

Equality Objectives Public Sector Equality Duty (PSED) Report 2022

1.0. Introduction

As an NHS Trust, we are subject to the general Public Sector Equality Duty (PSED). The PSED is a duty that requires all public authorities to consider how their policies or decisions affect people who are protected under the Equality Act 2010. Within the Equality Act there is a statutory requirement for the Trust to publish information to demonstrate compliance within the PSED.

The NHS uses several frameworks to support evidencing due regard for the PSED. These include the Workforce Race Equality Standard (WRES); Workforces Disability Equality Standard (WDES) and the refreshed Equality Delivery System (EDS2). These reports provide assurance to the commissioners, partners, public, staff and patients that the Trust has due regard to the needs of those whom the frameworks relate. The Trust reports on these separately from this paper.

This report explains how Kent Community Health NHS Foundation Trust (KCHFT) has regard for the Public Sector Equality Duty and what steps are being taken to ensure the Trust is reducing Health Inequalities and address workforce inequities evidence due regard to the three aims of the General Duty.

2.0. Background

The equality duty consists of a general equality duty, supported by specific duties which are imposed by secondary legislation.

Those subject to the equality duty must, in the exercise of their functions, have due regard to the three aims of the general equality duty:

- 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 Act explains that having due regard for advancing equality 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.

The Specific Duties require public authorities to:

- Publish information to demonstrate compliance with the three aims of the public sector equality duty.
- Publish data on those affected by policies and procedures
- Set equality objectives, at least every four years

3.0 2021-2024 Workforce focused Equality Objectives

Equality is at the heart of everything KCHFT does and the Equality Objectives already set will continue to be a focus. The Trust will look to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing workforce inequalities. The objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who work within it. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the Workforce Equality Standard Reports (WRES, WDES, GPG).

The three objectives are:

Objective 1: To promote fair Recruitment, Promotion and Retention of staff

Objective 2: To Improve wellbeing of staff by eliminating discrimination and victimisation

Objective 3: To improve the experience and career progression of staff with protected characteristics

| Objective 1: | To promote fair Recruitment, Promotion and Retention of staff |
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| EDS2 Goal 3 | A representative and supported workforce |
| EDS2 Goal 4 | Inclusive leadership |
| Objective Aim | To attract and recruit colleagues who represent the communities we serve by having diverse recruitment panels. To ensure the recruitment process is driven by the Trust values. To appoint the best candidates for the post through a bias-free process. |
| Rationale | Fair recruitment leads to a more representative workforce at all levels. Staff stay with employers that treat them fairly, support their professional development and make them feel valued. |
| Impact | Employment and retention of staff that are fully supported and professionally developed, results in high quality services for all service users. It also increases the Trust's reputation as the best employer. |
| Aims 2021-2022 | Increased transparency around shortlisting, appointments, acting up and internal promotions. Embedded monitoring system of external and internal recruitment. Completed Equality Impact Assessment of the recruitment process |
| Progress 2021-2022 | <ul style="list-style-type: none">All acting up or internal promotions must be advertised to give all colleagues across the organisation an equitable opportunity to applyRecruitment is monitored using the report functionality within the Trusts Recruitment Tracking system and reported in its annual WRES report |
| Aims 2022-2023 | A just and fair culture of recruitment across the organisation is embedded with clear processes for colleagues applying for acting up positions Established pathways and defined personal and professional objectives that support colleagues to apply for stretch opportunities within the organisation. |
| Progress 2022-2023 | <ul style="list-style-type: none">Colleagues applying for acting up positions follow the same process as those applying for any other role, the shortlisting and interview processes are conducted in a similar way to other forms of recruitment |

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| | <p>with selection assessments being determined by what is required for the role</p> <ul style="list-style-type: none"> The Trust has published career pathways for many of the staff groups within the organisation and is in the process of developing these for its Administrative colleagues. All colleagues have a career conversation at their annual appraisal and complete a Personal Development Plan (PDP). For those individuals looking to progress, talent boards are available to identify training and development opportunities for them that can't be provided with the support of their manager in their service |
| Aims 2023-2024 and beyond | <p>Improved recruitment practice by service managers and leaders.</p> <p>Colleagues are confident there is transparency in Trust processes and are clear on the opportunities available for growth</p> <p>Increased number of stretched opportunities created and offered to staff through an auditable process</p> |

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| Objective 2: | Improve wellbeing of staff by eliminating discrimination and victimisation |
| EDS2 Goal 3 | A representative and supported workforce |
| EDS2 Goal 4 | Inclusive leadership |
| Objective Aim | To have a workforce that is well supported and have the flexibility and adjustments they need to support their health or caring needs. To have a workforce that enjoys a healthy work-family balance. |
| Rationale | Mental and Physical illness caused by stress at work is the cause of staff unhappiness and absence from work. Staff that are well looked after can deliver high quality services to the population they serve. |
| Impact | Cultural change in the organisation. Improved staff performance and job satisfaction will result in less staff turnover. |
| Aims 2021-2022 | <p>Promotion of flexible working options to all staff.</p> <p>Conversations about access to flexible working take place and are encouraged.</p> <p>Flexible working is encouraged and fairly allocated by managers. It is recorded, reported and monitored.</p> |
| Progress 2021-2022 | <ul style="list-style-type: none"> KCHFT have participated in the "Flex for the Future" programme and include a statement in all of its job adverts inviting applicants to talk to the recruiting manager about flexible working KCHFT are signatories to the Kent and Medway commitment statement that all colleagues, regardless of their role, level, background or status can work in a way which enables a work life balance and effective delivery of our organisational objectives Discussions about flexible working take place during the appraisal process and colleagues are asked specifically what their manager can do to assist them to work flexibly Flexible working information is gathered through the national staff survey, quarterly pulse surveys, exit questionnaires and the electronic staff record (ESR) and monitored by a dedicated working group |
| Aims 2022-2023 | Health and wellbeing conversations are embedded and extend to the impact discrimination and bullying and harassment can have on physical and mental health |
| Progress 2022-2023 | <ul style="list-style-type: none"> Health and wellbeing conversations are part of the annual appraisal and ask a range of questions related to health and wellbeing, what support the individual needs from their manager, team and the |

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| | organisation and what more can be done to make their area of work more inclusive and one where their diversity is recognised |
| Aims 2023-2024 and beyond | Cultural and religious needs of staff are taken into consideration when allocating leave and benefits packages. |

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| Objective 3: | To improve treatment, experience and career progression of staff with protected characteristics |
| EDS2 Goal 3 | A representative and supported workforce |
| EDS2 Goal 4 | Inclusive leadership |
| Objective Aim | Increased proportion of staff with protected characteristics access career progression opportunities and improve their working lives and lived experience. |
| Rationale | Trusts that score high on the WRES, WDES and Gender Pay Gap results are those that score highly in the staff survey results. The Trusts' aim is that all staff recommend the services it provides to family and friends as a place to work and receive treatment. |
| Impact | Better engagement of staff with protected characteristics and improved WDES, WRES and Gender Pay Gap results. |
| Aims 2021-2022 | Published Equality, Diversity and Inclusion communications to: <ul style="list-style-type: none"> re-assure staff of their rights under the Equality Act 2010 and inform of the work being done by the Trust to improve work experience Supported Staff networks with increased membership number that is actively engaged and contributing to the delivery of the EDI strategy Published Pulse analysis of relevant data showing improvement |
| Progress 2021/2022 | <ul style="list-style-type: none"> The Trust has a Workforce Equality, Diversity and Inclusion policy, accessible via the Trust intranet In quarter 3 of 2021/2022 the Trust launched its EDI strategy "Nobody left behind" and this has been promoted on a regular basis through the year in Flomail, the Trusts weekly bulletin, and by Executive Directors in Personal Messages sent to all colleagues Staff networks have been supported with the creation of the Menopause network, an Armed Forces network and most recently a Neuro-diverse network Results from the Pulse surveys have been published along with updates in respect of what action the Trust is taking to address the feedback received |
| Aims 2022-2023 | Improved results of staff survey with a reduced number of staff with protected characteristics reporting bullying, harassment and who feel they have been denied development opportunities. |
| Progress 2022-2023 | <ul style="list-style-type: none"> Staff survey results for 2022/2023 have yet to be published but work has been started across the Kent and Medway system to look at violence reduction for our colleagues. KCHFT have also made a suite of EDI training available to colleagues including Cultural Awareness, Upstander and being inclusive in the way you lead. Development opportunities for colleagues from a diverse background have been widely promoted included a Kent and Medway supported Mentoring programme and more recently an Aspiring Development Programme for nurses looking to move from a Band 5 to Band 6 role. |
| Aims 2023-2024 and beyond | Leaders and managers support staff to work in a culturally competent environment by encouraging colleagues who have participated in the Talent |

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| | Programme to join the KCHFT aspire programme. Leaders' performance is measured against their contribution to EDI. |
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4.0 Patient Equality Objectives

Equality is at the heart of everything KCHFT does and Equality Objectives set will continue to focus on the areas that will enable the Trust to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing health inequalities. The two objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who use it. The Trust has been ensuring implementation of these objectives and use the outputs of these objectives to identify, engage and reduce health inequalities across services. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the refreshed Equality Delivery System (EDS2).

The objectives for 2021-2024 are:

Objective 1: to increase equality monitoring across all services

EDS2 Goal 1: Better Health Outcomes

EDS2 Goal 2: Improved patient access and experience

| Objective 1: | Increase equality monitoring across all services |
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| EDS2 Goal 1 | Better Health Outcomes |
| EDS2 Goal 2 | Improved patient access and experience |
| Objective Aim | <ul style="list-style-type: none"> To ensure the information we hold on our patients accurately reflect how a patient identifies Use the data outputs to develop our services according to patient need, directing resources where they are needed most Develop targeted interventions where health inequalities and barriers are identified |
| Rationale | Health inequalities can exist in all aspects of healthcare. Over the years research has highlighted many disparities in patient outcomes across several protected groups such as people with learning disabilities, Deaf people or specific ethnic groups. Evidence suggests there are many communities and protected groups at risk of poorer health outcomes and/or experience of healthcare and even death. |
| Impact | We want to ensure no one is left behind and healthcare is accessible to all. By understanding local communities and cultures we will develop our services to meet the needs of those communities. We will use collated patient data to ensure services and information about services is accessible to all communities. |
| Aims 2021-2022 | We will review service level patient equality information to identify how services identify and record protected characteristics. Services will be supported to ensure patient equality data is accurate and regular progress will be fed back to the services. Services will then consider how access to services reflect their local communities. |

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| Progress 2021 – 2022 | <ul style="list-style-type: none"> Established processes, campaigns, advice for services to monitor and see status of ethnicity monitoring of active caseloads. Where recording is low or not improving support is targeted to these services as a priority. Two e-learning modules have been created and are available to staff: 'Understanding Culture in Healthcare' and 'Cross-Cultural Communication'. The first explores the broad meaning of culture and its impact in healthcare, and will replace current mandatory Equality, Diversity and Inclusion (EDI) training. The second focusses on achieving effective cross-cultural communication. A bank of resources has been produced to support staff including 'how to guides', relating to how to ask sensitive questions and a guide to new ethnicity categories for our patient electronic record. Ethnicity recording month on month increased between September 2021 and October 2022 from 61.6% to 67.9% organisation wide. |
| Aims 2022-2023 | Working with Public Health data, the national 2021 Census and robust patient equality data, we will explore how reflective patient access to services is. Where gaps and barriers are identified, services we will engage with local communities, vulnerable and Inclusion Health Groups to explore Quality Improvement (QI) projects and changes to improve access and experience through a Healthy Communities Steering Group. |
| Progress 2022 - 2023 | <ul style="list-style-type: none"> Senior Trust staff have built relationships with public health colleagues in the HCP and ICB to develop early discussion around partnership working and await the latest census data release by protected groups in October 2022 to inform our planning to reduce health inequalities. Work is already underway towards next year's aim by developing our Health Inequality data workspaces on PowerBI. This will enable profiling of services data as an evidence base for improvement. in terms of access, DNA's, waiting times and caseload for example by deprivation, age, sex and ethnicity. The Health Communities Steering Group is renamed as the Health Inequalities Community Steering Group. This group is currently focussing on patient experience by ethnicity, hospital food choices, improving interpreting services, advice on recruitment and opportunities for partnership working in the future. The Trust has begun its plans toward an agreed Health Inequalities Programme for the next three years. |
| Aims 2023-2024 and beyond | By monitoring missed and delayed appointment rates, patient feedback, surveys, complaints and contacts to PALS, we will identify where QI projects and changes have had the greatest impact and share learning outcomes across services to embed those changes. |

Objective 2: All relevant procedural documents identify equality related impacts including risks, and how risks will be managed

EDS2 Goal 1: Better Health Outcomes
EDS2 Goal 4: Inclusive Leadership

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| Objective 2: | All relevant procedural documents identify equality related impacts including risks, and how risks will be managed |
| EDS2 Goal 1 | Better Health Outcomes |
| EDS2 Goal 4 | Inclusive Leadership |
| Objective Aim | <ul style="list-style-type: none"> To have an Equality Impact Assessment (EqIA) that highlights where in a process, due regard to protected characteristics and Inclusion Health Groups has been given, any mitigations made and how equality related risk is being managed. All relevant KCHFT procedural documents, policies, strategies and business plans will have a completed EqIA Reduce health inequalities; improve access, health outcomes and patient experience |
| Rationale | Having due regard for the Public Sector Equality Duty (PSED) is a legal obligation. Proactively working to identify and mitigate health inequalities before a decision is made not only supports the Trust in meeting its legal obligations, it can also prevent unequal distribution of resources, improve access and experience as well as having a positive impact on trust resources. |
| Impact | We want to ensure health inequalities are identified and mitigated wherever possible, before a decision is made or a policy is approved. Where inequalities are identified and cannot immediately be mitigated, people and local communities can be confident there are effective mechanisms and robust governance procedures in place to manage these risks. |
| Aims 2021-2022 | Conduct a deep dive into the current processes for conducting EqIAs and work with governance groups to identify best practice. Develop and test new process. |
| Progress 2021 – 2022 | <ul style="list-style-type: none"> EqIA tested and governance processes proposed and agreed. |
| Aims 2022-2023 | EqIAs will be built into all policy templates. Policy development protocols and guidance will reflect the new process. Support sessions to be made available to policy developers and decision makers responsible for EqIAs. |
| Progress 2022-2023 | <ul style="list-style-type: none"> The new EqIA process is now established within policy development processes and development of guidelines and services. Toolkit and range of resources and videos to support staff are in place and have been widely promoted. Staff have access, as part of the process, to request advice and support directly from the Health Inequalities Team. An audit of our progress against our equality objectives as part of the trust annual audit programme will be conducted in Q4. The Business and Performance Team are working with the Health Inequalities Team to ensure EqIA is embedded into the business planning and cost improvement programme (CIP). |
| Aims 2023-2024 and beyond | Assessing impact on equality and managing equality related risk will be an integral part of decision making. Regular support sessions will contribute to continued improvement for policy development and decision making processes. |

5.0 Publish information so that it is accessible

All KCHFT publications are made available online and can be requested in alternative and accessible formats. Where information is designed specifically to reach a particular group or community, additional measures are taken to ensure it is delivered in an appropriate format. We have digital inclusion software on our public website which makes our content more accessible with reading and translation support.

We provide alternative formats of all patient information and have contracts in place to deliver written translation, audio, Braille and support for Deaf people. We create Easy Read and autism-friendly documents in-house and have a monthly learning disability focus group to test and produce Easy Read.

In September 2022 we secured a new license for digital inclusion software on our public website which has additional accessibility functions and a scanning tool to identify any gaps in our accessibility provisions.

6.0 Healthy Communities Project

The Healthy Communities Project Kent (HCPK) was intended as a two-year project which commenced in July 2022 aiming to reduce health inequalities and barriers experienced by migrant communities and ethnic minorities within Kent Community Health NHS Foundation Trust's (KCHFT's) population. This project was using funds remaining from the preceding Healthy Communities Programme Kent.

Growing focus on inequalities has enabled the project's activities to instead be incorporated into the ongoing Health Inequalities programme of work, allowing foundations established by the HCPK to be built upon further. This report summarises the HCPK's progress, focussing on ethnicity recording, cultural awareness and the development of a Steering Group, alongside identifying the next steps which will be taken forward within the wider inequalities workstreams. With the project's work being incorporated into the Health Inequalities programme, the Healthy Communities Project Kent as a stand-alone initiative ceased in August 2022.

7.0 Engagement

Last year we reported that establishing working together groups was a priority for the Patient & Carer Partnership Team to understand the experiences of our patients and carers using our services during the Pandemic. A number of Working Together groups took place:

- Adult Epilepsy Nursing Team
- Community Paediatrics Service
- Community Adult Diabetes Nursing Service
- Podiatry/Community Nursing
- Lymphoedema Service
- Pulmonary Rehab Service
- Cardiac Rehab Service
- Speech and Language Therapies

Working together groups have now been established as a method for involving patients, families and service users in their care. The following have taken place 2021-2022:

- Kent Continence service - Explore patient opinion and experience of care across the gender spectrum.
- Musculoskeletal Service – Explore veteran access, experience and outcomes

- Learning Disability Services - Explore support for LGBTQ+ patients and their family or carers
- Rehabilitation therapy services – Explore 7-day therapy and support
- Virtual Wards – Explore patient/carer views for respiratory virtual wards

8.0 Conclusion

In 2022 the Trust recruited a Head of Workforce Equity, Diversity and Inclusion as a commitment to its continued engagement to the work it has been doing and will continue doing towards equity and equality in its workforce. Alongside this, the Trust has also recruited a Head of Health Inequalities. Collectively, these two teams are at the beginning of establishing a relationship through which both staff and patient equalities will be central to the Trusts programme of work in the years to come – with a collective understanding that when our workforce equality is properly managed our patient inequalities is given the time and attention it requires and vice versa.

As of October 2022, the Trust's Workforce Equalities team have been working to establish themselves and begin to undertake the refresh of the existing EDI agenda. This landmark piece of work will enable the team to then deliver on a much larger EDI strategy. A number of existing initiatives and Trust projects are being carried forward such as a planned Mentoring Programme designed to further develop the Trust Executives understanding of the realities of working in the organisation as an individual from an underrepresented group.

Further, the department is supporting the Staff Networks to develop, enabling them to continue to be foundational corner stones of the Trusts ways of working – contributing to the development of Trust on policy and consult with teams on practice/operational needs.

As of November 2022, the Trusts Health Inequalities Programme Board as reviewed and initiated a programme focused on delivering equitable services, embedding prevention and partnerships and place. Core to this is building health inequalities into our business planning process and support with patient and population data.

We intend to further develop our partnership working across the health and care system in Kent and Medway as the Integrated Care Board (ICB) and the governance around it embeds. While this occurs, we are also focussing internally working closely with our clinical colleagues to understand and improve our provision of services and how they are currently contributing towards specific health inequalities and how we can grow this and align to our business planning processes. Our plans going forward are to ensure we have the resources in place to support our staff and services to address the health of our local population as it pertains to health inequalities.

The Trust is at a very exciting juncture in its EDI journey of the last few years. It is expected a lot of activity will be taking place in Q4 of 2022/23 and Q1 of 2023/24.

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