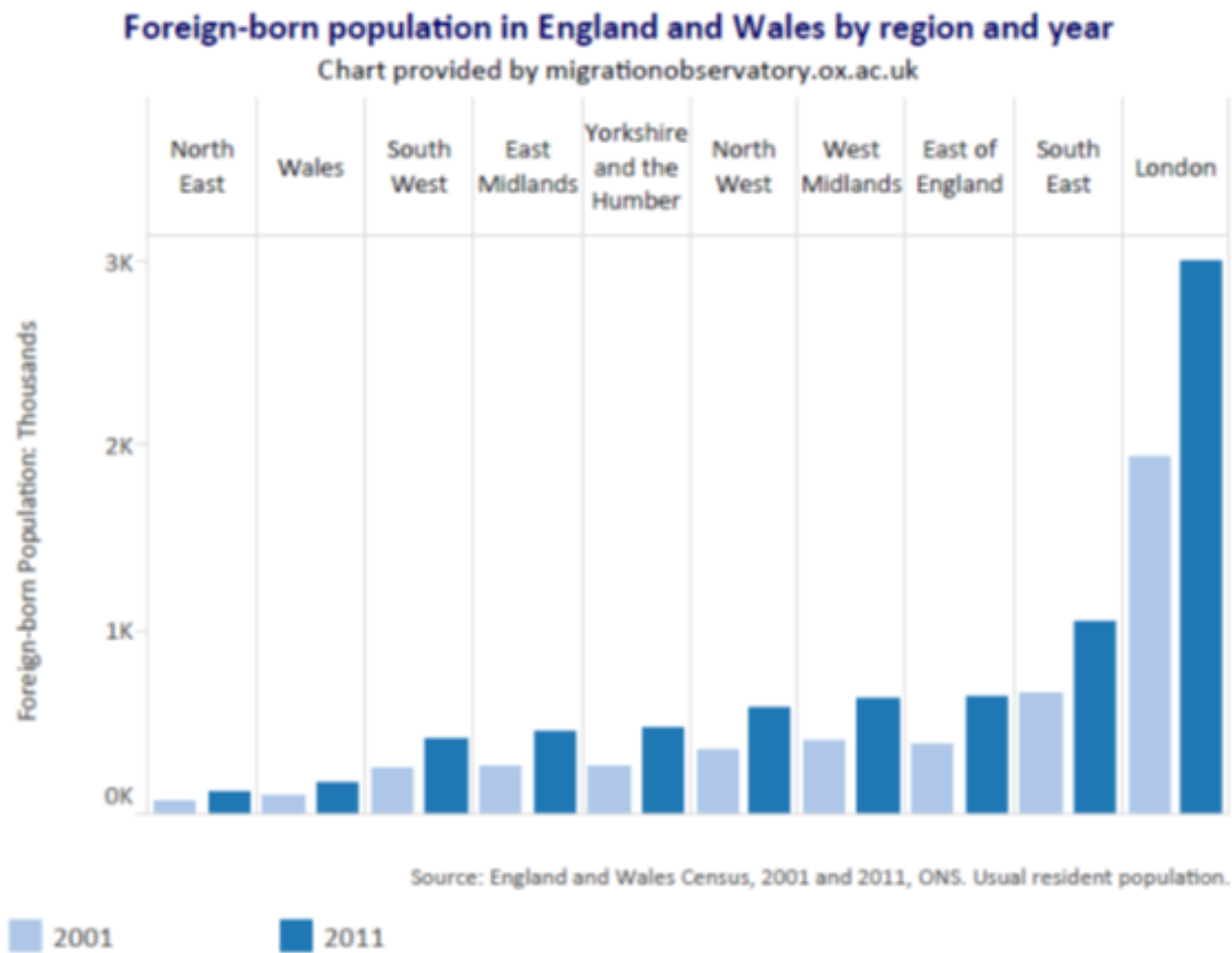


Table 4 Main Spoken Language if not English: North East 2011

	Usual residents	Share (%)*
Chinese languages(1)	9,302	13.2%
Polish	8,188	11.6%
Bengali(2)	5,787	8.2%
Arabic	4,822	6.8%
Urdu	3,803	5.4%
Panjabi	3,713	5.3%
Persian/Farsi	2,312	3.3%
Tagalog/Filipino	1,908	2.7%
French	1,900	2.7%
Kurdish	1,547	2.2%
German	1,518	2.2%
Spanish	1,267	1.8%
Russian	1,114	1.6%
Portuguese	1,106	1.6%
Greek	1,104	1.6%
Other	21,366	30.2%
Total	176,625	100%

Table 5 Activity Limiting Health Problem or Disability by Extent of Limitation

England, Wales, England regions, 2011, usual residents

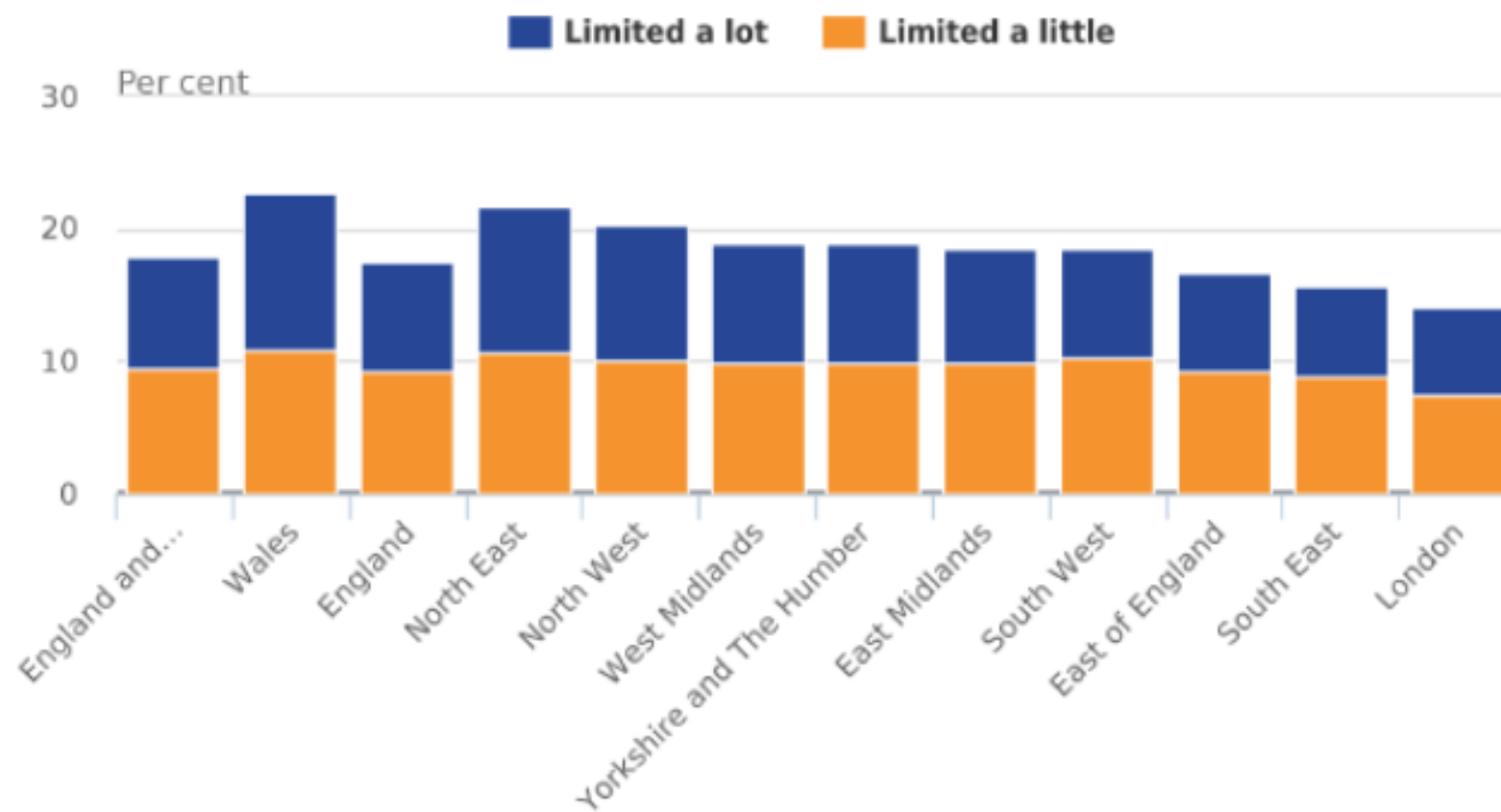


Table 6 Predicted Old Age Dependency Ratio by 2036

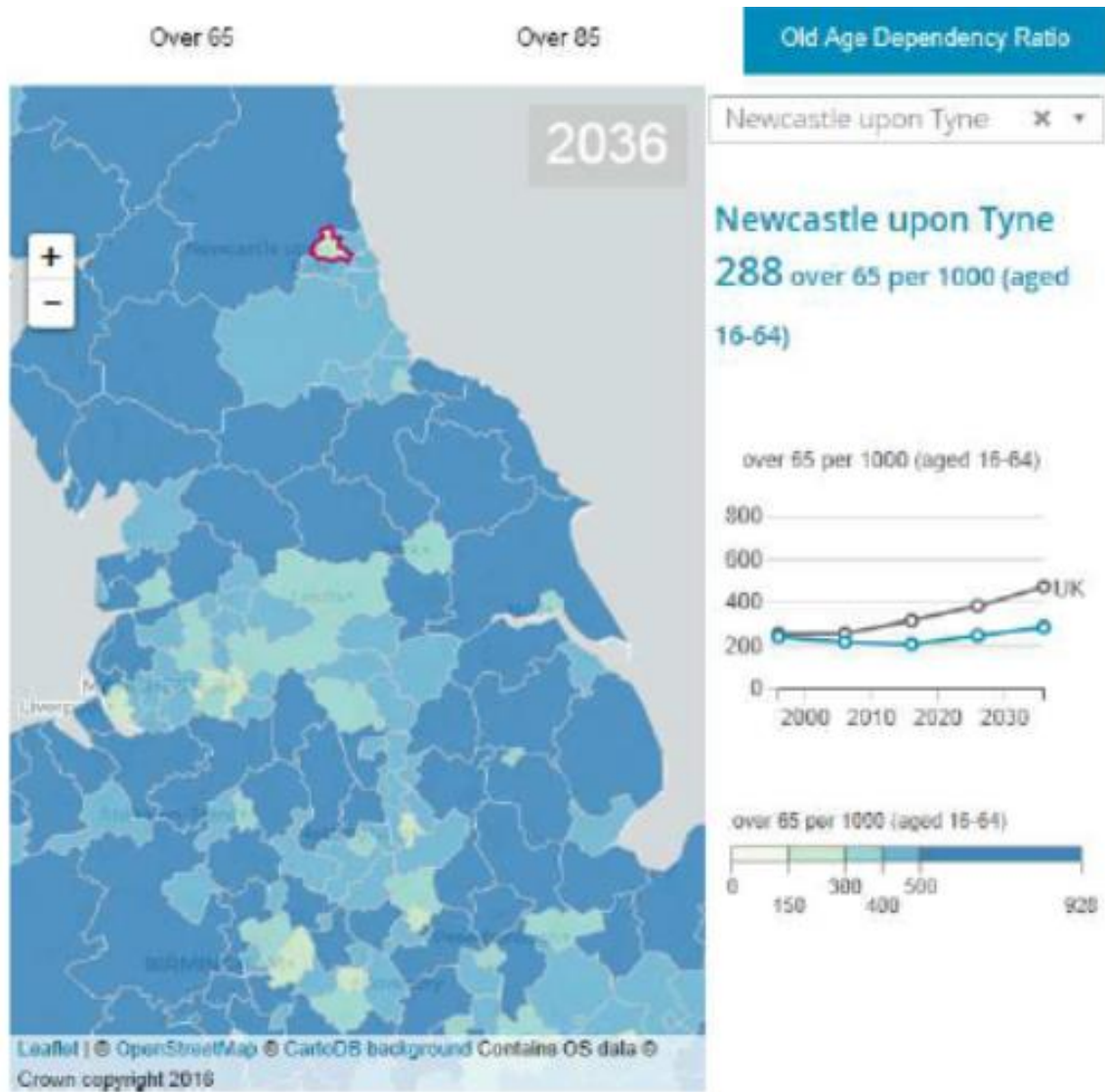
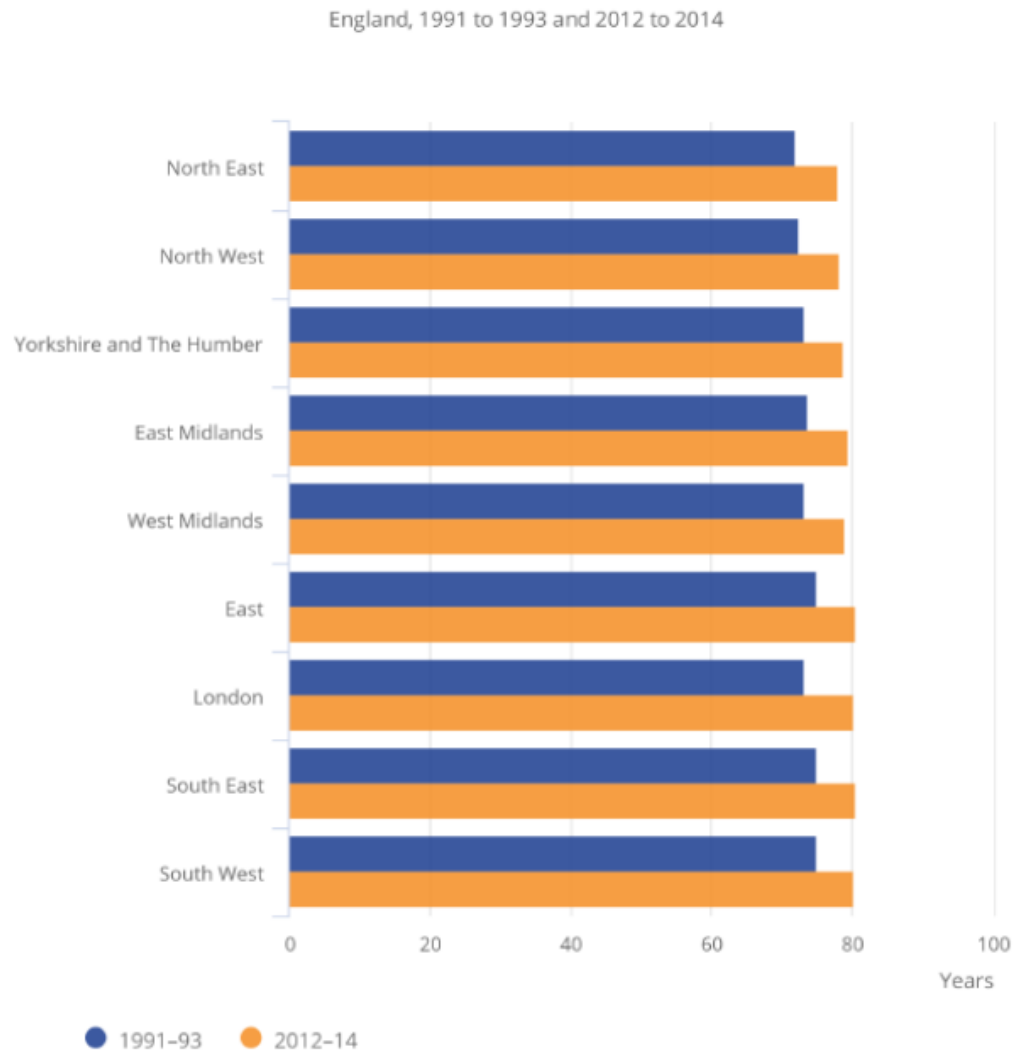


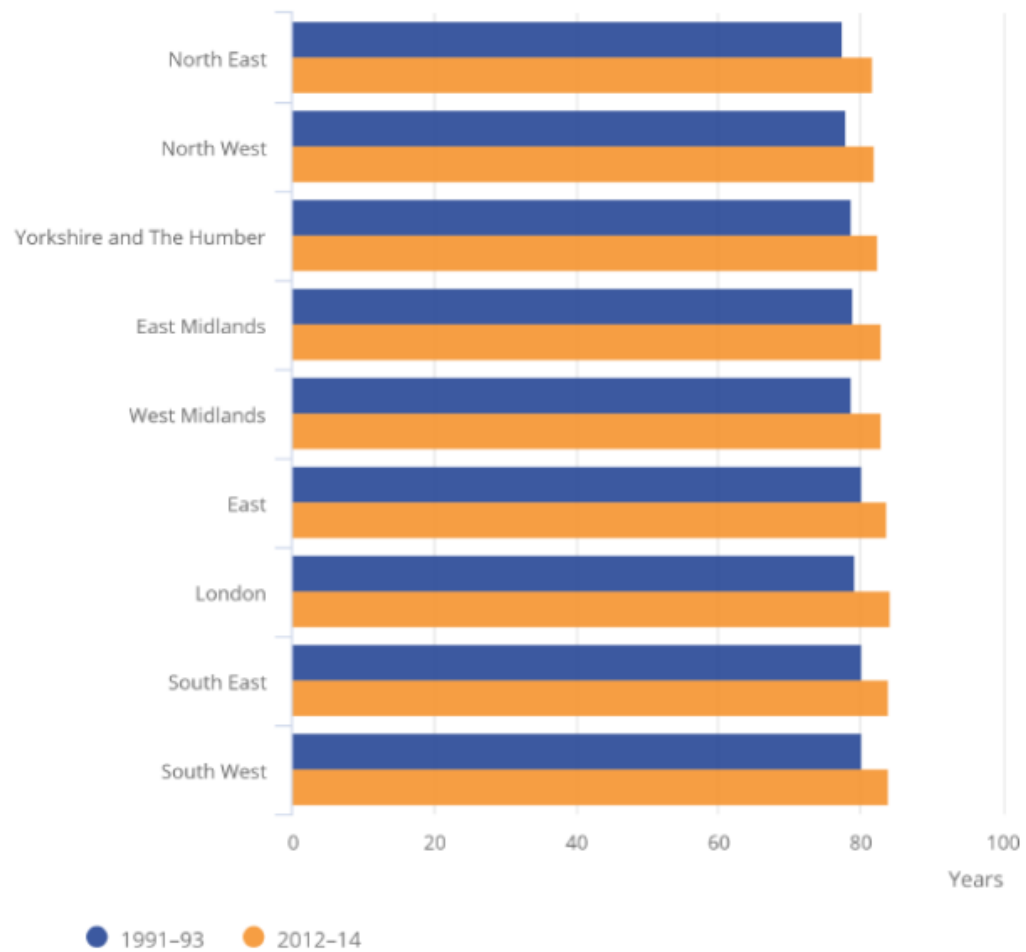
Table 7 Life Expectancy for New born Baby Boys by Region



Source: Office for National Statistics

Table 8 Life Expectancy for New born Baby Girls by Region

England, 1991 to 1993 and 2012 to 2014

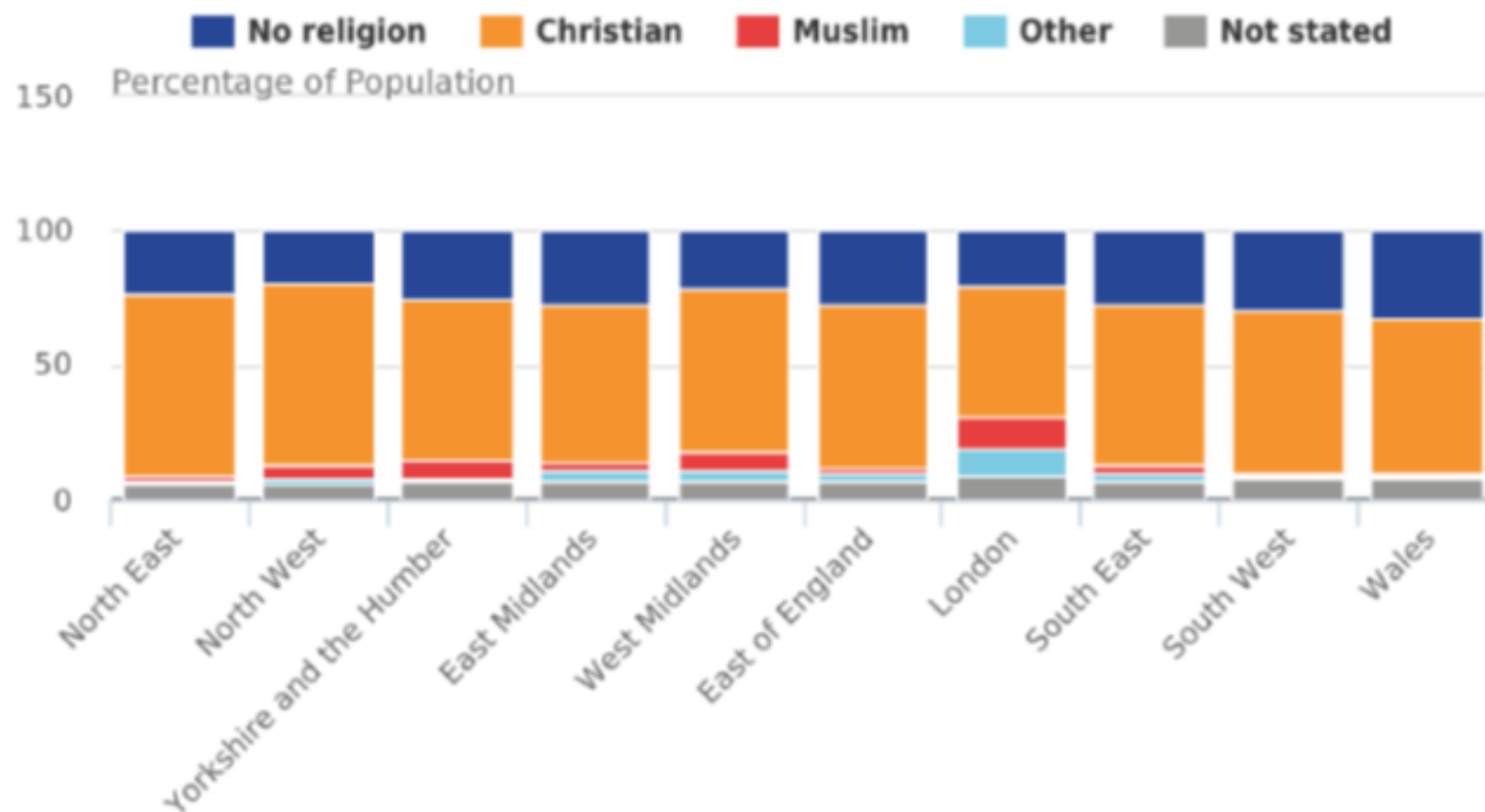


Source: Office for National Statistics

Table 9 Median Income by Region after Housing Costs



Table 10 Religious Affiliation England and Wales 2011



Source: Census - Office for National Statistics

Appendix 3 Equality Delivery System 2 (EDS2)

EDS2 - Overview - Steps for Implementation	
Step 1	<p>Confirm governance arrangements and leadership commitment</p> <p>NHS organisations should confirm their governance arrangements for using <i>EDS2</i>. Good governance is typified by two key attributes. First, the inclusion of members of the public, patients, carers, governors and members where relevant, communities, staff networks, staff-side organisations and local authority partners in governance structures. Second, by locating <i>EDS2</i> governance within existing mainstream governance structures. In this way, use of <i>EDS2</i> is not separate and isolated from mainstream business.</p> <p>At the outset, before organisations attempt to use <i>EDS2</i>, their Boards and senior leaders should confirm their own commitment to, and vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. They should stress that promoting equality is everyone's business, and that no one organisation or stakeholder can work in isolation from others in making progress. Some of <i>EDS2</i>'s outcomes challenge the leadership of NHS organisations to positively demonstrate their commitment to equality and the values that underpin the NHS Constitution.</p>
Step 2	<p>Identify local stakeholders</p> <p>NHS organisations should identify those local stakeholders that will need to be involved in <i>EDS2</i> use. For <i>EDS2</i> to be effective, these local stakeholders should include patients, carers, members of community groups, other members of the public, representatives of voluntary and community organisations, NHS staff and representatives of staff-side organisations, and encompass all protected groups. CCGs should involve member practices and their patient forums. For NHS foundation trusts, the local stakeholders include their governors, representative memberships and staff. Specific local stakeholders may vary depending on the particular <i>EDS2</i> outcomes which are explored and in what way. Local stakeholders can help organisations to word <i>EDS2</i> outcomes in down-to-earth ways.</p>
Step 3	<p>Assemble evidence</p> <p>NHS organisations should assemble evidence for analysing their equality performance. They should consider gaps in evidence and how they can be filled. The evidence should draw on JSNAs (Joint Strategic Needs Assessments), public health intelligence, CQC registration evidence, NHS Outcomes Framework data, surveys of patient and staff experience, workforce data and reports, their own equality monitoring and demographic data, local Healthwatch insight, and complaints and PALS data. As long as it is reliable and valid, the evidence can be quantitative or qualitative. Early insight and evidence can help to determine which <i>EDS2</i> outcomes, which services, and which aspects of each protected group, are explored and how.</p>
Step 4	<p>Agree roles with the local authority</p> <p>NHS organisations should agree the part that local Healthwatch organisations, health and wellbeing boards, and public health and other parts of the local authority will play in <i>EDS2</i> use. The role of local Healthwatch organisations can be pivotal in making <i>EDS2</i> work well.</p>

Step 5	<p>Analyse performance</p> <p>With local stakeholders, organisations should analyse their performance on each or most <i>EDS2</i> outcomes, perhaps focusing on a few specific issues, taking account of each relevant protected group. Organisations should share the evidence they have assembled (at Step 3) with their local stakeholders in accessible formats, so that local stakeholders can play their part in the analysis of performance and setting of equality objectives. See "Assessing and grading performance" and "Outcome and grading tables" below.</p>
Step 6	<p>Agree grades</p> <p>Based on these analyses, organisations and local stakeholders should agree a grade for each assessed outcome. If there is a disagreement about any grade, the views of local stakeholders should be given weight. Results can provide information to demonstrate PSED compliance. See "Assessing and grading performance" and "Outcome and grading tables" below.</p>
Step 7	<p>Prepare equality objectives and more immediate plans</p> <p>Using the grades across all assessed <i>EDS2</i> outcomes as a starting point, organisations with local stakeholders should select no more than four or five equality objectives for the coming business planning period. It is further advised that at least one equality objective per <i>EDS</i> goal is chosen. But this is not a hard and fast rule. No doubt these equality objectives will focus on the most urgent challenges. But <i>EDS2</i> is not just a means for identifying equality objectives. It is a means for uncovering equality-related progress or concerns in general, and the organisation may need to spread good practice or tackle the most pressing problems within or outside the setting of equality objectives.</p>
Step 8	<p>Integrate equality work into mainstream business planning</p> <p>Work arising from the setting of equality objectives or more immediate plans should be integrated within organisations' mainstream business planning processes. For example, organisations can report on this work within their NHS Integrated Plans, saying how they will respond to the QIPP challenge.</p>
Step 9	<p>Publish grades, equality objectives and plans</p> <p>Grades, equality objectives or other equality improvement plans, plus subsequent progress, should be published locally by organisations on their websites, in Annual Reports, and in other accessible ways. They should be shared with health and wellbeing boards for comment and possible action. With agreement from all parties, grades and equality objectives or plans may be shared by NHS commissioners and their local stakeholders with NHS England Area Teams for comment and possible action. Providers may report their grades and equality objectives or plans with commissioners as part of contract monitoring processes. Where serious and/or persistent concerns about providers relate to CQC's Essential Standards of Quality and Safety, CQC should be notified for possible inclusion on CQC's Quality & Risk Profiles and potential action.</p>

The goals and outcomes of *EDS2*

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	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
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently

Continued on next page

The goals and outcomes of EDS2 (continued)

A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	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
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	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
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Contact Details

If you would like to find out more about our strategy for the next four years please contact:

Chris Rowlands

Equality & Diversity Lead

Northumberland Tyne and Wear NHS Foundation Trust

St Nicholas Hospital,

Newcastle upon Tyne

NE3 3XT

Tel. 0191 245 6793

equality@ntw.nhs.uk

A copy of this document is also available from the Trust in large print, braille and on audiotape, on request.

This document will be made available upon request in the following languages: Bengali, Urdu, Hindi, Cantonese, Punjabi, Arabic.

سوف يتم تقديم هذا المستند عند الطلب في اللغات التالية: البنغالية، والأردوية، والهندية، والكاتلونية، والبنجابية والعربية

گزارش کرنے پر یہ دستاویز درج ذیل زبانوں میں فراہم کرانی جائے گی: بنگالی، اردو، ہندی، کیتھونیز، پنجابی، عربی

अनुरोध करने पर यह अभिलेख निम्न भाषाओं में उपलब्ध कराई जाएंगी: बंगाली, उर्दू, हिंदी, कैंटोनीज, पंजाबी, अरबी।

ਬੇਨਤੀ ਉੱਤੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੇਠ ਲਿਖੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲੱਬਧ ਕਰਾਏ ਜਾਣਗੇ : ਬੰਗਾਲੀ, ਉਰਦੂ, ਕੈਨਟੋਨੀਜ਼, ਪੰਜਾਬੀ ਅਤੇ ਅਰਬੀ।

如果有要求，必須提供本檔的以下語言的版本：孟加拉語、烏爾都語、北印度語、廣東話、旁遮普語和阿拉伯語。

অনুরোধসাপেক্ষে এই নথিটি নিম্নলিখিত ভাষায় পাওয়া যাবে: বাংলা, উর্দু, হিন্দি, ক্যাটোনিজ, পাঞ্জাবি, আরবি।