

Board of Directors Meeting

11th May 2011

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The new public sector equality duties 2011/12

Status: A paper for Information

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Development

Board of Directors Meeting

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A paper prepared by Staynton Brown, Associate Director Equality and Human Rights and presented by Ann Macintyre, Director of Workforce and Organisational Development

Guy's and St Thomas' Foundation Trust The new public sector equality duties 2011/12

1.0 Introduction

1.1 This paper outlines to the Board the statutory requirement to comply with the new public sector equality duties and the response to the new requirements and responsibilities they set out. This paper also explains how the adoption of the national Equality Delivery System will ensure compliance with our statutory responsibilities, including the development of Trust Equality Objectives for 2012/13. The timescales for implementation and engagement are set out in Annex A.

1.2 The Trust Board is asked:

- Is the proposed level of reporting to the Trust Board sufficient to sign-off the Trusts Equality Objectives for 2012/13 (set out in Annex A)?
- How would the Trust Board want to be engaged in the development of the Equality Objectives?

2.0 The new public sector equalities duties

2.1 The new public sector duties came into force on 5th April 2011. They have harmonised and replaced the disparate equalities duties that included amongst others the race equality duty and disability equality duty. The general duty states:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

2.2 Paying due regard to equalities duties involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
 - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
 - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- 2.3 The new duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 2.4 There is also provision within the duties to have due regard for the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.
- 2.5 The new **public sector equality duty** has placed a greater emphasis on the following:
- Demonstrably evidenced increased levels of **engagement** (localism)
 - Greater **transparency** and distribution of data and information
 - Increased focus on **outcomes** rather than processes
 - Equality analysis
 - Equality objectives
- 2.6 The Trust is also required to set **Equality Objectives** by April 2012. These objectives must:
- Consider the information published before preparing the objectives
 - Ensure the objectives are specific and measurable
 - Set out how progress will be measured

3.0 How the Trust will meet the public sector equalities objectives

The Equality Delivery System

- 3.1 The DH Equality and Diversity Council, chaired by Sir David Nicholson, has sponsored the development of the EDS, to achieve greater consistency, transparency and alignment across the NHS in reducing inequalities and promoting equality for the workforce and patient and the public.
- 3.2 The development of the EDS ran concurrently with the development of the new public sector equalities duties, ensuring that if organisations meet the EDS, by proxy they will be able to assure themselves that the legal duties are being met.
- 3.3 Adopting the EDS will ensure the Trust is compliant with the Equality Public Sector duties.

4.0 EDS - Analysis of performance

- 4.1 At the heart of the EDS is a set of nationally agreed Objectives and Outcomes. The Objectives are common for both NHS commissioners and NHS providers. They are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive Leadership at all levels

4.2 Within each Objective are a set of outcomes. There are 12 outcomes in total across the four Objectives. For further detail on the outcomes, please refer to the appendix document.

4.3 The Trust will need to analyse performance against the outcomes for each group afforded protected status directly or by association by the Equality Act.

5.0 Development of Trust Equality Objectives and alignment with the EDS

5.1 As a requirement of the EDS and the equality public sector duties, the Trust and our local interests will need to collaboratively agree on a small set of Equality Objectives for April 2012.

5.2 Equality Objectives will result in a discrete number of prioritised actions for one or more equality groups and this can include groups that suffer from compound and multiple disadvantage and must take into consideration the principles set out above to:

- Not assume that each single protected characteristic has a set of homogenous needs.
- Recognise that staff, patient and the public have a set of multiple identities that fluidly interact through the course of an individual's life.
- Pay due regard to the fact that some individuals suffer from compound and multiple disadvantage and are often in greatest need.
- Ensure the wider determinants of poor health are considered.

6.0 Engagement with local interests and stakeholders

6.1 Currently, the Trust engages with a number of local partners. There is work to be done to improve engagement with local stakeholders regarding equality and disadvantage. The engagement exercise with local stakeholders and the workforce must aim too:

- Make information to local interests more accessible
- Offer support to those local interest to understand the services offered
- Include a range of professionals across the Trust
- Be sensitive to the resources and capacity of local interests

6.2 Across Lambeth and Southwark, there is a higher proportion of seldom-heard interests and vulnerable groups than in many other parts of England and within London. It is essential that they are actively involved and engaged as part of the EDS.

6.3 The Trusts engagement activity to develop the Equality Objectives will begin in **August 2011**, after the publication of EDS supporting guidance. Working smartly and effectively with other local NHS bodies will reduce the likelihood of consultation fatigue. This will mean that the engagement exercise will be conducted in two parallel phases:

7.0 NHS South-East London sector engagement events

7.1 The SE cluster will be supporting and preparing GP pathfinders to be meet the NHS Commissioning Board's requirement to implement the EDS. NHS London will be supporting the NHS SE London sector to undertake a number of consultation and engagement that the Trust will actively contribute too, facilitated through the associate director equalities and diversity. The south-east cluster engagement exercise will contribute to the development of the Trusts equality objectives by mapping out:

- Local population health needs and health inequalities
- Access to both primary and secondary care
- Improving the coordination between health and social care
- Local Health and Wellbeing (specifically addressing the transition of public health to local authorities and health improvement programmes)

8.0 Trust engagement events

8.1 The Trust will carry out an engagement exercise with specific local interests who have a relationship with the Trust, either through their involvement or on behalf of their service user. This will include:

- GSTT workforce
- Board of Governors
- Patient groups
- KHP
- Community third sector providers i.e SouthSide partnership, Fanon
- Lambeth and Southwark LiNK
- GSTT Trust Board

9.0 Conclusion

9.1 The Board are asked to note the content of this update and to confirm approval of the engagement process and the timescales set out in the document. Feedback is sought on how the Board want to be engaged in the development of the Equality Objectives within the consultation process.

Ann Macintyre

Director of Workforce and Organisational Development

5th May 2011

**Equality public sector duties/Equality Delivery System
Implementation plan 2011/12**

		2011							2012				
		MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Equality Delivery System DH timetable		Develop EDS guidance	Approval/sign off from national Equality and Diversity Council	Finalise EDS guidance	EDS Publish guidance	EDS Formally launched			Expect NHS Trusts to provide analysis of compliance against equality duties	Review analysis of compliance			EDS fully adopted across NHS in England for 2012/13
	Guy's and St Thomas'	Develop evidence base to inform consultation			Finalise consultation and engagement plan and documents	Launch consultation			Close consultation	Provide consultation feedback to local interests/stakeholders Complete first draft of equality objectives		Review feedback and revise objectives	
Map local interests and stakeholders		Update Trust Board			Provide preliminary Board review			Publish analysis of compliance against equality duties		Provide Board Update to inc draft Equality Objectives	Trust Board sign off Trust Equality objectives 2012/13	Publically publish Equality objectives	

ABBREVIATIONS**C**

DH	Department of Health
EDC	NHS Equality and Diversity Council
EDS	Equality Delivery System for the NHS
EPIT	Equality Performance Improvement Toolkit
GEO	Government Equalities Office
GP	General Practice
LINKs	Local Involvement Networks
NHS	National Health Service
PCT	Primary Care Trust
QIPP	Quality, Innovation, Prevention, Productivity
SHA	Strategic Health Authority

Guy's and St Thomas' Foundation Trust

The new public sector equality duties

2011/12

The new public sector equalities duties

The new public sector duties came into force on 5th April 2011. They have harmonised and replaced the disparate equalities duties that included amongst others the race equality duty and disability equality duty. The general duty states:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Paying due regard to equalities duties involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The new duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

There is also provision within the duties to have due regard for the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

The new **public sector equality duty** have placed a greater emphasis on the following:

- Demonstrably evidenced increased levels of **engagement** (localism)
- Greater **transparency** and distribution of data and information
- Increased focus on **outcomes** rather than processes
 - Equality analysis
 - Equality objectives

The Trust must also set equality objectives by April 2012. These objectives must:

- Consider the information published before preparing the objectives
- Ensure the objectives are specific and measurable

- Set out how progress will be measured

How the Trust will meet the public sector equalities objectives

The Equality Delivery System

The DH Equality and Diversity Council, chaired by Sir David Nicholson, has sponsored the development of the EDS, to achieve greater consistency, transparency and alignment across the NHS in reducing inequalities and promoting equality for the workforce and patient and the public.

The development of the EDS ran concurrently with the development of the new public sector equalities duties, ensuring that if organisations meet the EDS, by proxy they will be able to assure themselves that the legal duties are being met.

Who is the EDS designed for

The Equality Act protects people from unfavourable treatment because of the following characteristics (as enshrined in law)

:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Race including national identity and ethnicity
- Religion or belief
- Sex (that is, is someone female or male)
- Sexual orientation

However, the Trust recognises that promoting equality and reducing inequality must not be confined to only addressing the needs of each protected equality characteristic. The very nature of the workforce and the local population demand that the EDS and the setting of equality objectives must:

- Not assume that each single protected characteristic has a set of homogenous needs.
- Recognise that staff, patient and the public have a set of multiple identities that fluidly interact through the course of an individuals life.
- Pay due regard to the fact that some individuals suffer from compound and multiple disadvantage and are often in greatest need.
- Ensure the wider determinants of poor health are considered.

The implementation of the EDS and the development of Equality objectives will go beyond the Equalities duties, to provide a proper representation and reflection of the complexity of meeting individual need.

Design

The EDS has been designed for the NHS by the patients and staff of NHS, and other interests, at over a range of national and regional engagement events. When the EDS regional consultation events are concluded in 2011, it is estimated that over 2,000 people will have contributed to the EDS design.

Scope

The EDS applies to both NHS Commissioners and NHS providers – both in the current NHS and the new NHS as set out in the White Paper and Health Bill. This means that the EDS will apply to PCTs until they are abolished, and to GP Consortia that emerge to take over the commissioning work of PCTs.

The EDS applies to NHS providers including Foundation Trusts, all of whom are registered to provide services by the CQC.

It may also be applied to all those healthcare organisations that are not a part of the NHS, but which may work to contracts issued by NHS commissioners (TBC).

System alignment

NHS Operating Framework 2011/12

The NHS Operating Framework for 2011/12 advises the NHS as follows : “NHS organisations will need to comply with the public sector duty of the Equality Act 2010, due to come into force in April 2011. The NHS Equality and Diversity Council is developing an Equality Delivery System to advise boards on how to maintain progress and demonstrate compliance with the Act”.

NHS Outcomes Framework

The five domains of the Outcomes Framework are built into the EDS outcomes, and organisations should use the Outcomes Framework indicators, disaggregated by equality group wherever possible, as evidence of their performance. The five domains are as follows :

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

In the guidance issued to the NHS about the Outcomes Framework, the Department of Health advises that “In selecting outcomes and determining how they should be measured, active consideration has been given to how the indicators can be analysed by equalities and inequalities dimensions to support NHS action on reducing health inequalities. In addition to the legally protected characteristics,

particular consideration has been given to socio-economic groups and area deprivation as these are key drivers of poor health outcomes.” (DH, December 2010)

Quality, Innovation, Productivity and Prevention (QIPP)

The Trust is asked to improve the quality of care delivered while making efficiency savings that can be reinvested in services to deliver year on year quality improvements. In meeting the challenge, DH reminded all Trust’s that “it is crucial that we do not lose momentum in improving the standard of care we deliver. We need to protect and promote quality while releasing savings everywhere. In doing so we will continue to ensure that NHS values are at the heart of what we do and we remain committed to tackling inequalities and promoting equality” (DH, 2010)

When analysing the Trusts performance using the EDS, the organisations four elements of QIPP will need to be analysed through an equality lens.

CQC Essential Standards

When evidencing performance for EDS purposes, the Trust will be able to use evidence provided to the CQC to demonstrate compliance with registration requirements. This specifically related to the “Essential standards for quality and safety” (March 2010). (This CQC guidance tells providers how they can achieve compliance with the Section 20 regulations of the Health and Social Care Act 2008.)

How it works

Analysis of performance

At the heart of the EDS is a set of nationally agreed Objectives and Outcomes. The Objectives are common for both NHS commissioners and NHS providers. They are:

- ❑ Better health outcomes for all
- ❑ Improved patient access and experience
- ❑ Empowered, engaged and well-supported staff
- ❑ Inclusive Leadership at all levels

Within each Objective are a set of outcomes. There are 12 outcomes in total across the four Objectives.

The Trust will need to analyse performance against the outcomes for each group afforded protected status directly or by association by the Equality Act.

For the purposes of the EDS, local interests comprise and but are not restricted to :

- ❑ Patients and those local groups that represent them
- ❑ Communities and the public in general
- ❑ NHS staff and Staff-Side (that is, unions such as Unison)
- ❑ Voluntary and community organisations

CQC Essential Standards

When making any analysis and judgements the Trust will need to take account of the relevant outcomes cited in CQC's "Essential standards of quality and safety", and the evidence provided to CQC to demonstrate compliance with registration regulations.

Assessment under the EDS

The EDS is not a self-assessment. As a result of the analysis, the Trust, in partnership with our local interests and stakeholders, an assessment will be made on how the Trust has performed against each outcome.

First and foremost the assessment will be designed to reflect the delivery of outcomes, with particular regard to the QIPP challenge, for protected groups and meeting the Equality Act duty. This approach means that :

- ❑ The better the delivery of outcomes, supported by evidence, the better the grade.
- ❑ The more that quality, innovation and prevention and cost-effectiveness can be proven in the delivery of these outcomes, the better the grade.
- ❑ The more, for example, the NHS fosters good relations between groups and communities, and can produce supporting evidence, the better the grade.

The assessment will reflect the extent to which, for protected groups :

- ❑ Good outcomes are delivered
- ❑ The QIPP challenge is met
- ❑ The Equality Act duty is met, including the fostering of good relations
- ❑ The NHS Constitution is delivered
- ❑ Effective use is made of JSNAs and other evidence
- ❑ Local interests are empowered, supported and actually take part.

EQUALITY DELIVERY SYSTEM - OBJECTIVES AND OUTCOMES

Objectives Menu	Narrative : the NHS is asked to ...	Outcomes
1. Better health outcomes for all	Achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services and care pathways are commissioned or decommissioned, designed or re-designed, procured, provided and contractually monitored so that they meet the needs of patients, carers and local communities
		1.2 Public health outcomes are measurable, substantive and are developed through evidence-based strategies, developed with the involvement of patients, carers and local communities
		1.3 Patient safety outcomes are demonstrating measurable increases across all equality target groups, with the active participation of staff and managers engaging with patient groups and involving local communities
2. Improved patient access and experience	Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities are effectively accessing services, taking into account barriers that historically hinder equality of access
		2.2 Patients, carers and communities are provided with appropriate communications support and information about services, so that they can make informed choices and be assured of diagnoses and treatments tailored to their needs
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected, and the services they receive are safe, effective and personalised to their specific needs
3. Empowered, engaged and well-supported staff	Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 A workforce that is diverse within all occupations and grade levels through fair and flexible recruitment, development, and retention practices
		3.2 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
		3.3 The workforce is confident, competent and feels empowered to deliver appropriate and, accessible services, and improved patient experience for all communities
		3.4 The workplace is free from actual and potential discrimination -from recruitment to retirement - and all staff are able to fully realise their potential
4. Inclusive leadership at all levels	Ensure that throughout the organisation, equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Corporate leadership demonstrates the commitment and knowledge to assure equality outcomes within the organisation and the local health economy
		4.2 The organisation develops and supports equality leaders and champions within the workforce to the standards of capability defined by the NHS Competency Framework for Equality and Diversity Leadership

Human Rights and the EDS

Human rights legislation in the UK is founded on five key FREDA principles. Human rights should never be a secondary consideration in the provision of NHS services or in the development of the workforce. They should underpin all NHS activity and indeed are at the heart of the NHS Constitution. They are also at the heart of the EDS, as the follow box describes :

<i>Human rights principle</i>	<i>How reflected in the EDS for protected groups?</i>
Fairness	As and when organisations deliver on EDS Outcome 1.1 to meet the needs of all individuals and communities, tailored to their specific circumstance, and provide working environments where all staff are given equal chance to thrive (EDS Outcome 3.1), then the NHS will demonstrate its commitment to fairness to protected groups and beyond.
Respect	The EDS supports the NHS Constitution to help the NHS respect both patients and staff from protected groups and beyond. For patients, EDS Outcomes 2.1 and 2.3 focus on the promotion of safety and access. For staff, the EDS Outcome of 3.2 asks organisations to promote the well-being of their staff. Achievement of these outcomes will be a clear demonstration that individuals' rights to be respected are a priority for the NHS.
Equality	The whole of the EDS is designed to improve the equality performance of the NHS. EDS Outcomes 4.1 and 4.2 emphasise that strong and committed leadership, where equality in general, and equality champions in particular, are supported, is essential to the achievement of a fairer and more personalised NHS, staffed by a diverse, confident and competent workforce.
Dignity	For patients, EDS Outcome 1.3 asks the NHS to prioritise the safety of patients, and EDS Outcome 3.4 asks that working environments are free from discrimination. Achievement of these outcomes will ensure that the dignity of both patients and staff, from protected groups and beyond, will be upheld.
Autonomy	For patients, EDS Outcome 2.2 asks that people from protected groups and beyond are given sufficient information about the NHS and their diagnoses and treatments so that they can make informed choices for themselves. For staff from protected groups and beyond, EDS Outcome 3.3 seeks a workforce that is confident, competent and empowered to make decisions – with patients and within management / professional guidelines – on the most appropriate treatments or courses of actions

(More information on human rights and the NHS can be found in reports of joint work between DH, the NHS and the British Institute for Human Rights. (DH / BIHR 2010))

□

Setting GSTT equality objectives and priorities

As a result of the analysis of EDS Outcomes, the Trust and our local interests will need to agree on a small set of Equality Objectives for April 2012.

Equality Objectives will result in a discrete number of prioritised actions for one or more equality groups and this can include groups that suffer from compound and multiple disadvantage and must take into consideration the principles set out above to:

- Not assume that each single protected characteristic has a set of homogenous needs.
- Recognise that staff, patient and the public have a set of multiple identities that fluidly interact through the course of an individual's life.
- Pay due regard to the fact that some individuals suffer from compound and multiple disadvantage and are often in greatest need.
- Ensure the wider determinants of poor health are considered.

It will be prudent to focus on all four of the EDS Objectives, but only set a handful of priorities. Tackling more objectives and scores of priorities could result in efforts being spread too thinly. Many Single Equality Schemes were often undermined by being too wide-ranging and too comprehensive, as if every part of an organisation had to offer up an action or two, spread out across each equality group.

The chosen priorities should cover the most immediate and urgent concerns and be firmly based in evidence. There are some priorities that could represent "quick wins", which if achieved can pave the way for further success.

Choosing priority actions so that all equality groups are covered at any one time, can lead to tokenistic not realistic plans. Backed by evidence, and working with local interests, the EDS analysis should reveal the most pressing needs. It is these needs that should be prioritised.

In the context of broader strategic plans, the Trust is expected to describe:

- Progress on prioritised action phased and related milestones, within the context of continuous improvement.
- How priorities feed into, and support, corporate strategic goals and plans for tackling health inequalities
- Grades hoped to achieve over the business cycle for each outcome, indicating the progress to be achieved in each year.
- The local interests that it has engaged with in compiling the Equality Objectives
- The sources of evidence used in analysing performance and identifying priorities, and its long-term plans to improve its collection and use of evidence, with explicit reference to the requirements of the Equality Act.

Local and National reporting

For wider performance assessment / management purposes, from April 2012 :

- The agreed Equality Objectives of each Trust will be reported to the local Health Watch and Health Watch England. Health Watch England will advise CQC of concerns so that these concerns can be taken into account in the Quality Risk Profiles for each organisation. Where there are concerns, the CQC will consider the most appropriate action, as it would do when in receipt of any potentially negative piece of information about a provider. The ultimate sanction for continued poor performance could be loss of registration. Concerns could centre on organisations with any “Undeveloped” grades and/or organisations that, over time, fail to achieve any “Achieving” or “Excelling” grades.
- In line with the role for the NHS Commissioning Board, the agreed Equality Objectives for commissioners will be reported to the NHS Commissioning Board for evaluation and management action.

Publishing GSTT results

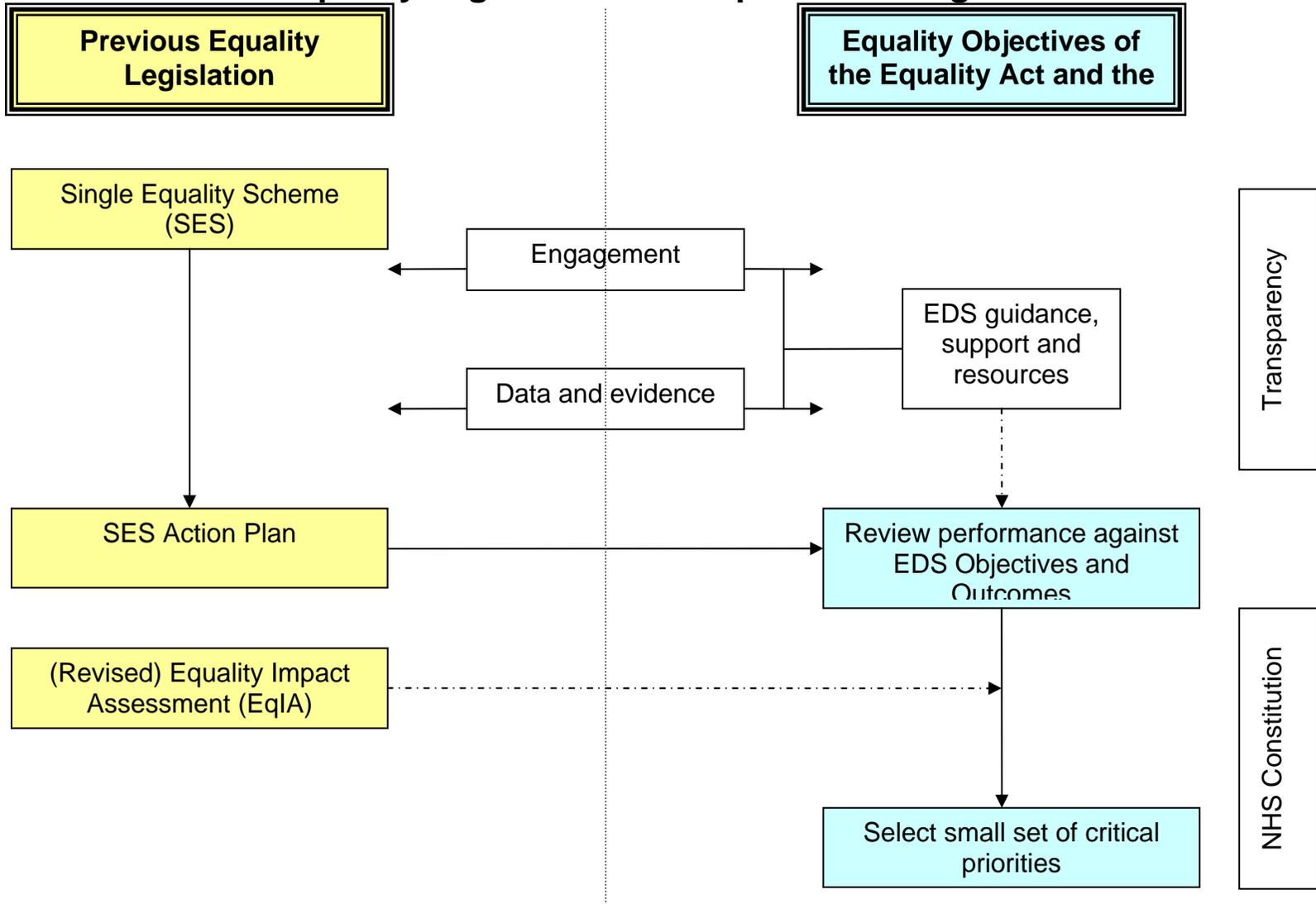
The Trust will need to set Equality Objectives, priority actions and grades and publish these as stand-alone documents on the Trust website.

EDS OUTCOMES AND CQC OUTCOMES FOR SERVICE USERS

<i>EDS Outcomes</i>	<i>Outcomes for service users, from “Essential standards of quality and safety”</i>
1.1 Services and care pathways are commissioned or decommissioned, designed or re-designed, procured, provided and contractually monitored so that they meet the needs of patients, carers and local communities	1.1a People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights (<i>Regulation 4, Outcome 4</i>)
	1.1b People who use services are supported to have adequate nutrition and hydration (<i>Regulation 14, Outcome 5</i>)
	1.1c People who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services (<i>Regulation 24, Outcome 6</i>)
	1.1d People who use services and people who work in or visit the premises benefit from equipment that is comfortable and meets their needs (<i>Regulation 16, Outcome 11</i>)
	1.1e People who use services can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential (<i>Regulation 20, Outcome 11</i>)
1.3 Patient safety outcomes are demonstrating measurable increases across all equality target groups, with the active participation of staff and managers engaging with patient groups and involving local communities	1.3a Service users are protected against identifiable risks of acquiring such an infection (<i>Regulation 12, Outcome 8</i>)
	1.3b People who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld (<i>Regulation 11, Outcome 7</i>)
	1.3c People who use services will have their medicines at the time they need them, and in a safe way (<i>Regulation 13, Outcome 9</i>)
	1.3d People who use services and people who work in or visit the premises are in safe, accessible surroundings that promote their wellbeing (<i>Regulation 15, Outcome 10</i>)
	1.3e People who use services and people who work in or visit the premises are not at risk of harm from unsafe or unstable equipment (medical and non-medical equipment, furnishings or fittings) (<i>Regulation 16, Outcome 11</i>)
	1.3f People who use services can be confident that records required to be kept to protect their safety and wellbeing are maintained and held securely where required (<i>Regulation 20, Outcome 21</i>)
2.2 Patients, carers and communities are provided with appropriate communications support and information about services, so that	2.2a People who use services understand the care, treatment and support choices available to them (<i>Regulation 17, Outcome 1</i>)
	2.2b People who use services where they are able give valid consent to the examination, care, treatment and support they receive; and understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed (<i>Regulation 18, Outcome 2</i>)
	2.2c People who use services, or others acting on their behalf, who pay the provider for the services they receive: know how much they

EDS Outcomes	Outcomes for service users, from “Essential standards of quality and safety”
they can make informed choices and be assured of diagnoses and treatments tailored to their needs	are expected to pay, when and how; know what the service will provide for the fee paid; and understand their obligations and responsibilities (<i>Regulation 19, Outcome 3</i>)
	2.2d People who use services wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf (<i>Regulation 13, Outcome 9</i>)
2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected, and the services they receive are safe, effective and personalised to their specific needs	2.3a People who use services can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; have their views and experiences taken into account in the way the service is provided and delivered (<i>Regulation 17, Outcome 1</i>)
	2.3b People who use services can be confident that their human rights are respected and taken into account (<i>Regulation 18, Outcome 2</i>)
	2.3c People who use services or others acting on their behalf: are sure that their comments and complaints are listened to and acted on effectively; know that they will not be discriminated against for making a complaint (<i>Regulation 19, Outcome 17</i>)
3.3 The workforce is confident, competent and feels empowered to deliver appropriate and, accessible services, and improved patient experience for all communities	3.3a People who use services are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job (<i>Regulation 21, Outcome 12</i>)
	3.3b People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff (<i>Regulation 22, Outcome 13</i>)
	3.3c People who use services are safe and their health and welfare needs are met by competent staff (<i>Regulation 23, Outcome 14</i>)
	3.3d People who use services have their needs met by the service because it is provided by an appropriate person (<i>Regulation 4, Outcome 22</i>)
4.1 Corporate leadership demonstrates the commitment and knowledge to assure equality outcomes within the organisation and the local health economy	4.1a The registered person recognises the diversity, values and human rights of people who use services (<i>Regulation 17, Outcome 1</i>)
	4.1b People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety (<i>Regulation 10, Outcome 16</i>)
Note : there are no direct CQC outcomes for the following EDS outcomes : 1.2 “public health”; 2.1 “access”; 3.1 diverse workforce; 3.2 “healthy workforce”; 4.2 “supported equality champions”.	

Annex D : Equality Migration Roadmap for NHS Organisations



How we will Consult and engagement

Process of working with local interests

Genuine engagement with the public is an integral part of not only the new public sector equalities duties. Engagement lies at the heart of all inter-governmental initiatives and strategy. Within the NHS this is best described as 'no decision about me without me'.

Currently, the Trust engages with a number of local partners. But there is work to be done to not improve engagement with local stakeholders regarding equality and disadvantage. The engagement exercise with local stakeholders and the workforce must aim too:

- Make information to local interests more accessible
- Offer support to those local interest to understand the services offered
- Include a range of professionals across the Trust
- Be sensitive to the resources and capacity of local interests

Across Lambeth and Southwark, there is a higher proportion of seldom-heard interests and vulnerable groups than in many other parts of England and within London. It is essential that they are actively involved and engaged as part of the EDS.

Example

With the integration of Lambeth and Southwark community services, the Trust is now managing the three boroughs team and other provider services for vulnerable groups. This includes being responsible for proving care to some of the most disadvantaged groups in society, including:

- Homeless people
- Asylum seekers and refugees
- Adults with Learning disabilities

Their voices must be heard as part of an engagement exercise.

The EDS states:

Any organisation that fails to engage with local interests in the analysis of its performance, subsequent grading and the setting of priorities, would automatically be graded as "Undeveloped" on each outcome.

Our local interests, stakeholders and partners

The Trust has a significant number of existing routes to engage through local interests. These include:

- The Board of governors
- Patient groups
- Local strategic partnerships
- Local authorities
- Lambeth and Southwark LiNK
- Lambeth Voluntary community action group
- NHS Lambeth and Southwark
- Southwark action for voluntary services
- Local Age Concerns
- GP pathfinders
- King's Health Partners
- The existing workforce

A number of national charities sit within both boroughs, including:

- The Refugee Council
- Stonewall
- Sub-regional MENCAP offices
- Afiya Trust

Engagement with these and other groups will need to be coordinated and aligned with the EDS timetable. The EDS timetable is:

- **June 2011** - Finalise the EDS proposals will completed.
- **July 2011** - subject to DH internal clearance, approval of the EDS by the EDC.
- **July/August 2011** - NHS organisations will begin to use the EDS and the published guidance (including guidance on engagement with local interests) to support the two major deadlines of the public sector equality duty. Namely, 31 December for publishing analyses of compliance; and 6 April 2012 for publishing their Equality Objectives.
- **September / October 2011** - the EDS is formally launched, perhaps coinciding with the establishment of the NHS Commissioning Board (CB) in shadow form. Both roll-out and launch will be supported by communications on the EDC-hub

The Trusts engagement activity to develop the Equality Objectives will begin in **August 2011**, after the publication of EDS supporting guidance. Working smartly and effectively with other local NHS bodies will reduce the likelihood of consultation fatigue. This will mean that the engagement exercise will be conducted in two parallel phases:

NHS South-East London sector engagement events. The SE cluster will be supporting and preparing GP pathfinders to be meet the NHS Commissioning Board's requirement to implement the EDS. NHS London will be supporting the NHS SE London sector to undertake a number of consultation and engagement that the Trust will actively contribute too, facilitated through the associate director equalities

and diversity. The south-east cluster engagement exercise will contribute to the development of the Trusts equality objectives by mapping out:

- Local population health needs and health inequalities
- Access to both primary and secondary care
- Improving the coordination between health and social care
- Local Health and Wellbeing (specifically addressing the transition of public health to local authorities and health improvement programmes)

Trust engagement events. The Trust will carry out an engagement exercise with specific local interests who have a relationship with the Trust, either through their involvement or on behalf of their service user. This will include:

- GSTT workforce
- Board of Governors
- Patient groups
- KHP
- Community third sector providers i.e SouthSide partnership, Fanon
- Lambeth and Southwark LiNK
- The GSTT Board