PATIENT EXPERIENCE
EQUALITY, DIVERSITY AND INCLUSION DELIVERY PLAN
APRIL 2023 – MARCH 2024

1. Introduction

The Patient Experience EDI Delivery Plan provides a framework of activities that are linked to the compliance arrangements and requirements set out in the following:

- The Equality Delivery System (EDS) 2022 – a framework for measuring the EDI performance
- The Accessible Information Standard
- Veterans Aware Accreditation – independent Working Group
- Public Sector Equality Duty – Equality and Health Inequality Analysis

The Patient Experience EDI Delivery Plan will be mapped against the above to ensure the Trust is meeting its contractual/compliance duties. This will be monitored by the Equality, Diversity and Inclusion Programme Board.

2. The Legal Framework

The Christie is fully committed to equality and inclusion for all our staff, patients and other service users. We will work towards having a workforce that reflects the diversity of the population that we serve. We also want to ensure that people from all sections of the population that we serve are able to easily and fully use our services. We are also committed to ensure that everyone who uses our services has an equally good experience of using our services and has an equitable outcome.

3. The Equality Act 2010

1.1 The Equality Act 2010 places a number of requirements on public authorities (of which all NHS organisations are) to advance equality through their actions. This duty is referred to as the Public Sector Equality Duty (PSED). It ensures that public bodies consider the needs of all individuals in their day-to-day work – in shaping policy, in delivering services, and in relation to their own employees.

1.2 The PSED is divided into two parts, the General Duty and Specific Duty. The General Duty is set out in section 149 of the Equality Act. The PSED has three aims. It requires public authorities to have due regard to the need to:

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

The three aims or arms of the general equality duty must have due regard for advancing equality which 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.

It is against the law to discriminate against someone in relation to the following 9 protected characteristic:

Age	A person belonging to a particular age (for example 32-year olds) or range of ages (for example 18 to 30 year olds).
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment	The process of transitioning from one sex to another.
Marriage and Civil partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion and Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief.
Sex	A man or a woman.
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

4. Human Rights Act 1998

The Christie has a legal duty to protect and promote human rights of patients in how we care and provide services.

The Human rights relevant to the NHS

- Article 2 - The right to life
- Article 3 - The right not to be tortured or treated in an inhuman or degrading way
- Article 5 - The right to security and liberty
- Article 6 - The right to a fair trial
- Article 8 - The right to respect for private and family life, home and correspondence
- Article 14 - The right not to be discriminated against

5. Equality and Health Inequality Analysis

The Christie understands that dignity and fairness are limited by our own experiences, so it is too easy to make decisions that have unintended consequences and impact, particularly when operating in a complex environment that is made up of interconnected departments, resources, processes, and most of all people.

Equality and Health Inequality Analysis (EHIA) is a systematic continuous process which involves analysing and reviewing local equality and health inequality information and the results of any engagement to understand the impact (or potential impact) of functions, policies, strategies, services, projects, practices or decisions on people with different protected characteristics and socially excluded groups.

Embedding the Equality and Health Inequality Analysis (EHIA) in our governance processes and practices, we can ensure that the decisions we make at all levels in the organisation do not disadvantage people, but instead promote equality and foster an ethos of inclusivity and respect for all.

The Trust has a new EHIA Toolkit which sets out the framework and guidance to assist staff who will have to undertake an EHIA in the course of their work. The information is available on SharePoint and the training will be launched in February 2023 and the new process on the 1st June 2023.

The purpose of Equality and Health Inequalities Impact Assessments (EHIAs)

The EHIA is a tool to explore the potential for a policy, strategy, service, change, transformation, project or procedure to have unequal impact on a particular group or community to help tackle and reduce inequalities in both access and outcomes.

EHIAs are an essential tool to use when:

- Developing and reviewing a policy, strategy, function, or project
- Designing, delivering and evaluating services
- Commissioning and decommissioning services
- Undertaking transformation and change
- Reconfiguring services

6. The NHS Long Term Plan for health inequalities

Reducing health inequalities is core to the NHS Constitution and the values and purpose of the NHS. Health inequalities can cut across a range of social and demographic indicators including socio economic status, occupation, geographical location and protected characteristics. Tackling health inequalities is therefore core to improving access to services, health outcomes and improving the quality of services and the experiences of people.

The Equality and Health Inequality Analysis provides a robust process to demonstrate how our legal duties have been considered in commissioning, design and delivery of services. The EHIA has incorporated health inequalities considerations into the template to ensure these requirements are considered.

7. Equality, Diversity and Inclusion compliance and contractual agreements with the NHS

The NHS has a number of strands of EDI work which the Christie in order to demonstrate compliance. These include:

8. The Equality Delivery System (EDS)

The EDS was first launched in r the NHS in November 2011. It's a framework for measuring the EDI performance of NHS organisations to improve the services they provide for their local communities and provide better working environments, free from discrimination.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. and deliver on the Public Sector Equality Duty.

EDS 2 was commissioned by NHS England and NHS Improvement supported by the NHS Equality and Diversity Council (EDC). The EDS 2 was to become the foundation of equality improvement and an accountable improvement tool in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces and leadership. It is driven by evidence and insight.

The EDS 2022 was introduced in August 2022 and is aligned to NHS England's Long-Term Plan and a commitment to an inclusive NHS that is fair and accessible to all. The EDS 2022 is split into 3 Domains and 11 outcomes.

The Domain 1 is relevant for the Patient Experience Committee to monitor the implementation, which must provide evidence against the following outcomes:

Domain 1: Commissioned or provided services

- 1A: Patients have required levels of access to the service
- 1B: Individual patients health needs are met
- 1C: When patients use the service, they are free from harm
- 1D: Patients report positive experiences of the service

EDS 2022 reviews should be carried out annually with the result of the review published on the Trust's websites by 31st March in order to meet our Public Sector Equality Duty requirements.

9. The Accessible Information Standard

From 1st August 2016, all organisations that provide NHS care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health services.

The Standard provides guidance on how the trust should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in accessible formats.

The AIS has five steps to improve the support offered to people with communications needs:

1. **Ask** people if they have any information or communication needs, and find out how to meet their needs.
2. **Record** those needs clearly and in a set way.

3. Highlight or **flag** the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. **Share** information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to **ensure** that people receive information which they can access and understand, and receive communication support if they need it

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

10.Veterans Aware Accreditation

NHS England and NHS Improvement, together with the Ministry of Defence (MOD), have published the Personalised care for veterans in England, a guide for clinical commissioning groups and local authorities. The document sets out a new personalised care approach for those veterans who have a long-term physical, mental or neurological health condition or disability

The Trust will need to:

- Provide leaflets and posters to veterans and their families explaining what to expect
- Train relevant staff to be aware of veterans' needs and the commitments of the Trust under the Armed Forces Covenant
- Inform staff if a veteran or their GP has told the hospital they have served in the armed forces
- Ensure that members of the armed forces community do not face disadvantage compared to other citizens when accessing the Trust services

- Signpost to extra services that might be provided to the armed forces community by a charity or service organisation in the Trust
- Look into what services are available in their locality, which patients would benefit from being referred to

Embedding the six evidence-based components of the NHS Comprehensive Model for Personalised Care, the Trust is encouraged to work together with the individual to plan and deliver co-ordinated and personalised care that is considerate of the Armed Forces Covenant and the individual's military experiences.

The six different components:

1. Shared decision making
2. Personalised care and support planning
3. Enabling choice, including legal rights to choose
4. Social prescribing and community-based support
5. Supported self-management
6. Personal health budgets and integrated personal budgets.

Manifesto Requirements

1. The Trust understands and is compliant with the Armed Forces Covenant
2. The Trust has a clearly designated Veterans' Champion Dyad
3. The Trust supports the UK Armed Forces as an employer
4. Staff at the Trust are trained and educated in the needs of veterans
5. The Trust has established links to appropriate nearby veteran services
6. The Trust identifies veterans to ensure they receive appropriate care
7. The Trust will refer veterans to other services as appropriate
8. The Trust raises awareness of veterans

As part of the submission the Trust need to demonstrate that the Trust has:

- A governance structure for Veteran Aware (e.g., the Working Group and where that feeds into,
- Clinical and Management Leads to support its implementation
- Signed the Armed Forces Covenant and displayed it on our website – which was completed in November 2022
- Started to progress towards all the other "standards" in the accreditation.

The submission for Veteran Aware Accreditation will be completed by January 2023, then submitted every 3 years.
The Trust have a signed Arms Forces Covenant which was completed in November 2022 and is accessible on the website.
The Trust achieved Bronze status as part of the Ministry Of Defence Employer Recognition Scheme in April 2023.

A Veteran Aware Working Group was established and is chaired by Eve Lightfoot- Director of Workforce and supported by the EDI Team.

11. Monitoring and reporting

- The Divisional Leads will present quarterly progress reports to the EDI Programme Board to monitor progress on the actions.
- The EDI Programme Board will agree actions that need escalating to the Risk Committee.
- The Patient Experience Committee will receive quarterly updates from the EDI Manager on progress made on the Patient Experience EDI Delivery Plan.

The Patient Experience EDI Delivery Plan will be mapped against the Equality Delivery System 2022 Domain 1 outcomes to ensure compliance with these requirements.

PATIENT EXPERIENCE
EDI DELIVERY PLAN APRIL 2023 – MARCH 2024

1A PATIENTS HAVE REQUIRED LEVELS OF ACCESS TO THE SERVICE			
STRATEGIC OBJECTIVE	**OUTCOMES**	**LEAD NAME/DIVISION**	**COMMENTS/PRIORITY**
1.1 Improve access to clinical services for patients from protected characteristic groups	a. Provide data on the patients from protected characteristic groups accessing clinical services	Patient Data Team	High priority (2.1 and 2.2 are dependent on the delivery of 1.1)
	b. Monitor the numbers of complaints from PALS regarding issues accessing clinical services	Quality and Standards Team	This should be reported through Patient Experience Committee every quarter.
1.2 Ensure Equality and Health Inequality Analysis is used when developing services	c. EHIA are completed and used to address areas of under representation across services	Novlette Balela OBE	Training will be provided to provide assurance. PEC will approve all EHIA submitted
1.3 Collect data around armed forces status for patients	d. Armed forces information is included on all documentation	Patient data team	Working with the EDI Team to embed this into the equality monitoring data.

1B. PATIENTS HEALTH NEEDS ARE MET			
STRATEGIC OBJECTIVE	**OUTCOMES**	**LEAD NAME/DIVISION**	**COMMENTS/PRIORITY**
2.1 Improve recording of patient equality demographics to improve health outcomes	a. Patient database and assessment forms provide equality data to assess areas of health inequality b. Improve the equality data collected for patients across all protected characteristic groups	Patient Data Team	High priority (however cannot begin until 1.1 has been delivered)
2.2 Identify services that are underrepresented by protected characteristic groups	c. Equality data for protected characteristic groups is analysed for each service area to assess areas of under representation and health inequality d. Campaigns are developed and promoted that target underrepresented groups not currently accessing services e.g. prostate cancer for BAME communities	Divisional Service Directors (supported by Patient Data Team) Divisional EDI Coordinators (link in with GM Cancer?)	High Priority (however cannot begin until 1.1 has been delivered) Used as case studies for EDS 2022 submission for 2024

1C. PATIENTS ARE FREE FROM HARM			
STRATEGIC OBJECTIVE	**OUTCOMES**	**LEAD NAME/DIVISION**	**COMMENTS/PRIORITY**
3.1 Incidents are reported to the Patient Safety Committee	a. Data provided on the number of incidents reported about patient safety across all protected characteristic groups	Patient Safety Team	To provide quarterly reports to present at PEC (dependent on 1.1)
3.2 Health and safety procedures monitors the impact of patient safety	b. Data is used to assess the impact of health and safety for patients c. Patients feel confident in reporting health and safety incidents to staff	Health and Safety Team (support from Patient Safety Team and/or Safeguarding Team)	To provide quarterly reports to present at PEC (dependent on 1.1)

1D. PATIENTS REPORT POSITIVE EXERIENCE OF THE SERVICE			
STARTEGIC OBJECTIVE	**OUTCOME**	**LEAD NAME/DIVISION**	**COMMENTS/PRIORITY**
4.1 Data is collected and analysed across protected characteristic groups on patient experience of the service	➢ Data and an analysis are collected for all protected characteristic groups	Quality and Standards Team	To provide quarterly reports to present at PEC
4.2 Action plans are developed that monitors progress on patient experience	➢ The development of divisional implementation plans (reporting to EDI Programme Board) to identify areas for improvement across all protected characteristic groups	Divisional Service Directors (supported by Divisional EDI Coordinators)	To provide rotational reports to EDI Programme Board (6 monthly frequency)
4.3 Case studies developed around patient experience of the services	➢ Case studies developed and used as part of the EDS 2022 evidence submission	Safeguarding Team and Deputy Director of Comms & Engagement (informed by Divisional EDI Coordinators)	Case studies produced for EDS 2022 submission for 2024
4.4 Use various types of patient feedback mechanisms to assess patient experience	➢ Patient experience is recorded in reports from complaints, PALS and patient survey results ➢ Action plans are developed and agreed following feedback that identify issues that impact on protected characteristic groups	Quality and Standards Team	To provide quarterly reports to present at PEC