

## Equality and Diversity Annual Report 2010/11

### Introduction

1. This report provides an update on the progress that NHS Yorkshire and the Humber has made in delivering on the statutory equality duties during 2010/11, together with the work we have been doing on the broader equalities agenda.

### Context

2. NHS Yorkshire and the Humber was established as a Strategic Health Authority (SHA) in July 2006. Our region has a population of 5.12 million and covers an area of 15,510 square kilometres. The community we serve includes major cities, such as Hull, Leeds, Sheffield, and York as well as a number of large towns and rural areas with scattered populations, such as the East Riding of Yorkshire and parts of North Yorkshire. Our region has both some of the most thriving and some of the most deprived communities in the country.
3. The SHA does not provide direct patient care. Since being established in 2006 its role has been to offer leadership and strategic direction to the local NHS, to hold local NHS organisations to account for delivery of quality health services and to support organisational development. It also has responsibility for the commissioning of education and training of the future clinical workforce.
4. However, July 2010 saw publication of the White Paper, *'Equity and Excellence: Liberating the NHS'* which announced the abolition of SHAs to take effect in March 2012 (Note: Since the 'pause' this has now been amended to March 2013) and which was as a precursor to the Health and Social Care Bill in January 2011.
5. Whilst the SHA's focus on delivery, quality and education commissioning was to remain throughout 2010/11, as a direct result of the White Paper and the subsequent Bill, the SHA was required to provide increasing support to Commissioning and Provider development in the region in readiness for the 'transition' to the proposed new model for healthcare. In order to respond to these emerging functional requirements the SHA underwent significant structural change during the year with consequential changes to the roles and responsibilities of staff.

6. In addition to these changes within the NHS the external environment in relation to E&D was changing. October 2010 saw the eventual passage of the Equalities Act 2010 onto the statute books. This set the date for enactment of the General duty placed on public sector bodies like the SHA as April 2011 with the Specific duties to follow in the summer.

### **Developing ‘*Equality Ambitions*’: A Single Equality Scheme for NHS Yorkshire and the Humber**

7. The start of 2010/11 was spent developing, consulting on and implementing ‘*Equality Ambitions*’, as a Single Equality Scheme (SES) for NHS Yorkshire and the Humber. The SES was produced in direct response to the findings from the reviews and audits of SHA E&D activities that had been conducted earlier, as follows.
8. In early 2010 the SHA had been required to participate in an “*Evaluation of Performance of the Public Sector Duties on Race, Disability and Gender Equality*” conducted by the Equality and Human Rights Commission (EHRC). Whilst the EHRC has yet to provide the SHA with any feedback from this audit, the process of gathering and submitting the evidence provided an opportunity to identify existing good practice in relation to E&D and areas for development.
9. Around the same time the SHA had also been subjected to the SHA Assurance Process which was initiated and conducted by the Department of Health (DH). Included in the assurance framework was an assessment of the SHA’s performance on the Equality and Diversity (E&D) agenda, both in terms of its functions as an employer and the role it plays in leading the NHS in the region. This process was also extremely useful in that it provided objective comments on the progress the SHA had made in relation to E&D
10. It was as a result of these two processes that the SHA’s Senior Management Team decided we should produce ‘*Equality Ambitions*’, as a Single Equality Scheme (SES) for the SHA. The SES, which was supported by a single Equality Action Plan (EAP) for 2010/11, pulled together all the work we had been doing under our previous race, disability and gender equality schemes. In addition it included the wider equality strands such as religion and belief, age and sexual orientation; these being strands that were expected to be included in the new equalities legislations mentioned above.
11. As mentioned above, work on developing the SES started in January 2010 with a review of the SHA functions at that time. This analysis identified those functions that had relevance to the statutory equality duties and underpinned the development of the single EAP for 2010/11 referred to earlier. Engagement

and consultation on the draft scheme and supporting action plan were conducted during June and July with the revised SES and EAP being adopted by the SHA Board in September 2010.

### Impact of Transition on the SHA's Single Equality Scheme

12. As already eluded to though, the second half of 2010/11 saw significant change within the SHA to accommodate the new functions and activities to be undertaken during the period of 'transition' to the new model of healthcare proposed by the Bill. This meant that some of the functions previously undertaken by the SHA, and included in the EAP were superseded by new roles and responsibilities which began to emerge to replace them.
13. It was soon evident that these changes would have significant implications for the SHA SES as described in the table below:

ISSUE	IMPLICATIONS
Governance and Reporting	<p>The arrangements set out in the SES became unsustainable as a number of the SHA's Directors left the SHA or were seconded-out to support work at national level.</p> <p>As new staff were brought in as replacements, roles and responsibilities were changed to accommodate the emerging new priorities such as commissioner and provider development.</p>
Equality Objectives	As a result of the changes in personnel, functions and roles, it was recognised that some of the priorities identified for 2010/11 were superseded and others needed to be refocused so they remained relevant going forward.
Equality Action Plan	In view of the impact of the functional changes on the SHA's Equality Objectives, it was clear that some of the actions identified in the EAP would also be superseded or would need to be refocused.

14. In response to the evolving environment, a review of the EAP was commissioned with a view to:
  - Providing an update on progress against relevant actions
  - Establishing which actions remained relevant as priorities going forward

- Identifying those actions that had been superseded as a result of all the changes.
15. Below we highlight some the areas of good practice identified by the review of the SHA EAP 2010/11. A copy of the full update report is available on the SHA's website via the following link: <http://www.yorksandhumber.nhs.uk/>
- 15.1 *'Healthy Ambitions for People with Learning Disabilities'* was published in September 2010 making recommendations for the improvement of services with a view to ensuring they have a positive experience when receiving healthcare in both community and hospital settings. (A full copy of the report can be found on the SHA website)
- 15.2 The SHA led the development of guidance on 'Including Migrant Populations in the JSNAs' with a view to increasing recognition of the needs of such minority groups
- 15.3 The draft strategic plans of all Primary Care Trusts in region were reviewed from an E&D perspective and detailed feedback provided, where appropriate, continuing our efforts to embed E&D into core business activity
- 15.4 The SHA continued to sponsor places on the MSc in Diversity Management at the University of Bradford for NHS staff involved in work on inclusion, as part of the programme of developing E&D capacity and capability across the region.
- 15.5 The SHA played a significant role in supporting the development and implementation of the NHS Equality Delivery System within the region (see paragraph 16 below)
16. In the autumn of 2010 we were informed that the NHS Equality and Diversity Council (EDC) was to devise an Equality Delivery System (EDS) for the NHS to support the service in achieving compliance against the Equality Act 2010, in reducing health inequalities and in promoting good relations with diverse groups. The plan, which remains on track, was to develop the EDS over the winter of 2010 with a view to it be implemented in the summer of 2011. Within the plan SHAs were expected to play a pivotal role in the development and implementation process. Full details on the EDS, and an update on progress with implementation can be accessed by the following link: <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/?locale=en>

## Preparing for Transition

17. In view of the in-year developments outlined above, it was clear that there was a need for the SHA to:

- Refocus its equality priorities within the context of the SES so they remained relevant
- Devise a plan to support the development of the EDS and its implementation by the NHS in the region.
- Adjust our action plan accordingly to cover the remainder of 2010/11 and the year ahead.
- Refine our governance and reporting arrangements in line with the emerging SHA leadership arrangements

18. A set of proposals were therefore considered by the SHA Senior Management Team in late November 2010 and the following approach was approved:

### 18.1 Governance and Reporting Arrangements

In order to maintain grip and pace on this agenda in an evolving environment it was agreed that:

- The Director of Workforce and Education would continue as the nominated director lead for E&D in the SHA
- Directors and other senior staff would be engaged, in planning and delivering the work programme, as appropriate.
- The SHA Senior Management Team would ensure delivery against the plan and formal reporting of progress to the SHA Board on a quarterly basis.

### 18.2 Equality Priorities

Discussions with senior SHA managers identified a number of 'high level' issues that would have continuing relevance during the transition period, as follows:

- Providing system leadership to encourage improvements to the collection and utilisation of data for service users covered by the 'protected characteristics'.
- Encouraging and supporting work to develop JSNAs so that in future they incorporate health issues across the whole range of protected characteristics
- It was recognised that the changing system presented a unique opportunity to thread E&D into core functions. It was therefore

agreed that the new SHA Directors of Commissioner Development and Provider Development should be sighted on the requirements of the Equalities Act 2010 and the role of the NHS EDS in supporting delivery of the public sector equality duties embodied.

### 18.3 **EDS Implementation**

In the light of the EDC expectation that SHAs would provide regional leadership to support implementation of the EDS, it was agreed that we would:

- Organise and deliver regional consultation and engagement events
- Support organisations in developing migration plans to move to four-year Equality Strategies and Annual Improvement Plans, in line with the EDS
- Monitor and support migration to ensure completion by 31 December 2011
- Engage with the emerging GP Consortia, the new Health & Wellbeing Boards and LINks/HealthWatch to support them in using the EDS to understand the E&D issues in their health community and monitor the progress of the NHS in responding to these.

19. These high level Equality Objectives will form the basis of an Equalities Work Plan for the SHA for its transition year.

### **Progress during 2009/10 – The SHA as an Employer**

20. The SHA is producing a separate, more detailed report on the activities of the SHA as an employer. This report is to be considered by the SHA Board at its meeting in July 2011 and will be published on the SHA website (via the link above).

21. Some of the key developments in the last year, include:-

#### 21.1 **Improvement of diversity information held for staff**

A data cleansing exercise has been undertaken by the HR Team to collect more accurate diversity information relating to staff. This will allow for the more accurate monitoring and reporting of workforce diversity information in the future.

**21.2 Development of an Exit Interview Procedure**

The new exit interview procedure allows the HR Team to obtain feedback from those leaving the SHA. This information will be analysed to identify any patterns or causes for concern relating to the diversity of staff.

**21.3 Compliance with the Equality Act (2010)**

Work has been undertaken by the HR Team to ensure that the SHA is compliant with the employment aspects of the Equality Act. This includes developing a new system for asking health related questions as part of the recruitment process.

**21.4 Audit of SHA recruitments**

The monthly audit of a sample of recruitments within the SHA continues to be undertaken to check for fairness and consistency. To date no issues have been found.

**21.5 Recruitment and Selection Training**

A programme of training for SHA Recruiting Managers is now established to ensure they understand the legislative framework and the skills to apply the processes fairly and consistently.

22. The E&D report produced by the HR Team is the mechanism by which the SHA discharges its publication duties in relation to workforce diversity information and shows that the analysis and monitoring work we do also covers the wider diversity strands.

**Conclusion**

23. This report summarises the considerable amount of work over the past year by NHS Yorkshire and the Humber to respond to the challenges and address the needs of diverse groups in relation to their healthcare at a time of significant change and uncertainty.
24. We believe the development and implementation of the NHS EDS at this time, with leadership and coordination by the SHA in its 'legacy year' provides a unique opportunity to ensure that E&D is embed in the fabric of the new healthcare system, whatever form it may eventually take. It is on this basis that whilst we will seek to make progress across each of the new objectives we have identified, the key focus of our activity will be to ensure that all NHS Commissioners are working with their Providers and that they receive the relevant support they will need from the SHA to implement the EDS effectively by March 2012.