



West Midlands

Strategic Health Authority
Equality Assurance Report
January 2012



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1. INTROUCTION

1.1 NHS Midlands & East

The NHS Management Board confirmed in July 2011 has established four SHA Clusters across England, each with a single board. Since 3 October 2011, NHS West Midlands has been part of the Midlands and East SHA Cluster, with NHS East Midlands and NHS East of England.

NHS Midlands and East provides strategic leadership for local NHS organisations and has a clear purpose in the following areas:

- Delivering for today
- Building for the future
- Supporting staff

The NHS Midlands and East Cluster also have 5 significant ambitions to:

- Significantly improve quality and safety in primary care
- Deliver a revolution in patient and customer experience
- Ensure radically strengthened partnerships between the NHS and local government
- Zero Tolerance of Pressure Ulcers
- Ensure that every 'patient contact counts' through systematic Public Health advice delivered by front line professionals

1.2 Inclusion

Inclusion and fairness for all is at the heart of our business which supports the first principle of the NHS Constitution: *"The NHS provides a comprehensive service available to all irrespective of gender, race disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it services and must respect their human rights. "At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population."*
(NHS Constitution: 2009)

Within the NHS Midlands and East Cluster, Inclusion, Equality & Diversity (E&D) sits under the Directorate of Performance and Operations. Strategic oversight and direction of Inclusion is led by the Director for Inclusion. The NHS Midlands and East have established an oversight strategic governance structure (attachment A) that provided assurance to the NHS Midlands and East Board.

Within the West Midlands Equality & Diversity is managed via the Head of Inclusion with programme support. The governance arrangements for Equality & Diversity have been reviewed. The Inclusion programme has now established an Equality & Diversity Steering group by appointing five Board Cluster leads alongside the established local Equality & Diversity Reference Group, representing every organisation across the West Midlands region. This group will monitor the publishing of Equality Assurance reports for each organisation across the West Midlands area. The chair of the Steering Group reports to and is a member of the NHS Midlands and East Inclusion and EDS Governance Board.

Our legal responsibilities

1.3 The Equality Act 2010

The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthened the law in important ways, to help tackle discrimination and inequality.

The public sector **Equality Duty** (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty is supported by **specific duties**, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

Publishing relevant equality information will make public bodies transparent about their decision-making processes, and accountable to their service users. It will give the public the information they need to hold public bodies to account for their performance on equality.

1.4 Strategic Health Authority West Midlands – Specific duties

West Midlands Strategic Health Authority is committed to becoming an organisation that promotes equality and values diversity. We know that for us to achieve this, we need to mainstream equality right through the organisation at all levels and across all what we do.

This report is compiled amidst major change in the NHS as outlined in the *Operating Framework for the NHS in England 2011/12 which makes it clear that we expect NHS organisations to maintain progress on equality by fulfilling their statutory duties under the Equality Act and to deliver high quality care for patients*. SHA's will need to respond to and monitor the public sector Equality Duty until they are abolished in April 2013.

In line with the Equality Act, as a public sector body WM Strategic Health Authority will have the following requirements to:

- publish information to show their compliance with the Equality Duty, at least annually; and
- set and publish equality objectives, at least every four years.

The information will be published having due regard to the need to:

- **Eliminate unlawful discrimination**, harassment and 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; and
- **Foster good relations** between people who share a protected characteristic and people who do not share it.

The protected **nine** characteristics covered by the Equality Duty are:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
5. Pregnancy and maternity
6. Race – this includes ethnic or national origins, colour or nationality
7. Religion or belief – this includes lack of belief
8. Sex
9. Sexual orientation

All information will be published in a way which makes it easy for people to access it. It is expected that this information will therefore be available to staff via the intranet and published on the SHA Midlands and East website.

1.5 Equality and Human Rights Commission

The Equality and Human Rights Commission is responsible for assessing compliance with the specific duties, and for their enforcement. As with the Equality Duty, it has powers to issue a compliance notice to a public body that it believes has failed to comply with the specific duties, and can apply to the courts for an order requiring compliance.

1.6 Equality Delivery System (EDS) Implementation

The NHS Midlands and East leads on behalf of the NHS and the Equality & Diversity Council (EDC) in the development of an Equality Delivery System (EDS), aimed at improving the equality performance of the NHS and embedding equality into mainstream business. By using the EDS, local organisations will be able to meet the requirements of the Equality Act 2010 and future CQC registration requirements. The EDS requires NHS West Midlands NHS organisations in collaboration with local interests to analyse and grade their performance, and set defined equality objectives, supported by an action plan. Performance against the selected objectives should be reviewed annually. These processes should also be integrated within mainstream business planning. All equality leads within the West Midlands have been trained on Equality Delivery System (EDS) Training Workshop and are currently supporting NHS colleagues and working with local interest groups, patients, carers and staff to set their equality objectives.

The West Midlands Regional Equality Delivery System Steering Group has been established to oversee and provide a co-ordinated approach to EDS implementation. Regular reporting is provided, with a feedback loop to the national EDS Programme Office at the Department of Health through the NHS Midlands and East Inclusion and EDS Governance Board/Dashboard (Attachment B)

Once the final EDS grades have been agreed between the NHS organisation and local interests, the group will have the responsibility to ensure that LINKS/Health Watch or its local equivalent relay the priorities and grades of individual organisation to Local Authority Overview and Scrutiny Committee and Health and Well Being Boards.

Over the last 6 – 12 months, a number of engagement events for Chief Executives, board members, local community groups LINKS and local patient forums have been held to raise awareness of the EDS framework and expectations in meeting the Equality Act, public sector duties (Appendix C)

2. DEMOGRAPHICS OF THE NHS WEST MIDLANDS PATCH – THE DIVERSE POPULATION, DIVERSE PATIENTS AND DIVERSE CARERS

2.1 SHA West Midlands Overview

NHS West Midlands is one of 10 Strategic Health Authorities in England.

NHS West Midlands was formed in July 2006 following the merger of Shropshire and Staffordshire, Birmingham and the Black Country and West Midlands South Strategic Health Authorities. The merger took place in response to a series of national reforms, known as 'Commissioning a Patient Led NHS', aimed at making the NHS more responsive to patients' needs and preferences.

Since this time, the SHA has progressed various strategies with a central focus on ensuring that quality and safety of NHS services for patients across the region remains at the heart of healthcare commissioning and delivery of services.

The SHA West Midlands will remain as a statutory body until the proposed abolition of Strategic Health Authorities in April 2013.

2.2 Population and Demography

The population structure of the West Midlands is not dissimilar to that of England as a whole, although the proportion of the population that are of working age is marginally lower. The age profile of West Midlands PCTs varies considerably. In Heart of Birmingham, 28% of the population are aged under 18, compared with only 20% in Herefordshire. Older adults represent 22% of the population in Herefordshire, over twice that of Heart of Birmingham.

Nearly 14% of those living in the West Midlands are from a black and minority ethnic group, with significant representation from Indian, Pakistani, Irish and African-Caribbean ethnicities.

The Index of Deprivation (2007) is used to assess levels of deprivation across six domains (health deprivation and disability, employment, income, education, skills and training, living environment, barriers to housing and services). 27% of the population of the West Midlands live in areas classified as the most deprived in England.

The population of the West Midlands is expected to grow by approximately 1% per annum for the foreseeable future. There will be a significant growth in three key population subgroups; older adults, ethnic minorities and those living in rural areas

2.3 Geography & PCT Clusters

The geographical area covered, some 5,000 square miles, is home to more than 5.4 million people. The area contains the Coventry-Birmingham-Black Country conurbation and stretches from Leek in Staffordshire in the north to Ross-on-Wye in Herefordshire in the south, from Bishops Castle in Shropshire in the west to Rugby in Warwickshire in the east.

Since October 2010, SHA West Midlands have grouped our 17 PCTs into five clusters.

Arden

Birmingham & Solihull

Black Country

Staffordshire

West Mercia

2.4 NHS Organisations

Within the boundaries of the West Midlands, The region has a total of 47 NHS organisations: 19 NHS hospital trusts (including nine NHS foundation trusts); seven NHS mental health services trusts (including three foundation trusts); 17 NHS primary care trusts; three community provider trusts and one NHS ambulance services trust.

Primary care

There are approximately 950 GP practices within the West Midlands. These practices deliver an estimated 29 million consultations per year.

Approximately 750 community dentists carry out 4.2 million courses of treatment and deliver 9.4 million units of dental activity.

Acute Care

There are 19 hospital trusts in the West Midlands, 3 of which are established providers of tertiary care.

In inpatient settings in these hospitals in 2009/10 there were almost 750,000 elective admissions, more than 550,000 emergency admissions and approximately 70,000 births. In outpatient settings in 2009/10 there were 2.5 million first and 5.0 million follow-up attendances. There were 1.6 million A&E attendances in 2009/10.

Mental Health & Community

In line with 'Transforming Community Services', PCT provider services have now been separated from commissioner functions of PCTs. In some areas, new community provider trusts have been established, whilst in other areas, the PCT provider function has been transferred to existing acute or mental health trusts. There are now 10 community and mental trusts in the West Midlands. Mental health providers in the West Midlands supported more than 140,000 people with mental health problems in 2009/10.

2.5 Clinical Commissioning Groups

In the West Midlands, there are currently 24 clinical commissioning groups (CCGs)

Along with other groups across England, they have come together to take on the commissioning responsibilities as part of the Government's plans for the NHS. The groups will work together to manage their local budgets and buy health services for patients direct with other NHS colleagues and local authorities.

They will test the new commissioning arrangements to ensure they are working well before more formal processes come into place. By being in charge of the decisions that affect their patients, the emerging CCGs will be able to commission quality care that is tailored to meet the specific needs of their patients and the wider community.

Clinical commissioning groups will assume full responsibility for commissioning in April 2013.

3. HEALTH INEQUALITIES

The West Midlands continues to remain below the England average for many key health indicators.

Deprivation, children in poverty, statutory homelessness and GCSE achievement are all worse than the England average.

However, the West Midlands is better than the England average for tooth decay in 5 year olds, incidence of malignant melanoma (a type of skin cancer) and for road injuries and deaths.

There are health inequalities within the West Midlands which are closely associated with deprivation and child poverty.

All-age all-cause mortality continues to decrease as do early deaths from cancer however the England average has also decreased and therefore the gap between the West Midlands and England has not closed.

Life expectancy for men and women, breastfeeding initiation, and early deaths from heart disease and stroke are improving but remain worse than the England average.

The West Midlands continues to have the highest infant death rate of the English regions.

Obesity in children, teenage pregnancy, smoking during pregnancy and breastfeeding initiation are all worse than the England average.

Adults in the West Midlands are estimated to be the least physically active of the English regions.

The West Midlands also has the highest rates of excess winter deaths and people registered with diabetes.

4. INCLUSION

4.1 Setting Equality & Diversity objectives

NHS West Midlands has migrated its Single Equalities Schemes (SES) into the EDS, it will be important to ensure that there is consistent and meaningful engagement throughout the process; in particular it will be prudent to establish early on how and where the existing SES Action Plan maps across to the 4 goals and 18 outcomes of the EDS. This will allow the identification of a select small set of critical priorities to take place; in turn, these will feed into the identification and publication of the Authority's Equality Objectives by 06 April 2012.

NHS West Midlands continue to carry out Equality Impact Analysis (EIAs) to ensure that any policy or strategy does not adversely impact on domains of Equality. As part of the Equality objectives Equality Impact Analysis is carried out on any new and existing policies/function developments inclusive of Clinical commissioning groups, Provider Development and Public Health.

4.2 Good Practice – EDS implementation

NHS Midlands and East has a good track record of delivering good practice in number of areas to implement the Equality Duties and the EDS. We have also adopted an enabling and valuable peer support mechanism to take place across the regional E+D leads network, and beyond.

Examples include:

- An engagement event targeting the homeless Community in Birmingham, held at a homeless youth hostel in the city
- A single community stakeholder Involvement/ engagement event in Coventry held jointly by 2 Acute Hospitals, a Mental Health Trust and a Primary Care Trust
- An involvement and engagement event targeting LGB+T (Lesbian, Gay, Bi and Transgender) community in Coventry
- Re-establishment of working links with Walsall Gypsy and Traveller Forum following closure of the Pacesetters programme, to ensure this Community's involvement and engagement in the process of EDS implementation
- A county-wide engagement and involvement event in Shropshire around The EDS, involving LINks with representation from all 9 protected characteristics
- A master class session for Non Exec Director's of Trusts from across the region on 'EDS – Ensuring Equality in Quality: your role as a NED'
- A county-wide engagement and involvement event in Worcestershire around an Equality and Diversity Conference, plus specific sessions for EDS implementation
- Development and piloting of training for Community groups around their role as 'assessors/ graders' for the EDS – half day peer support session held to case study and share learning from 2 Acute Hospital Trusts (in different geographical Clusters) and 1 other PCT Cluster

- Presentation and discussion on the EDS and wider Equalities Duties to a range of Regional Networks, including: Director's of Nursing, LINKs hosts, Director's of HR
- A successful regional EDS launch/ training event with 110+ attendees, including strong representation from LINKs, Non Executive Director's, Director and sub-Director level colleagues and three General Practitioners
- The Arden Cluster Board is working with the NHS Leadership Council to support the integration of equality into general board business.
- NHS Coventry and NHS Warwickshire are publishing their workforce data together with a narrative which compares this year's data with last year's in a meaningful way that will make it easier to understand for the general public.
- The formation of a 21-strong pool of trained EDS assessors from local interest groups jointly across 6 Trusts in a cluster area

For us good engagement is vital for the NHS, and a new national publication has been designed to support the implementation of EDS and wider involvement/ engagement work.

4.3 Meeting our Equality Duties with the help of EDS and Performance

A pilot programme of work is being initiated to develop the E & D dashboard to support the implementation of the EDS and wider operational and business objectives of Equality and Diversity.

The governance reporting for EDS implementation have been revised and includes a new schedule which will be effective from April 2012.

The EDS Steering Group will be chaired by Director of Equality & Diversity, with members to include the 5 cluster Board E+D Leads, CEO of RAWM (Regional Action West Midlands), Head of Inclusion SHA West Midlands and representation from Clinical Commissioning Groups.

The EDS Reference Group will replace two existing groups – the EDS Governance Group and the Peer Support Sessions; it will be populated by E+D (operational) leads from individual Trusts.

Key performance management mechanisms to ensure E & D delivery:

- Cluster approach in aggregating bi-monthly progress updates and representation on regional steering group
- E & D Board level Cluster Lead 1:1 meetings with Head of Inclusion to ensure ongoing support is available
- Development of E & D dashboard
- Inclusive E & D work stream within Performance Director and structures
- Specific links to Quality, Safety and Patient Experience

5. EQUALITY & DIVERSITY – ORGANISATIONAL DEVELOPMENT

5.1 SHA as an Employer - Publishing Equality workforce data

The Workforce Sub-committee (appendix link D) receives reports on human resource matters for the Strategic Health Authority as an employer. The report provides data and the equality considerations identified which inform the internal SHA Single Equality Scheme and now the Equality Delivery System and objectives. The most recent report on workforce analysis covering from 1st April to 30th August 2011 and published in September 2011 suggests the following areas of attention for the West Midlands SHA:-

- **Ethnicity**
Whilst overall the workforce reflects the regional population this is not reflected at all levels or staff categories in the SHA.
- **Gender**
Current composition consists of a predominately female workforce yet the gap in numbers has reduced significantly (gap of 94 in 2010 and gap of 59 in 2011).
- **Age**
There are a higher percentage of employees representing the higher age categories. The removal of a default retirement age of 65 under the Equality Act 2010 required the SHA to review age related workforce issues.

The changed situation of the SHA requires that the SHA, as an employer, pays attention to workforce composition in the transition. In addition that any selection for any severance scheme or compulsory redundancy is done fairly through due processes including a full Equality Impact Assessment.

The workforce sub-committee report provides further analysis on Employee Information, Recruitment & Selection, Pay Matters, Organisational & Employee Development, Employee Engagement & Employee Satisfaction and Sickness Absence.

5.2 Good Practice – Human Resource and Staff Support

Staff Support The Strategic Health Authority in the West Midlands has developed various strategies in supporting and engaging staff from all backgrounds:-

- Graffiti Wall, Listening Ears Group, Joint Staff Management Forum (JSMF)
Contact Officers and Mediation

Workforce areas to progress

Further work on all 9 characteristics plus family status will be developed as part of the Equality Strategy for the SHA. This work will build on systems already in place:-

- NHS West Midlands currently has 100% disclosure rates within the electronic staffing record (ESR) and the annual check will be started in January 2012.
- An Equal Pay Audit will be completed by 30th April 2012.

Reports with ESR do not exist to pull together information on the 9 characteristics. This has been reported for national resolution. Gender reassignment data is not captured within ESR and this has been reported for national resolution.

NHS West midlands regional workforce data has been provided in Appendix E.

As required by the Equality and Diversity Council (EDC), an Equality and Diversity audit of Equality and Inclusion Leads (staff and posts) supporting West Midlands NHS Trusts has been undertaken and facilitated via the 5 Cluster areas.

5.3 Workforce Development

Non Medical Education Commissioning

As a commissioner of education provision from providers NHS West Midlands assures and manages unlawful discrimination by undertaking Equality Impact Assessment on our policy and commissioning decisions and by ensuring that our contracts with providers make an explicit requirement for non discriminatory practices. The Annual Education Commissioning Plan has an equality impact assessment undertaken on it each year. Contractual relationships with third parties state the requirement for adherence with unlawful discrimination requirements. The contract the SHA maintains with Education Providers (the National Contract) has a section detailing the requirement for education providers to adhere to relevant legislation in relation to unlawful discrimination.

We undertake an annual review of non medical education commissioned provision through our Education Commissioning for Quality processes (ECQ) and part of the review includes recruitment / selection and interviews with both students and Trusts. The outcomes of the ECQ review are provided to the public via the NHS West Midlands workforce website and annual review document.

Post Graduate Medical and Dental Education

Post Graduate Medical Education is delivered and managed within the General Medical Council (GMC) Education Standards. The Trainee Doctor - Domain three of the standards is Equality, diversity and opportunity. The Post Graduate operations and processes within NHS West Midlands are externally reviewed and assessed by the GMC and reported by NHS West Midlands as part of the Deanery Reporting process to the GMC.

Student Health Visiting Training - Centralised Recruitment Process

The aim of the centralised recruitment process for student health visitors was to attract and select the very best candidates for health visiting posts. Applications were received on line through 'NHS jobs' as part of West Midlands SHA and the organisational HR processes were used to ensure standardization and equality. Monitoring of applications for equality and diversity was done through the WM HR department.

Assessors from service and education providers were involved at short listing, assessment and interviewing process. All assessors had to comply with the competence requirements of their Trust which should include training in recruitment interview techniques and promoting equality and diversity in the recruitment process. In centralizing the application and recruitment process this has reduced duplicate applications and effort for organisations. It has also ensured all students have had equal access to the training.

6. PUBLISHING & FURTHER INFORMATION

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NHS Midlands & East Cluster

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Further information

www.westmidlands.nhs.uk

All information relating to this document will be published on the Midlands & East Cluster – West Midlands Office website

<http://www.westmidlands.nhs.uk/WhoWeAre/PCTClusters.aspx>

SHA West Midlands – PCT Clusters

<http://www.westmidlands.nhs.uk/WhatWeDo/ClinicalCommissioningGroups.aspx>

SHA West Midlands - Clinical commissioning groups

<http://www.eastmidlands.nhs.uk/about-us/inclusion/eds>

The Equality Delivery System (EDS) for the NHS

http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Equality Act 2010

<http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice>

Equality and Human Rights Commission's Code of Practice

Appendix A – Governance Structure (see attachment)

Appendix B – EDS Dashboard (see attachment)

Appendix C – Equality Delivery System West Midlands Implementation events

The Equality Delivery System (EDS) Activity Update: April – September 2011

NHS West Midlands SHA formally adopted The EDS at the end of January 2011 with the Board level approval of a Regional Implementation Plan. The post of Head of Inclusion was created and began on 1st April 2011. This paper outlines activity to date around implementing The EDS across the West Midlands.

Engagement/ consultation activity has been supported and facilitated in the following organisations and entities by way of presentations and running of workshops. I am pleased to report that at each, at least one Executive (Board) Director, Chair of Board, NED or FT Governor was present:

- Mid Staffs Hospital: E+D Steering Group, including Governor's and NED's
- Warwick Hospital: EDS Implementation group, including staff, voluntary sector and local interest members
- George Elliott Hospital: E+D Steering Group, including NED's
- BSMHFT: E+D Steering Group, including patient group representatives
- West Midlands Ambulance Service: EDS Steering Group
- Worcester Hospital: SHEPS group made up of patients, representatives, voluntary sector representatives and LINKs
- Sandwell and West Birmingham Hospital: E+D Conference, included staff, NED's, voluntary sector and patient representative groups
- NHS Walsall: EDS Steering Group
- Worcestershire health economy: E+D Conference, included staff from Acute Trust, MH Trust and PCT, local interests and voluntary groups
- Sandwell Community Forum: EDS Engagement event
- Shropshire health economy: EDS group, included PCT and Acute Trust staff, voluntary groups and LINKs
- Directors of Nursing: Regional meeting
- Walsall GP Consortia: Organisation Development workshop

In addition, two activities have, thus far, proven to be unique to the West Midlands region. These are:

- An EDS Masterclass for Trust Chairs/ NED's, attended by over 20 colleagues
- The EDS Workshop specifically designed for and targeting Acute Trusts, which was attended by 26 colleagues

Other regions have been advised on the format, structure and content of these sessions with one written request received to deliver a similar Masterclass in the South West region!

In terms of reporting, governance and assurance, a number of developments can be reported:

- A bi-monthly schedule of governance in place, including written reports and regional meetings. This is to be reviewed and revamped based on learning to date and examples of practice from other regions
- A bi-monthly system of peer support sessions has been organised: the first workshop on 'Stakeholder Engagement' was well received by 22 colleagues, and very well evaluated. A second session, on 'Engaging Clinical Commissioning Groups' is in place for early November
- An EDS 'core group' has been established: the remit being to undertake 'deep dive' type activity into implementation of The EDS in order to advise and inform the EDS Governance Group (previously the E+D Leads network). An early success is the development of an evidence matrix, which is currently being piloted
- A spreadsheet recording Trust EDS Executive (Board) level responsible officers and their E+D lead is in place; it is reviewed monthly
- A peer support arrangement with East Midlands and York's + Humber SHA's is in place which allows members to 'compare notes' on the challenges and opportunities around implementation
- Reports, based on narrative and RAG rating of progress, have been submitted to DH for consideration at the EDC (Equality and Diversity Council) in May and August 2011

The West Midlands region has contributed to, and strengthened, The EDS work being undertaken Nationally by DH colleagues. Examples of this are:

- Three EDS Champions have been trained to deliver EDS training at regional training events as facilitated by DH: the East Midlands training has been delivered, the South Central training is scheduled for mid October, following the West Midlands training event
- Regional EDS 'launch' workshops were held by some SHA's: the South Central event was co-facilitated by W Mids' Head of Inclusion
- A national EDS (Regional) Leads meeting was hosted at NHS West Midlands in Birmingham

Moving forward, priority areas are: the engagement of Clinical Commissioning Groups, and developing ways of working across the new SHA Cluster without compromising the momentum that is in place.

Appendix link D – Workforce Report – SHA as an employer

<http://www.westmidlands.nhs.uk/ReportsPublications/EqualityDiversity.aspx>

Appendix E – Workforce Report – SHA region (see attachment)