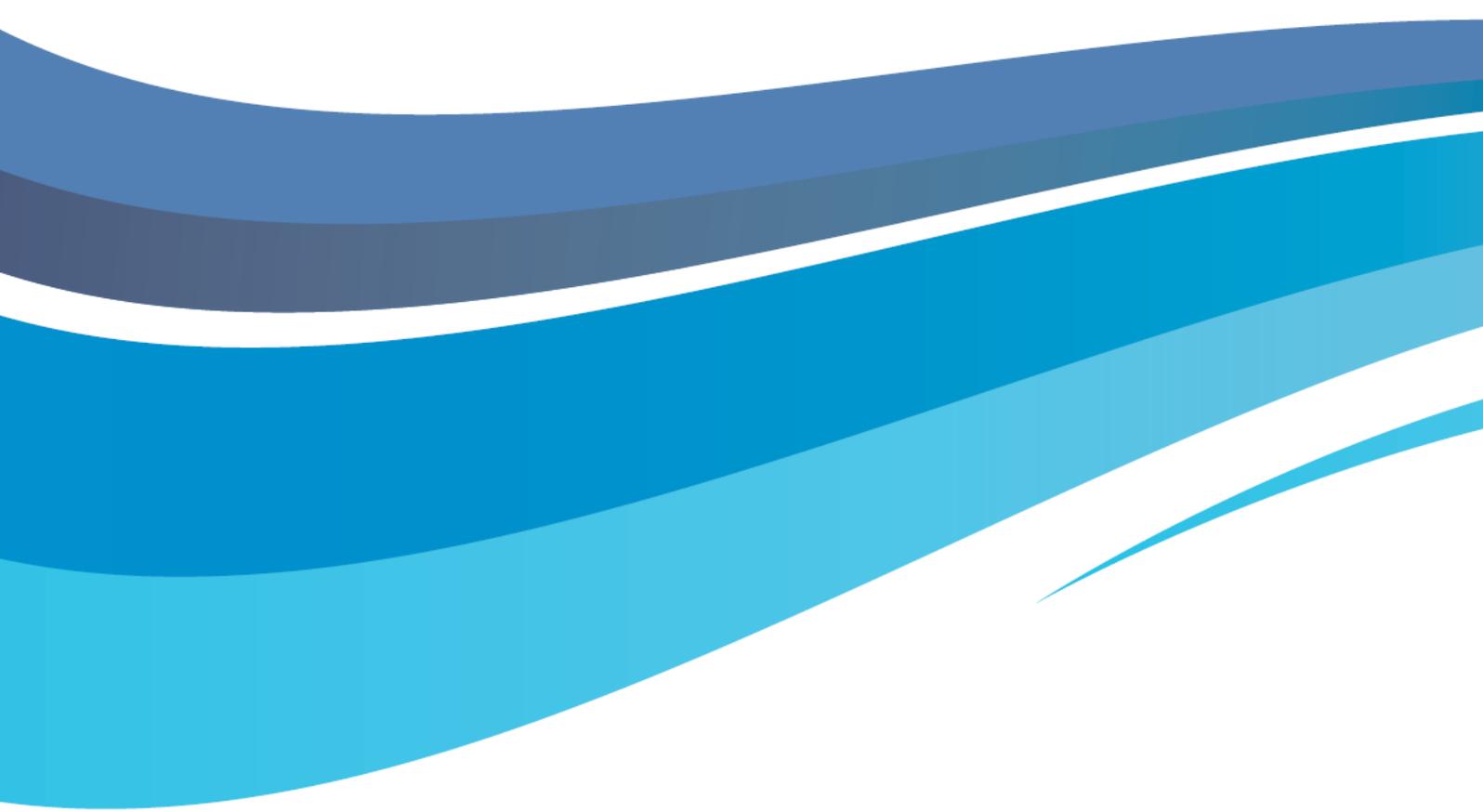


Equality Delivery System 2013



Bridgewater

Introduction

The Equality Delivery System (EDS) was launched in November 2011, and Bridgewater completed its first grading in summer 2012. Our 2012 evidence against EDS was graded as developing across all outcomes. We felt this accurately reflected the work that we as a Trust were undertaking in relation to equality performance. Bridgewater was formed in April 2011, and came together as four provider arms that had existed as part of former Primary Care Trust's (PCT's). Each of those PCT's had been using the Equality Performance Improvement Toolkit (EPIT) - the NW precursor to EDS – and therefore each had a different legacy and performance level against equality outcomes.

Since Bridgewater's formation, a vast amount of work has been undertaken to understand what the equality issues are across our geographical footprint and how each division was dealing with those issues. When completing the 2012 EDS evidence, we were in a position of defining our approach to equality on a geographical divisional basis. We have been subject to different requirements from Commissioners and those grading our approach, as we cover such a large geographical footprint, and work with a diverse range of partners. This has been a really useful learning experience for us as a Trust, and scrutiny on our equality performance from so many different partners has only helped to serve and inform our approach for this year's submission.

We are always very grateful to those who take the time to help inform our practice, and who work tirelessly to represent those for whom barriers are the norm rather than the exception. EDS is not the destination, but the opportunity for us as a Trust to give detail on the examples of work and processes that we are undertaking to ensure that all our services are as accessible as they can be – both to those covered by the protected characteristics definitions in the Equality Act 2010, but also to those who are deemed vulnerable. We continue to work with our Commissioners to provide a joint approach to equality issues, it is a constant learning process to improve our understanding of the needs of our communities, in particular, our minority and seldom heard groups.

Whilst overall our grading for Goals 1, 2 and 4 has remained at developing, there has been significant progress against each outcome. Engaging with the groups who helped to grade us, we are reassured that the actions we are focussing on as part of our equality objectives continue to be the right ones to focus our attentions and resources on.

We have this year graded achieving on Goal 3. This reflects the work that has been concentrated on ensuring that our workforce policies, processes and procedures reflect the One Bridgewater approach.

This document identifies the goal and outcomes against each goal, and the current agreed grading for each. There is also an explanation for each goal of the key issues that we are

currently focussing on. This is further supported by our Public Sector Equality Duty (PSED) Compliance Report, updated and published in January of every year and our Equality Objectives Action Plan, also reviewed and updated on a yearly basis. These documents can be found at www.bridgewater.nhs.uk/aboutus/equalitydiversity

As Bridgewater matures as an organisation, we have restructured internally to ensure more effective service provision. Rather than concentrating on divisions that are structured solely geographically, we are moving to a more “directorate” approach – these are Adults; Children and Families; and Specialist Services. This change also helps to focus our equality work and further supports our objectives to be aligned to specific groups.

NHS England have also considered the external review undertaken on EDS and its implementation, and have used this to develop a refined EDS2 that was launched in November 2013. There are some changes in wording for outcomes and our work into 2014 will reflect this change in emphasis.

If you wish to see any more detail on our EDS grading or any other equality initiatives we are working on, then please do not hesitate to contact us on the details given at the end of this document.

Equality Delivery System – Grading 2013

Goal 1 – Better Health Outcomes for All	
Outcome	Grade
Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities.	Developing
Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.	Developing
Changes across services for individual patients are discussed with them, and transitions are made smoothly.	Developing
The safety of patients is prioritised and assured, in particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, redress being open and fair to all	Developing
Public Health, vaccination and screening programmes reach and benefit all local communities and groups	Developing

Goal 2 – Improved Patient Access and Experience	
Outcome	Grade
Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Developing
Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment	Developing
Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Developing
Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Developing

We have engaged with a number of local groups in order to identify issues for those from the protected characteristic groups and those defined as vulnerable. Our work on goals 1 and 2 is slowed by the inability to routinely measure more than 3 or 4 protected characteristics by service line for each visit or presentation to a service. There are a number of reasons for this, and they were highlighted in detail in last year's submission. In summary they include issues such as the number of differing IT systems and paper based processes used in a community setting. We are addressing this in a number of ways:

- Use of the Census 2011 to identify who the protected and vulnerable groups are within our local populations. Using this information to source evidence from a local, regional and national basis to identify what barriers and issues we need to consider for these groups.
- Use of equality analysis for all services that works on the CQC social model of equality – Access; Attitudes & Behaviours; and Assistance. This has allowed us to identify an action plan that identifies where specific groups may find difficulty. (For

more information, including all our service equality analyses and the action plan go to: www.bridgewater.nhs.uk/aboutus/equalitydiversity)

- Customer Care Centre – all our services will be accessible via one contact centre which will commence from January 2014.
- Movement of all our services to System One IT – this is a phased approach across all our services. This will allow us to routinely collect information and analyse our patient access by protected groups.

The full detail of the actions we are taking in relation to EDS Goals 1 and 2 can be found in our Equality Objectives Summary and the Equality & Health Inequalities Action Plan.

Equality Delivery System – Grading 2013

Goal 3 – Empowered, Engaged and Well Supported Staff	
Outcome	Grade
Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Achieving
Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Achieving
Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Achieving
Staff are free from abuse, harassment, bullying and violence from both patients and their relatives and colleagues, with redress being open and fair to all	Achieving
Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives	Achieving
The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Achieving

We have engaged with our staff side colleagues in order to grade goal 3. As referenced above, there has been much work on the people management processes within Bridgewater to reflect the coming together of four provider arms of PCT's. Key issues that we are concentrating on are referenced in detail in our PSED report, the Equality Objectives Summary and the Equality & Health Inequalities Action Plan. These can be found at : www.bridgewater.nhs.uk/aboutus/equalitydiversity

Equality Delivery System – Grading 2013

Goal 4 – Inclusive leadership at all levels	
Outcome	Grade
Boards and Senior Leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Developing
Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Developing
The organisation uses the Competency Framework for Equality & Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes.	Developing

We have worked on ensuring that equality is reflected in all mainstream business processes throughout the Trust. This has involved ensuring that equality is reflected appropriately on relevant meeting structures, undertaking equality analysis on relevant service redesigns and ensuring that all new and reviewed policies have an equality analysis.

Again the full details of actions can be found at:
www.bridgewater.nhs.uk/aboutus/equalitydiversity

Who to Contact?

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