

Equality, Diversity & Human Rights Annual Report 2010-2011



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Introduction

County Durham and Darlington Foundation Trust (CDDFT) is the main provider of NHS health services in a hospital setting, and from 1 April 2011 the community setting for County Durham and Darlington residents. In addition, the Trust is also a major employer within the region with approximately 8,500 staff spread across numerous bases and sites throughout the region. This is a report about what CDDFT and the former County Durham and Darlington Community Health Services (CDDCSH) have done in 2010/2011 to make the NHS a better and fairer place for patients and staff.

This report illustrates the work that has been done in relation to implementing the Single Equality Schemes that focuses on the Equality, Diversity and Human Rights issues of our staff as well as our patients and the public we serve.

The report shows the work we have done to:

- Help all people, whoever they are, to receive high quality health care
- Help all our staff (and those who want to work for us) to have equal opportunities
- Recognise and celebrate the fact that every person is an individual
- Make sure every person is treated with dignity and respect

This report has been written to illustrate what has been done, why, and the outcome that was achieved. It also shows what has been learnt in the process and how this learning will be used to move forward.

There are wide variations in the health of our local people. This is because of inequalities in health such as poverty, ill health and deprivation. One of our major challenges is to tackle these inequalities. The equality, diversity and human rights work that we are undertaking is one way that we are addressing these issues and these values underpin all other work that is undertaken.

Because we believe equality, diversity and human rights are really important to the NHS, this report does not just say what has been done within CDDFT and CDDCHS over the last year, it also shows what has been achieved as part of a network of Equality and Diversity Leads through the region of NHS organisations (NHS North East).

What have we done to promote equality, diversity and human rights within County Durham and Darlington NHS Foundation Trust

From 1 April 2011 CDDFT is the new integrated organisation providing acute hospital and community based health care services to the community of County Durham and Darlington. CDDFT aims to be a leading organisation for promoting Equality, Diversity and Human Rights in the North East. 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.

CDDFT is committed to promoting equality, diversity and human rights in all we do. The integrated corporate developing vision for CDDFT says:

“An opportunity to shift the centre of gravity from hospital to community and develop fully integrated pathways of care”

CDDFT’s equality and diversity vision over the last 12 months has been:

**Equal access...
Equal treatment...
For patients and staff**

As part of the North East Strategic Health Authority, CDDFT also shares the vision of:

- **No** barriers to health and wellbeing
- **No** avoidable deaths, injury or illness
- **No** avoidable suffering or pain
- **No** helplessness
- **No** unnecessary waiting or delays
- **No** waste
- **No** inequality

Our work on equality, diversity and human rights helps to deliver those visions by identifying and tackling discrimination in the way we work. We focus on advancing equality and fostering good relations whatever a person’s race, age, gender, gender reassignment, pregnancy/maternity, disability status, sexual orientation, religion or belief, marriage/civil partnership. These are all characteristics which are protected under the Equality Act 2010.

We believe and expect all staff to promote equality, diversity and human rights. We have an Equality, Diversity Lead whose major responsibility it is to mainstream equality, diversity and human rights into all areas of the business. We also have an Equality, Diversity and Human Rights Steering Group made up of members of staff from across the whole organisation and who also lead the work in this area.

Our Single Equality Scheme was approved by the Trust Board in 2008 and sets out our three year strategy for complying with the public sector duties and how we will be hardwiring equality, diversity and human rights in all we do. A copy of this scheme can be downloaded from CDDFT website: www.cddft.nhs.uk

The following table describes some of the things we have done this year to promote equality, diversity and human rights.

What outcomes have we achieved within County Durham and Darlington NHS Foundation Trust

Area 1: Leadership, Corporate Commitment, and Governance

What we have done	Why did we do it	What was the result	What have we learnt
Integrated the Equality, Diversity and Human Rights (EDHR) Steering Group with that of Community Health Services	To ensure one strategic approach across the whole new integrated organisation.	One group that reports to the Trust Board on progress and provide governance and assurance.	That a joined up approach is appropriate for the integrated Trust.
Reviewed membership and terms of reference for the EDHR Steering Group	To ensure the Steering Group has appropriate membership from across the whole organisation and a clear strategic direction	A Steering Group with representation from across the Trust and community groups with clear direction	That clear direction and representation is important if we are going to achieve our aims and objectives.
Identify a new Executive and Trust Governor to lead on EDHR and champion issues at the highest level.	To ensure we had appropriate senior leadership for EDHR issues on the newly established Trust Board.	Director and Governor has been identified to champion EDHR at the highest level.	Maintain a high profile of EDHR issues within the organisation and the wider NHS
We have continued to participate in and contribute to a monthly meeting, called the 'EDHR Network' of NHS equality leads from across the north east.	We believe that by working together on equality issues we can be more successful and make better use of resources.	The 'EDHR Network' has grown to include representatives from trade unions and NHS employers. It has helped carry out lots of the achievements in this grid	The EDHR Network is already a national example of best practice. Sharing best practice and joint working can raise the standards within the region and ensure efficient use of resources.
Participated in the Stonewall Equality Workplace Index and	To show a public commitment to work based equality particularly	Submission completed and although we did not feature in the	That there is more the organisation can be doing using

joined the Stonewall Equality Champions programme.	in relation to LGB staff	top 100 index it raised awareness and established some best practice approaches to consider for the future.	this tool as a benchmark.
Held an Equality and Diversity conference in December 2010 in collaboration with the Durham Equality and Diversity Partnership	Our conference this year was focused on the Equality Act 2010	A number of staff attended the conference and feedback indicated the conference was well received.	Planning for next years conference needs to be started early and incorporate feedback from the evaluations from this years event.
Continued to be involved in the Durham Equality Partnership with other public sector organisations in County Durham area.	We believe that working together with local employers and service providers we can share knowledge and make best use of resources.	Joint working on a number of projects which have advanced equality within the area.	Sharing best practice and joint working can raise the standards within the region and ensure efficient use of resources
Continued to promote to staff and service users that bullying, harassment or abuse from service users or public will not be tolerated.	To protect staff from abuse and communicate that any such complaint will be taken very seriously	Posters displayed in most departments on all sites	Staff survey results for 2010 showed Trust scored better than national average on staff experiencing bullying, harassment and abuse from patients and relatives.
Business Ambassador Scheme in place, in partnership with Durham Education Business Partnership. Business Ambassadors attend enterprise events in local schools and colleges	Corporate commitment to tackling occupational gender segregation issues by cascading the extent of employment opportunities, careers advice, challenge stereotypes and promote equality recruitment across all roles within the organisation and the health community generally.	Raise awareness to workforce of the future by challenging stereotypical views towards NHS jobs.	With an aging population it is important to target the workforce of the future for the NHS.

Continued to provide a chaplaincy service and prayer/reflection room for staff and service users	To support the spiritual needs of patients and service users	Chapels and prayer/reflection room at all main hospital sites. Chaplains in post to liaise with religious communities and volunteers to meet individual needs.	We live in a multi-faith society and meeting spiritual needs of patients can contribute to their recovery and sense of wellbeing and meeting spiritual needs of staff can help with motivation and retention.
Sexual Health Improvement and Screening Team have a seat on County Durham LGBT Steering group	To provide input and gain awareness of the specific issues experienced in relation to health services	Promote awareness of LGBT community and support of events including World AIDS day and IDAHO conference	Multi-agency partnership promoting awareness of LGBT people across all settings
Trust was represented at the Northern Pride Event	To show support for LGBT community and an opportunity to promote health services to them	Hosted a stall on Chlamydia screening and sexual health within the health village	Annual event where presence from CDDFT is maintained

Area 2: Equality Impact Assessments

What we have done	Why did we do it	What was the result	What have we learnt
Two Equality Impact Assessment (EIA) tools are in place to undertake EIA's from both former organisations	To ensure equality impact is assessed on all policies, procedures, services, functions, strategies, decisions etc. and ensure compliance with legislation	Tools in place and assessments carried out routinely	That one Equality Analysis/Impact Assessment tool is needed across the new integrated Trust to ensure consistency which has been updated from Equality Act 2010.
EIA process included as part of policy for policies documentation and guidance	So staff developing new policies undertake EIA as a standardised part of the process. No policies	All new policies should be EIA	Wider communication on this requirement is needed to ensure all reviewed policies are also

	should be approved without EIA.		EIA. Quality of EIA needs to be monitored.
Train key people within the organisation to carry out EIA	To provide the required knowledge and skills to undertake EIA	EIA training included in community E&D Managers training, and training given to policy groups and leads. Specific EIA training sessions delivered in former foundation Trust	Review of new integrated structures to determine gaps in training of relevant new post holders.
EIA process included in guidance on proposed service change documentation	To ensure all service change decisions and implementation is EIA.	Mainstream EIAs into operational business activity.	EIAs need to be monitored and recorded and held centrally as no way of identifying if process has been completed.

Area 3: Partnership Working, Consultation and Involvement

What we have done	Why did we do it	What was the result	What have we learnt
Fact Files developed in partnership with community organisations and the Strategic Health Authority. Fact files used and distributed as part of E&D training in community and to download from website.	Staff wanted short guides that told them what they could do day to day to promote equality and diversity. All community staff receive a copy of each when attending mandatory E&D training	Fact files on physical and sensory disability, older age and race, transgender, religion and belief, Human Rights have been produced. Awareness raising on key issues and staff are using these to inform their practise.	Further fact files on other areas are needed as positive feedback from staff at training events have identified how useful they are as a resource.
Patients and service users influence the panning and delivery of community health	To promote patient centred care and patient led services providing services to best meet their	The outcomes of Patient Surveys are incorporated into service reviews and service baseline	Involving and engaging with people can provide useful insight in the way in which we develop

services through Patient Surveys and Patient Experience audits which are currently being undertaken across all services within the community.	requirements.	development	and deliver our services.
Service user interviews undertaken by volunteers and the Patient Experience team which are reported back to service areas to implement ongoing improvements	To ensure our services are designed with our patients at the centre and meeting all of the needs of the community we serve	On going process to provide feedback and improve services.	Service user interviews enable a rich source of information and feedback.
Staff are consulted and feed their views into service redesign and changes that may affect their roles.	To ensure that staff have a say in and also contribute to improving the way we work.	Staff knowledge and intelligence ensure smoother implementation of service changes.	Staff engagement and ownership of improvements help to drive and implement changes
Service planning and development are undertaken in partnership with the commissioners who specify service requirements based on consultations and involvement with the community.	Commissioners have a Patient Involvement Service Strategy which includes local consultation events with the community including minority groups. To ensure all groups are represented and involved.	Plans and developments for services meet the requirements of service users.	Service planning and development can be undertaken based on feedback from the community via the commissioners. All patients and service users even those from minority groups can be involved in services provision within their community.
On going reviews of services are undertaken in partnership with other organisations for example social services for integrated teams.	To help establish better services for patients with them at the heart of the service provision.	Integrated teams work better and less duplication through services working together.	Joint working can achieve savings and better service for patients.
Engagement and consultation	To ensure that all potential	Integrated organisation from 1	That engaging people in the

has taken place with staff, unions, stakeholders and public on Transforming Community Services and Transforming Community Nursing Services	people affected by the changes have an opportunity to influence how services are delivered. To meet the changing environment within which we operate and be a competitive player in the market.	April 2011. New arrangements in place to meet the changing demands on community nursing.	process encourages them to be on board with difficult decisions and new ways of working.
Health Visitor in Shildon contributed to the setting up of a shelter for trafficked woman.	To ensure health input was given into the project to provide a place of sanctuary and support for woman who are trafficked into the area	Shelter set up and processes put in place to advice of health care services available to these woman.	These woman have complex health and mental health needs.
In partnership with other public sector organisation in Durham produced a DVD for Gypsies and travellers on accessing public services, including hospitals, GP's, community health etc.	To improve access for this group within the community. The DVD was produced in a format of their choosing and contained information which they told us they would need to know.	Feedback from the community indicates that the DVD's are well received and a valuable information resource.	That people need to access information in different formats to meet their individual needs.
A policy review forum has been set up by Personnel Department to capture the views of under represented groups of the Trust's Personnel policies and procedures	To ensure minority groups have the opportunity to contribute to the development and review of Personnel policies and procedures.	Group consulted on all new and reviewed personnel policies and procedures.	That just because a group is small their views and opinions are just as important as the majority.
Disability Advice Durham and Darlington involved in project on carers' experiences with using our services and outcomes were fed back to divisions and action plans developed from findings.	Carers play a key role in promoting the health and well being of elderly people and patients with disabilities	Improvements made and summary results were fed back in newsletter.	More staff awareness about the value of carers and how they can be more involved in the care of patients when using our services.

Area 4: Accessibility and Communications

What we have done	Why did we do it	What was the result	What have we learnt
Provide provision for translation and interpretation for all those that require it in the delivery of our services.	To provide high quality accessible communication support for all those that need it.	A number of providers have been identified for translation and interpretation and information on these have been circulated to service areas.	We need to draw all information regarding translation and interpretation together in one place and develop a Policy that clearly states the services that all staff and public can access.
Information is available in different formats, languages etc on request.	To make sure that service users can use the information they receive	Provision of information and documents in whichever format has been requested aiding understanding.	We need to consider how we can ensure a consistent approach is adopted by each area and quality levels are managed appropriately.
Ongoing DDA audits of the Trust buildings are carried out	To ensure all buildings are accessible to disabled people.	The recommendations form part of the action plan for estates/facilities.	Our buildings need to be more accessible to staff and visitors.
CHS use of 'Plain English' guide within the corporate identity guidelines which is used for all corporate documentation	Using a bureaucratic style of writing can not only be inefficient, but also hamper communication and may be inaccessible to many readers	Information can be scrutinised in terms of how effective the communication being delivered is. Also aids interpretation and translation when required.	Less bureaucracy can improve communication.
Implementation of the "NHS Help Card" as part of the NHS North East pilot.	To help people who are accessing our services who need some extra help or support.	NHS Help cards are being promoted to service users via pop-up banners and staff as well as being available in publically accessible buildings	Initial informal feedback suggests they are being received well by staff, service users and members of the public. An evaluation of the project will take place following the pilot to determine the future of the project after the pilot.

<p>In partnership with other public sector organisation in Durham produced a DVD for Gypsies and travellers on accessing public services, including hospitals, GP's, community health etc.</p>	<p>To improve access for this group within the community. The DVD was produced in a format of their choosing and contained information which they told us they would need to know.</p>	<p>Feedback from the community indicates that the DVD's are well received and a valuable information resource.</p>	<p>That people need to access information in different formats to meet their individual needs.</p>
<p>Action for Blind People appointed a Eye Clinic Liaison Officer to work at ward 23 at DMH to advise staff on all aspects of visual impairment for inpatients such as talking books & newspapers & equipment to improve patient experience when in hospital</p>	<p>To provide a resource of specialist advice on visual impairments for staff who have patients with visual impairments.</p>	<p>Improved communication and patient experience for patients with visual impairments</p>	<p>Working with charities can provide opportunities for specialist skills and resources to improve our patients experience and support them whilst using our services.</p>
<p>As part of its 'dignity in care' campaign, we have introduced new yellow melamine crockery for four elderly care wards across our hospitals to help improve mealtimes for those patients suffering from dementia.</p>	<p>Many people with dementia have a poor appetite or lose interest in food, and a poor appetite can result in weight loss, a lack of energy, a reduced ability to fight infections and impaired concentration.</p>	<p>Improved presentation and contrasts of foods with crockery and the crockery with the table setting</p>	<p>The number of people living with dementia is expected to double over the next 30 years. The majority of these patients will be elderly and may at some point require a stay in hospital. Therefore we have been looking at our practices to ensure that these patients are cared for in a dignified manner.</p>
<p>New signage and equipment introduced on one of our elderly care wards to help patients with dementia.</p>	<p>People suffering from dementia often experience visual problems including not being able to contrast between different colours</p>	<p>Visual symbols used for bathroom and toilet areas which help those with dementia recognise and identify these different areas. Purchased new red toilet seats for these wards to help patients orientate themselves with more ease.</p>	<p>The number of people living with dementia is expected to double over the next 30 years. The majority of these patients will be elderly and may at some point require a stay in hospital. Therefore we have been looking at our practices to ensure that</p>

			these patients are cared for in a dignified manner
Health visitors (HV) across the patch have assisted the Polish community for example in Derwentside instigated and contributes to a group for Polish families to help them access public services, drop in for Polish families in Darlington, Polish speaking HV in Darlington	It was recognised that this immigrant community needed extra support.	Improved access to services.	That people from other countries sometimes need additional support.
Health visitors are aligned to travellers sites and in Darlington there is a specialist HV with specific responsibility for gypsies/travellers	To help to build up a good relationship with the gypsy/traveller community as very difficult group to engage with. To improve health inequalities experienced by this group.	Improved relations with gypsies and travellers as they can get to know and trust the HV.	That different groups have different needs.
HV and School nurses contribute to the MAYBE group in Bishop Auckland which supports school age mothers with pregnancy and childcare while continuing their education.	Recognised need to support school age mothers with becoming mums and remaining in education to ensure they can get the best start in life.	Attend regular meetings and advise on health care issues.	Vulnerable group which requires additional support
Introduction of the Hospital Passport for patients with a learning disability	All the information that is important to a patient with a learning disability in one place that is easy for health staff to access and understand quickly what their particular needs are.	Health care staff have quick access to information which is important to the patient when providing their care.	Improved patient care come from a better understanding of individual patient needs
Change in labelling and	It was identified that people with	Pharmacies now provide larger	By having larger and clearer

dispensing instructions for service users with different communication needs	different communication needs had problems reading the labels and instructions	and clearer labels and dispensing instructions	labels and dispensing instructions it not only benefits those patients with different communication needs but all patients reducing the amount of medication errors being made
Patients are given a choice of food whilst staying in hospital via the Trusts Choice Menu	To ensure the nutritional, personal and clinical dietary requirements are met of all patients	Meet individual requirements including any those based on religion or belief	Giving patients a choice of different foods supports their individual choices in terms of religion or belief
All women's refuges have a named health visitor.	To ensure the health, wellbeing and safeguarding of women and children who seek refuge	All women and children receive appropriate health care, support and advocacy. Children are safeguarded from harm.	Needs are complex and women and children are vulnerable following domestic abuse.

Area 5: Workforce and Training

What we have done	Why did we do it	What was the result	What have we learnt
Maintained the 2 tick Disability Award	To continue to promote the organisation as an equal opportunities employer.	Positive image of the Trust.	We need to maintain the momentum in relation to this work.
Signed up to the Mindful Employer Charter.	We are aware of the impact that psychological issues have on employees and are committed to addressing these issues.	Made a public commitment to increase awareness around mental wellbeing.	Recognising and raising awareness of these issues at highest level can be a successful driver.
Merged the CHS Health and Wellbeing groups with FT Model	To have one group to focus on issues and benefits that are	Group meet regularly and have established key areas of work for	That investment in the health and wellbeing of staff can be a

Employer Group.	important to staff including improving staff health and mental wellbeing and having good employment practices to retain staff.	the future.	preventative measure to avoid sickness absence and good employment practice helps to motivate and retain staff.
Undertaken an Annual Staff Survey in 2010.	To review staff experience of working in our organisation.	Outcomes of staff survey publicised to staff and areas identified for development are detailed in Model Employer Group action plan.	Improvements made in staff receiving E&D training and providing equal opportunities for career progression and promotion. CHS better than average but FT worse than average for bullying and harassment. Both better than average scores on staff experiencing discrimination at work.
Equality and Diversity training is mandatory for all staff.	To build a culture which is supportive, fair and free from discrimination for staff and service users	All staff must attend or complete e-learning module at least every 3 years.	Ensure managers are working with staff to make issues relevant to own work area linking with KSF competencies. Update training material in accordance with Equality Act 2010
Specific management workshops on managing equality diversity issues including equality impact assessments are mandatory for all line managers.	To embed Equality Diversity in management daily practice.	The training is evaluated well and managers considered how they challenge discrimination in their sphere of work.	Training material kept up to date and relevant to line managers role.
NCFE Level 2 & 3 Certificates in Equality and Diversity offered to staff.	Provide a free recognised qualification in Equality and Diversity for staff	45 Staff accessed level 2 and 8 staff accessed level 3 in 2010-11	If funding available continue to provide this opportunity for staff in the future.
Equality and Diversity awareness	To ensure new staff appreciate	All staff receive some awareness	Review of local induction is

included in Corporate Induction programme for all new staff	the importance of this at entry level into the organisation.	of the organisations commitment to equality and diversity on entry.	needed to ensure specific information relevant to their work area is also conducted.
Board members receive regular updates on equality and diversity and annual seminar	To ensure equality and diversity is embedded into the organisation from the most senior level.	Board members are aware of their duties and responsibilities around equality and diversity	Annual refreshers need to be carried out to account for changes in appointment and legal updates.
Equality and Diversity introduction is provided at Essential Training for non-patient handlers	To improve take up of mandatory training on E&D for staff who do not have regular access to a computer to complete the e-learning package e.g. porters	Staff receive their mandatory training on E&D.	Improvements in staff survey results for take up of E&D training.
Reinvigoration of Contact Officer role to support staff within CHS that have/are being bullied/harassed. More staff have been trained to undertake the role within the organisation. FT have Support Officers in place who provide a similar role.	To ensure choice of mechanisms are in place to support staff and ensure contact/support officers have the required skills and knowledge to undertake the role.	A number of people have been trained to undertake the role and are identified on the policy.	The role needs to be widely publicised so that staff are aware of the role and what it is there for.
Learning Disabilities awareness and training is provided for staff	Meet Care Quality Commission indicator on 'Access to healthcare for people with a learning disability' criteria and as part of action plans from patient complaints	Two hour awareness sessions are ran monthly, awareness session forms part of induction and essential training for non patient handlers. A number of one day course are also accessible for staff.	People with Learning Disabilities have specific needs which are not very well understood by staff and often leads to low quality patient experiences within mainstream health care.
Mental Capacity and Deprivation of Liberty training provided for staff	To ensure staff are complying with the law and not depriving someone of their liberty who has capacity to make their own	Staff follow a prescribed process, rather than making assumptions, to access the capacity of patients when making decisions about	A number of staff within the acute and community setting still require training in this area.

	decisions	their care	
Training for managers on managing mental health at work and stress management	To ensure managers have the required skills and knowledge to manage staff who are suffering with mental health problems	Improved manager understanding of issues, early intervention and prevention	Staff sickness rates show high levels of mental health problems and stress
Sexual Health Improvement team provide LGBT awareness sessions to professionals (not just CDDFT staff) across County Durham and Darlington	To raise awareness of LGBT issues and reduce common prejudices which community face	Training sessions are pre-planned and advertised within the health improvement training calendar	Bespoke training for particular agencies to suit needs of particular services can be designed on request
We have worked together with NHS North East to continue to develop Staff Network Groups that support staff who feel part of, or have an interest in, one of the equality protected characteristics. These groups are promoted through the E&D mandatory training.	To ensure staff network groups provide support to those staff that need it or show an interest in championing the equality agenda.	We now have regional staff network groups meeting regularly for lesbian, gay and bisexual staff, disabled staff, black and minority ethnic staff, and staff with an interest in religion and belief.	Staff network groups are helpful ways of promoting diversity and supporting staff. Groups need support and resources. Groups need to be more actively promoted to Trust staff in different ways. Future of network groups in question with removal of SHA.
Staff are given the option to purchase childcare vouchers via the salary sacrifice scheme	To support staff in particular woman who are often the primary carers to return to work following maternity	Many staff throughout the organisation take advantage of childcare voucher scheme	Reduced cost of childcare facilities via the scheme can make it more attractive for mums to return to work following maternity leave.
All new and reviewed Personnel Policies have been updated with the changes from the Equality Act 2010 and equality impact assessed	To ensure employment policies and practices do not discriminate and actively promote equality.	All new and reviewed policies are assessed for any impact on equality or diversity	We need to ensure any policies not currently under revision are impact assessed and timescales for review are monitored and also ensure when staff leave that other members of the team responsible for policies are

ensuring the work continues.

Area 6: Commissioning and Procurement

What we have done	Why did we do it	What was the result	What have we learnt
Contracts and Service Level Agreements contain clauses and performance measures around equality and diversity duties and responsibilities	Contracted services are fully aware of their duties and responsibilities around equality and diversity.	Section 54 of the NHS Standard Community Contract incorporates equality and diversity. The wording of which has been replicated in the SLA's that relate to support services hosted by NHS County Durham	Contract monitoring needs to be more vigorous to ensure compliance.
County Durham Procurement Consortium (CDPC) includes Equality and Diversity as part of the Trusts Procurement processes / documentation	To help to promote good equality practice not only within our own organisation but also with those with whom we do business	Equality and Diversity questions /criteria are included in the Pre-Qualifying Questionnaire (PQQ section 5.2) when considering which suppliers are issued with invitation to tender documentation (ITT).	Contract monitoring needs to be more vigorous to ensure compliance.

Key Area 7: Monitoring Data, Reporting and Publishing

What we have done	Why did we do it	What was the result	What have we learnt
Publish on an annual basis a	Patients, carers, public and staff	Single Equality Scheme Annual	We have achieved a lot but there

report which sets out the Trust's progress in implementing the scheme	are kept up to date with our progress on implementing our Single Equality Scheme	Report 2010/2011 to be approved and published on the website	is a lot of work still to be completed.
Publish Equality monitoring on employment practices	Demonstrate that we have fair employment practices and are representative of our local community	Workforce monitoring report 2010/11 to be approved and published on the website	There are no significant areas of concern raised through the monitoring of our employment practices. However quality of our data needs to be improved to make monitoring more effective.
Equality monitoring is undertaken on service usage	To identify any groups that are underrepresented and plan how positive action can improve this representation.	Some information is recorded by staff on service usage and equality data is collected and monitored through patient surveys.	Some data available from System 1 within community and CAMIS in FT on some but not all equality groups.
Publish equality monitoring of complaints and concerns raised through patient experience team.	To monitor how accessible the patient experience team are to people with protected characteristics	Monitoring published within patient experience reports and new equality strategy	Low response rates to equality monitoring forms and difficulties encountered with informal issues and queries raised through PALS
Equality Impact Assessments published with policies to which they relate	Statutory requirement to complete and publish equality impact assessments	Equality impact assessments available on trust web pages	That further work is required on publishing equality impact assessments on services/functions

Key Area 8: Complaints & Patient Experience

What we have done	Why did we do it	What was the result	What have we learnt
Patient experience team collect and record equality data for	Trends in complaints can be	CHS CIP quarterly reports contain equality information	That equality information relating to concerns, queries, enquiries

complaints and PALS issues raised within the service.	identified and monitored	relating to complaints.	etc managed through the PALS team are more difficult to collect due to the informal nature of the issues raised and quick responses given.
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What will we be doing in 2011-2012 to promote equality, diversity and human rights

Over the next 12 months we will develop a new Equality Strategy to replace our current Single Equality Scheme to demonstrate how we will meet the new general public sector duties under the Equality Act 2010 and the requirements of NHS Equality Delivery System which is the performance management framework being introduced by the Department of Health this year. The Project Plan at Appendix 1 outlines the process we will follow over the next 12 months to do this. This Strategy will be revised in April 2012 to take account of the new specific duties and the forthcoming guidance on Equality and Diversity for Care Quality Commission Inspectors.

We will engage with our workforce and our local community to develop our equality objectives ready for April 2012 to focus our priorities based on feedback from those who provide and use our services. In addition, to meet the requirements of our statutory duties we will put processes in place to improve the quality of the equality data held on staff and service users to facilitate more effective monitoring of this information.

Our action plan will continue in its current form to maintain momentum on the equality, diversity and human rights agenda until it is updated for April 2012 in line with our agreed objectives and priority areas for action.

Our new integrated Trust will provide opportunities for us to improve how we meet the individual needs of vulnerable minority groups within our community, by providing joined up pathways of care between hospital-based care and that within the community. It will also enable us to focus on prevention through addressing known health inequalities throughout the County Durham and Darlington locality.

To support us in doing this further education of our workforce is planned over the next year on equality, diversity, human rights. This will take various forms from recognised qualifications through distant learning, e-learning and to face to face training sessions to ensure that all our staff, managers and leaders are fully competent on equality issues relevant to their role, and help to embed a culture free from discrimination and where staff feel safe to be themselves and fulfill their potential.

In addition, we also intend to put in place targeted interventions for managers and staff to increase awareness and establish appropriate behaviours to reduce bullying and harassment and abuse between colleagues (targeting divisions/services and learning through drama/role play).

Acknowledgement

County Durham and Darlington NHS Foundation Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute meeting the objectives within our Single Equality Scheme. We look forward to continuing to work with them to help us to improve further over the next 12 months.

Feedback

We welcome your feedback and comments on our Single Equality Scheme, our new Equality Strategy and this annual report. Please contact us through the details below.

Contact details

Jillian Wilkins

Equality and Diversity Lead

County Durham & Darlington NHS Foundation Trust

People and OD

University Hospital of North Durham

East Wing Annex

Durham

DH1 5TW

Email: jillian.wilkins@cddft.nhs.uk

Direct Line: 0191 333 36902

Mobile: 07500 125 160

Web: www.cddft.nhs.uk

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Appendix 1

Project Plan for implementation of Equality Delivery System and Equality Strategy 2011

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
EDS approved by DH Equality & Diversity Council & issued to NHS												
Equality Strategy 2011/12 approved by Board & published												
Brief staff about Strategy and EDS												
EDHR Steering group complete initial self assessment & grading of organisations performance against EDS objectives												
Consult with staff and public on objectives and priority areas for action												
NHS Organisation identify their 'local interests' with whom performance will be graded in partnership												
In collaboration with 'local interests' analyse & grade equality performance												
EDHR Steering Group agree objectives and priorities for action and report to Board												
Board via LINKs/Healthwatch send ratings of performance & priorities to LA OSCs & (in due course) to Health & Well Being Boards												
Grades reported to EDS Programme office and NHS Commissioning Board											1/3/12	
Using EDS publish Equality Objectives & related priority actions required by Equality Act 10 in revised Equality Strategy												6/4/12

Department of Health Equality Delivery System Milestones

CDDFT Action
