



Equality Objectives

2016-17



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1. Executive Summary

The purpose of this report is to publish the Trust's equality objectives as required by the Equality Act 2010. The 2015-16 objectives have been successfully progressed; this document sets out new equality objectives to make further progress.

At The Christie, we are determined to ensure that we offer equal access to health care and employment opportunities to everyone in the community.

The four new objectives have been developed based on our NHS Equality Delivery System 2, Workforce Race Equality Standard and equality monitoring reports as published, and from engagement with our stakeholders including patients, staff and staff side representatives.

Progress against the objectives will be formally monitored and published. The general equality duty is continuous and objectives may be refreshed or revised over time if further evidence and engagement identify different or additional objectives to be required.

2. Introduction

The Equality Act 2010 public sector general equality duty (S149) states that in the exercise of their functions, public authorities must have due regard to the need to:

- 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

The purpose of this report is to demonstrate the Trust's compliance with the specific duty to publish equality objectives.

Separate patient services and workforce monitoring reports demonstrate the Trust's compliance with the general equality duty across our patient services and employment functions, in respect of people who share a protected characteristic.

The Trust has welcomed the NHS Equality Delivery System 2 and Workforce Race Equality Standard as an opportunity to look at how well we are doing in our endeavours to promote and continually improve equality delivery for patients and staff. We have listened to our key stakeholders, including our patients, healthcare partners, staff and staff side representatives, to assess our equality performance and develop the objectives within this report.

At The Christie, we are determined to ensure that we offer equal access to health care and employment opportunities to everyone in the community. We respect and value the diversity of our patients, our staff and our visitors and we are committed to:

- serving the community in a way that is appropriate, accessible and responsive
- making best use of the range of talent and experience available within our workforce and potential workforce
- ensuring that our legal obligations are fulfilled, and where possible, exceeded.

3. Profile of The Christie NHS Foundation Trust

The Christie is the largest single-site cancer centre in Europe treating more than 44,000 patients each year.

We are based in Manchester and provide a networked service that serves a population of 3.2 million across Greater Manchester & Cheshire delivering care as close to the patient's home as possible. As a national specialist centre around a quarter of our patients are referred to us from other parts of the country.

As a Centre of Excellence, we focus solely on improving outcomes for patients with cancer. We are able to provide services based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment, care, research and education. Our focus and size enables us to uniquely deliver effective and efficient specialist care offering patients the best possible outcomes from our research programme.

As part of the NHS we provide:

- Radiotherapy, in one of the world's largest radiotherapy departments and at our radiotherapy centres in Oldham and Salford
- Chemotherapy, in the UK's largest chemotherapy unit, plus ten other sites and via our mobile chemotherapy unit and in patients' homes
- Highly specialist surgery for complex and rare cancer
- A wide range of support and diagnostic services

Through the dedication of our 2,500 staff, over 300 volunteers and 30,000 public members, we remain committed to helping all those affected by cancer, both now and in the future.

4. Equality objectives 2015-16

Our 2015-16 equality objectives set out specific measures to benefit our patients and our workforce. These actions were formally monitored and reported as part of our corporate plans. These four objectives have been successfully progressed, and are published in a separate report.

5. Equality objectives 2016-17

Appendix I provides the new equality objectives, each of which relates to an outcome set out in the NHS Equality Delivery System 2 (EDS2).

Objectives 1, 2 and 3 relate to EDS2 outcomes on patient services. They have been developed based on the annual patient services equality monitoring report in conjunction with the Patient Experience Committee.

Objectives 4 and 5 relate to EDS2 outcomes on workforce. They have been developed using data from our NHS Workforce Race Equality Standard report and our Staff Survey results, in conjunction with the Staff Forum, which includes trade union representatives.

6. Conclusion

These equality objectives are based on information from our Equality Delivery System 2 and Workforce Race Equality Standard reports, and from engagement with our stakeholders including patients, staff and staff side representatives.

Progress against the objectives will be monitored and published. The general equality duty is continuous and objectives may be refreshed or revised over time if further evidence and engagement identify different or additional objectives to be required.



Appendix I – Equality objectives 2016-17

Equality objective 1: (continued from 2016-17)

To enhance the experience of vulnerable patients, with disabilities in addition to their cancer diagnosis, with provision of personalised and accessible information.

Context:

The Accessible Information Standard (AIS) directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

The AIS specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.

NHS Equality Delivery System 2 outcomes:

1.2 Individual people's health needs are assessed and met in appropriate and effective ways.

2.1 People, carers and communities can readily access hospital services and should not be denied access on reasonable grounds

Links to The Christie's Corporate objectives:

- To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness

Measures:

Successful implementation of the AIS is based on the achievement of five outcomes:

- i. Identification of needs: a consistent approach to the identification of communication needs, where they relate to a disability.
- ii. Recording of needs: consistent and routine recording of communication needs as part of patient records system.
- iii. Flagging of needs: establishment and use of electronic alerts to prompt staff to take appropriate action.
- iv. Sharing of needs: inclusion of recorded data about communication support needs as a routine part of referral, discharge and handover processes.
- v. Meeting of needs: ensuring that the individual receives information in an accessible format and any communication support which they need.

Timescale: By 31 July 2016 (continued from 2015-16)

Mainstreamed:

This equality objective will be taken forward by a working group led by the Director of Workforce from 2015.

Transparent reporting:

Progress will be reported to the Patient Experience Committee and to Capital & Workforce Planning Group.

Equality objective 2:

To develop local procedures which continue to improve safe discharge arrangements for our patients through specific and targeted changes.

Context:

Effective discharge planning can decrease the chances that a patient is readmitted to the hospital, help in the patient's recovery, ensure medications are prescribed and given correctly, and adequately prepare the patient for community, home or self-care. Planning for discharge with clear dates and times reduces the patient's length of stay in hospital and emergency readmissions.

Some patients have additional/complex care needs which require enhanced discharge planning, such as patients with additional disabilities (e.g. learning disabilities, dementia) or patients who are discharged to their nominated care home.

Links to NHS Equality Delivery System 2 outcomes:

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.

Links to The Christie's corporate objectives:

- To provide an excellent experience for everyone who comes into contact with us.

Measures:

To develop local procedures and protocols that continue to improve discharge arrangements through specific and targeted changes:

- Providing expected date of discharge to patients, to set expectation and facilitate appropriate discharge planning
- Assessment of complex discharge patients prior to admission

Timescale: By March 2017

Mainstreamed:

This equality objective will be managed as part of the national CQUIN framework.

Transparent reporting:

Progress will be reported to Patient Experience Committee and Capital & Workforce Planning Group.

Equality objective 3:

To assess of the appropriateness of a self-management application (app) for our patients with prostate cancer.

Context:

In England, prostate cancer was the most common cancer for men in 2013 (26.9% of cases registered). (Source: Office for National Statistics: Cancer Registration Statistics, England 2013 No.44, 2015 release).

The app provides a resource to support patients undergoing treatment for prostate cancer. The aim is to enable the patient's self-management through encouragement of daily/weekly monitoring, connection of the care network, and prompts for appropriate actions. Where these patients engage in successful self-management of their ongoing condition, it is anticipated that this would enhance their overall patient experience by:

- enabling better communication of symptoms and therefore improve the consultative process with the clinical team
- engaging carers/partners in the self-management process, and
- facilitating remote consultation, thus reducing the need for face to face assessments.

The development of the app will involve clinicians from The Christie and a patient focus group.

Links to NHS Equality Delivery System 2 outcomes:

1.2 Individual people's health needs are assessed and met in appropriate and effective ways.

Links to The Christie's Corporate objectives:

- To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer

Measures:

- Trial self-management application (app) for patients with prostate cancer.
- Report on uptake and usage of self-management application, lessons learned and next steps

Timescale: By March 2017

Mainstreamed:

This equality objective will be managed as part of the national CQUIN framework.

Transparent reporting:

Progress will be reported to Patient Experience Committee and Capital & Workforce Planning Group.

Equality objective 4:

To continue to mainstream mechanisms for staff to confidently raise concerns at work, including any concerns of harassment or bullying.

Context:

The 2015 NHS Staff Survey results indicated that the percentage of our respondents experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months had reduced to 13% and was a best score when compared to other acute specialist trusts. Similarly, the percentage of our respondents experiencing harassment bullying or abuse from staff in the last 12 months had reduced to 19%, compared to the national average of 23% for acute specialist trusts.

However, the results indicated that 11% of respondents considered that they had reported the most recent experience of harassment, bullying or abuse. This was significantly lower than the 43% in 2014, and the 2015 national average for acute specialist trusts at 49%.

NHS Equality Delivery System 2 outcome:

3.4 When at work, staff are free from abuse, harassment, bullying or violence from any source.

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

Measures:

1. Through the 'One Week All Staff' engagement plans, seek to further understand staff experience in reporting concerns.
2. Appoint to new post of Freedom To Speak Up Guardian.
3. Develop targeted action plans to support staff in reporting concerns.

Timescale: By March 2017.

Mainstreamed:

This objective will be taken forward as part of The Christie Commitment, the Trust's organisational development and staff engagement plan.

Transparent reporting:

The action plan and progress will be reported at Staff Forum and Capital and Workforce Planning Group.

Equality objective 5:

To demonstrate progress against indicators within the NHS Workforce Race Equality Standard (WRES).

Context:

The NHS Workforce Race Equality Standard (WRES) was introduced in the 2015/16 Standard NHS Contract. The WRES requires NHS organisations to demonstrate progress against nine indicators of workforce race equality. The WRES will highlight any differences between the experience and treatment of white staff and BME staff and provide a platform to take necessary remedial action on the cause of ethnic disparity.

NHS Equality Delivery System 2 outcomes:

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

3.6 Staff report positive experiences of their membership of the workforce.

Measures:

1. 2016 (second) report of data in respect of the nine WRES indicators to be published by August 2016.
2. To improve the relative likelihood of BME and White staff being equally appointed from shortlisting. A review of Trust recruitment processes will include a representative for the Chief Executive to take part in all selection panels for posts at Band 8 or above as a guardian of good practice.
3. To improve the relative likelihood of that BME and White staff consider equally that the Trust provides equal opportunities for career progression or promotion. A review of the Trust Personal Development Review process to ensure the inclusion of discussion about career development and how the individual might approach this.

Timescale:

By March 2017.

Mainstreamed:

This objective will be taken forward as part of performance management in line with the Standard NHS Contract.

Transparent reporting:

The action plan and progress will be reported at Staff Forum and Capital and Workforce Planning Group.