

## Equality Delivery System (EDS2) CHFT Report 2019-20

### 1 Introduction

1.1 The Equality Delivery System (EDS) for the NHS is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED). The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. EDS2 can also be applied to groups not covered under the Equality Act 2010, for example carers, homeless people, people on low incomes and geographically isolated communities.

At the heart of the EDS are 18 outcomes grouped into four goals. The four overarching goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The tool lists 18 outcomes under these goals (described in Appendix 3). These outcomes create a checklist, which supports NHS organisations to achieve the four goals. Goals 1 and 2 focus on patients, carers and the public while goals 3 and 4 are aimed at the workforce and leadership teams.

The tool is mandatory, as the CCG Assurance Framework explicitly requires CCGs to deliver the EDS2. It must be completed every year and then it must be made available to members of the public.

In summary, the aim of the EDS is to embed equality into business practices and foster a culture of transparency and accountability in CHFT. It helps our organisation to review our current equality performance and identify future priorities and actions, whilst also being a vehicle for continuous dialogue with local stakeholders. It also provides a mechanism for supporting the Trust to fulfil its' requirements under the Equality Act 2010.

### 2 Approach to engagement with local stakeholders

Without engagement with local people and communities, it would not be possible to deliver EDS effectively. CHFT worked in partnership with their local CCG and several large healthcare providers including Mid Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS Foundation Trust and Locala to deliver a joint approach to engaging with local communities and delivering the EDS.

There were two events held in 2020 to support the delivery of the EDS on 26 February 2020 & 11<sup>th</sup> March 2020 - workshop for community representatives, which explained how the EDS works, and how the assessment process would be managed and what would be required from participants, face to face explanation of the inclusive initiatives the Trust has been working on and implemented over the past 12 months, opportunity for Q&A and attendees had the opportunity to make an assessment.

The key question is: how well do people from protected groups fare compared with people overall?

There are four grades and these are explained in the table below:

**Table 1: EDS2 Grading Key**

<b>Excelling</b>	<b>We are doing very well</b> People from all protected groups fare as well as people overall
<b>Achieving</b>	<b>We are doing well</b> People from most protected groups fare as well as people overall
<b>Developing</b>	<b>We are doing ok</b> People from some protected groups fare as well as well as people overall
<b>Undeveloped</b>	<b>We are doing badly</b> People from all protected groups fare poorly compared with people overall or there is not enough evidence to make an assessment

On assessment, the scores awarded indicate that the grading in relation to this outcome is halfway between **Developing & Achieving**. This means that people from some protected groups fare as well as the rest of the population. However, this result must be understood within the context that the attendees were scoring the Trust purely on the evidence shared on the day. Therefore taking this into consideration, the results should be interpreted with caution.

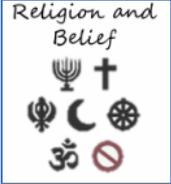
For more information regards how the Trust is working towards the EDS goals and outcomes these are included in the Public Sector Equality Duty Report 2019/2020 which can be found on the CHFT website.

**Appendix 1 – Inclusive CHFT Service Initiatives Developed and Implemented for Patients with a Protected Characteristic**

CHFT can demonstrate they are providing support for patients and service users across a wide spectrum of needs and backgrounds

Protected characteristic	Initiatives
<p style="text-align: center;"><i>Age</i></p> 	<p><b>Age – Older</b></p> <p><b>Dementia care:</b></p> <ul style="list-style-type: none"> <li>• Re-launched the nationally recognised ‘Butterfly scheme’ for patients living with dementia.</li> <li>• Engagement support workers became – provide diversional and therapeutic care and activities for our dementia patients.</li> <li>• Enhanced care and support team provide 1:1 care for our most vulnerable patients during the acute period of their care.</li> <li>• The Memory café provides a meeting place runs weekly for dementia patients and carers to socialise and get involved in themed events outside the ward environment.</li> </ul> <p><b>Age – Younger</b></p> <ul style="list-style-type: none"> <li>• CHFT part of a national collaborative looking at supporting young people transitioning to adult services.</li> <li>• Produced two videos showing what it is like for a young person with a chronic illness to go through the transition process.</li> <li>• Established a ‘Youth Forum’ took place allows a diverse range of children and young people to access and influence our services.</li> </ul>
<p style="text-align: center;"><i>Gender Reassignment</i></p> 	<ul style="list-style-type: none"> <li>• Work undertaken with CHFT colleagues regarding how to support the transgender community</li> </ul>
<p style="text-align: center;"><i>Disability</i></p> 	<p><b>Disability</b></p> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>• Upgrade the public toilets in the main entrance on the HRI site during 2019 included the introduction of a semi-accessible toilet in the same area.</li> </ul> <p><b>Hearing Impairment:</b></p> <ul style="list-style-type: none"> <li>• British Sign Language (BSL) interpreting provided by Topp Language Solutions. Topp meet regularly with the local deaf community to get the views of users on the service they provide.</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li>• Ligtature light rooms have now been created in both Accident and Emergency departments</li> </ul>

	<ul style="list-style-type: none"> <li>• Work with the mental health liaison team to ensure timely review and care planning for mental health patients and the mental health liaison team remains a core member of the trust's Mental Health Strategy and Operations group.</li> </ul> <p><b>Learning:</b></p> <ul style="list-style-type: none"> <li>• The Matron for the service has reviewed recently published national guidance related to look at current best practice, priorities identified as: <ul style="list-style-type: none"> <li>- Falls prevention</li> <li>- Revised information and practice regarding DEXA (bone density) - variety of formats, appointments at quieter times, supporter present, access to specialist equipment</li> </ul> </li> <li>• The Trust's Treat Me Well group met regularly throughout 2019, and agreed priorities to be training for staff, quiet areas across the Trust and Changing Places toilets.</li> <li>• As part of the reconfiguration of hospital services, a Changing Places toilet has been built into the plans for the Emergency Department at Calderdale Royal Hospital.</li> <li>• Supported by government funding, work also started in 2019 to identify potential locations at Huddersfield Royal Infirmary for a Changing Places toilet.</li> </ul>
<p>Marriage &amp; Civil Partnership</p> 	<ul style="list-style-type: none"> <li>• Inclusive Trust</li> <li>• Supported community events</li> <li>• Launched LGBT pledge</li> </ul>
<p>Pregnancy &amp; Maternity</p> 	<ul style="list-style-type: none"> <li>• The Better Births, National Maternity Review includes priorities for every woman to have access to information that will enable her to make decisions about her care and to have access to support for her and her baby that is centred on their individual needs and circumstances.</li> <li>• Trusts have the following targets to achieve: <ul style="list-style-type: none"> <li>- 35% of pregnant women will be on a continuity of carer model by March 2020</li> <li>- Most women (51%) will receive continuity of carer by 2021</li> <li>- By 2024, 75% of women from Black/Black British and Asian/Asian British communities and women from the most deprived areas will receive continuity of carer from their midwife throughout pregnancy, labour and the postnatal period. (It is well known that pregnant women from BAME communities have worse outcomes in pregnancy).</li> </ul> </li> <li>• CHFT started work during 2019 to plan and implement continuity of carer teams for BAME women. There will be teams of up to eight midwives, with each woman having a named midwife and being cared for in labour by a midwife known to her. This is likely to have a significant impact on overall outcomes and reduce health inequalities.</li> </ul>
<p>Sex</p> 	<ul style="list-style-type: none"> <li>• Inclusive Trust</li> <li>• Eliminating mixed sex accommodation policy in place</li> </ul>

	<ul style="list-style-type: none"> <li>• A task and finish group has undertaken a review of the Trust’s interpreting policy to ensure we are meeting the needs of our patients whose first language is not English. The policy has been updated and is currently going through our equality impact assessment process.</li> <li>• The Trust is reviewing the demand profile of its BAME population with specific focus on Emergency Department attendances and elderly care. Data analysis shared with the Trust Board indicated that there are geographical hotspots that suggest current service models do not meet the needs of this population. Therefore, further work has been commissioned, through the system wide Urgent &amp; Emergency care programme, to explore further with this group and ensure new models are co-produced to better meet their needs.</li> </ul>
	<ul style="list-style-type: none"> <li>• Inclusive Trust Flag</li> <li>• Supported local Pride community events</li> <li>• Launched LGBT pledge</li> </ul>
	<ul style="list-style-type: none"> <li>• Chaplaincy colleagues have attended educational events with medical teams to discuss End of Life Care with particular regard to religious and cultural expectations. Called ‘Thinking Aloud’, the venture has been characterised by open and humble thinking.</li> <li>• The chaplaincy has developed an “End of Life Faith Card” which looks at the religious and cultural needs patients and their carers may have. The card further enhances End of Life Care provision.</li> <li>• The Trust chaplaincy joined with honorary chaplains and friends from the two Sikh Temples to celebrate Guru Nanak’s 550th anniversary. This was done with prayer in both Hope Centres and provided a generous distribution of food in the main entrances.</li> <li>• A ‘beads of hope’ session provide an opportunity to talk about faith and religion during inclusion week</li> </ul>

## Appendix 2 – EDS Event, CHFT Scores and Comments

Scores	Reasons	Additional Comments
Excelling (Purple)	Session 1 - Two Session 2 - Nil	-Recognises what needs to be done and gets on and does it. -Listens well to others and acts on feedback
Achieving (Green)	Session 1 – Two Session 2 - Six	-Working with low budget – well done -The horizon group is a good initiative
Developing (Yellow)	Session 1 – Seven  Session 2 - Two	-Make sure you think about the importance of a name and how that can make somebody feel at ease and engaged  - Found the session very informative but still needs a lot of work to address a lot of the issues  -Banner needs to specify CHFT’s specific vision for Equality, Diversity & Inclusion  - You haven’t visibly demonstrated what activity you are working on to meet the Accessible Information standard  -It would be helpful if you could work with the community when you undertake the Equality Impact Assessments  -

## Appendix 3 - EDS Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 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
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally
		3.3 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
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all

Goal	Narrative	Outcome
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives
		3.6 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
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes

