

Equality Delivery System (EDS) Engagement Report

1. Background

The Equality Delivery System (EDS) has been designed by the Department of Health to help NHS organisations measure their equality performance, and understand how driving equality improvements can strengthen the accountability of services to patients and the public.

It will support NHS Greater Huddersfield Clinical Commissioning Group (CCG) to identify local needs and priorities, particularly any unmet needs of populations, and allow them to assist in the commissioning of services to deliver better health outcomes.

It will also help NHS organisations to demonstrate compliance with the Equality Act 2010.

At the heart of the EDS is a set of eighteen outcomes grouped into four goals;

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

(Appendix 1. Goals & outcomes)

2. Engagement approach

Public Engagement

One of the features of the EDS is that it relies on organisations working with local interests to assess organisational performance. This engagement will strengthen existing relationships and build new ones, ensuring that patients and the public have a voice in the grading and setting of objectives for the organisation.

The engagement focused on the following goals with local interests;

1. Better health outcomes for all
2. Improved patient access and experience

An interactive event was devised and delivered.

To ensure effective engagement with local interests the Equality team worked closely with the Engagement team to recruit representatives from local organisations and local people to attend the local events. Invites were sent to local community and voluntary organisations and local people through the following methods.

- Relationship Matrix – E-mail, letter and telephone
- People database - E-mail, letter and telephone
- Community newsletters and bulletins

Within the invite, respondents were asked what their area of interest was, or the client group they worked with, of the nine protected characteristics.

- Age
- Disability
- Sexual Orientation
- Religion & Belief
- Race
- Pregnancy & Maternity
- Marriage & Civil Partnership
- Sex (gender)
- Transgender

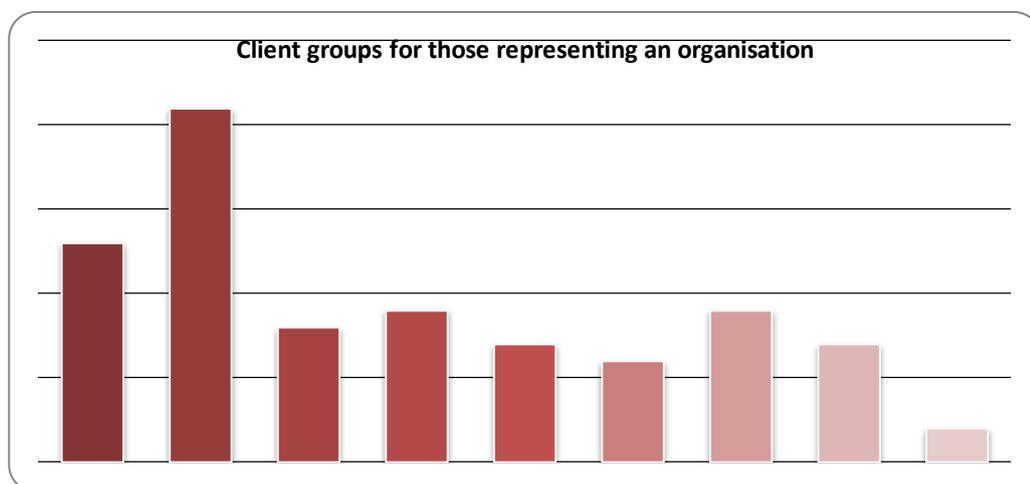
Given the short timetable the event was developed to use people's own knowledge and experience of the NHS as well as the groups they represented.

People from the protected groups in the local community were invited to attend to engage in the assessment and grading of the CCG against goals 1 and 2. 30 people attended.

Some of the groups attending included;

- Pennine Domestic Violence Group
- RNIB
- Representatives of the Patient Participation Groups
- National Children's Centre
- Auntie Pam's
- Kirklees Visual Impairment Network
- Connect Housing
- Kirklees Council
- Denby Dale Centre

Participants were asked to identify the protected characteristics their organisations served, the results are detailed below.



Interactive event

An interactive voting system was used throughout the event for participants to anonymously give their rating of the CCGs performance. The results from the room were then anonymously shown back to the group instantly. Facilitated discussion on each goal was also held prior to each voting session. People from the protected groups in the local community were invited to engage in the assessment and grading of the CCG against goals 1 and 2; 30 people attended.

Participants were introduced to the background of the EDS and how their information would feed into the scoring of the CCG. They were involved in two discussion groups, one on each of the two goals that related to the public. Following each discussion group, participants were then asked to use the interactive voting system to rate how they felt about statements regarding the CCG's performance based on the outcomes of the overall goal. Throughout the event, participants were asked to take into account their own, or their service users', experiences of NHS services commissioned by the CCG; in respect of their interest areas around the nine protected characteristics.

To be able to understand in more detail the potential impact of membership of a protected group could have on perceptions of the audience they were asked to vote on their own personal demographics at the start of the event.

Staff Engagement

Engagement with staff was also undertaken to ensure their views and experiences also contributed to the final two goals of the EDS;

- 3. Empowered, engaged and well-supported staff
- 4. Inclusive leadership at all levels

To assess our progress against the above two goals a staff survey was developed and shared with all staff via email.

The quantitative results gathered were then analysed and graded.



The results for goals 1 and 2 were cross analysed with participants' reported equality monitoring information to find if there were any areas in which particular groups responded more positively or negatively to any of the outcome statements.

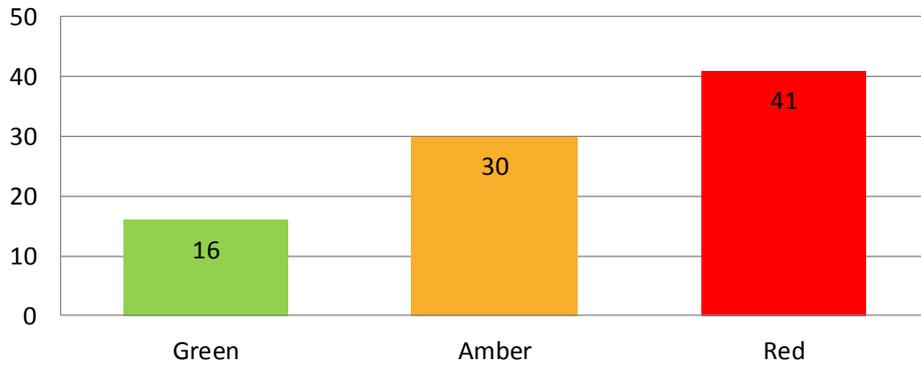
The qualitative data for goals 1 and 2 captured through the discussion groups was also grouped and themed to provide additional information for this report.

The process will be evaluated and lessons learnt to influence future implementation.

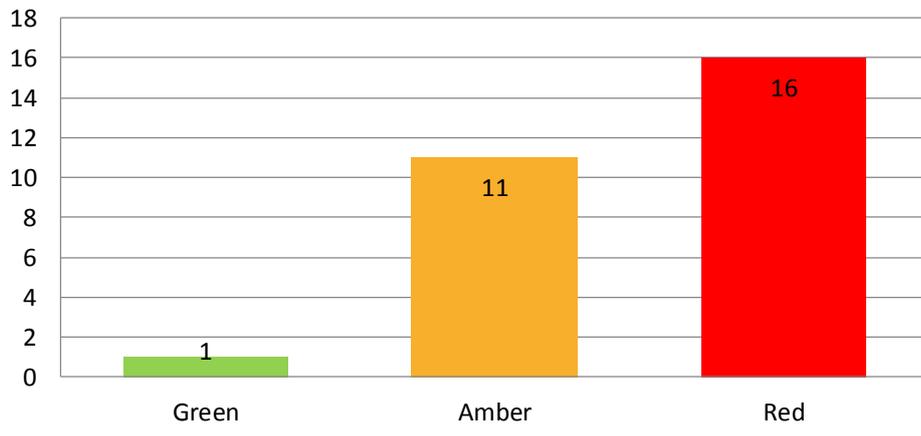
3. Findings

Public Engagement

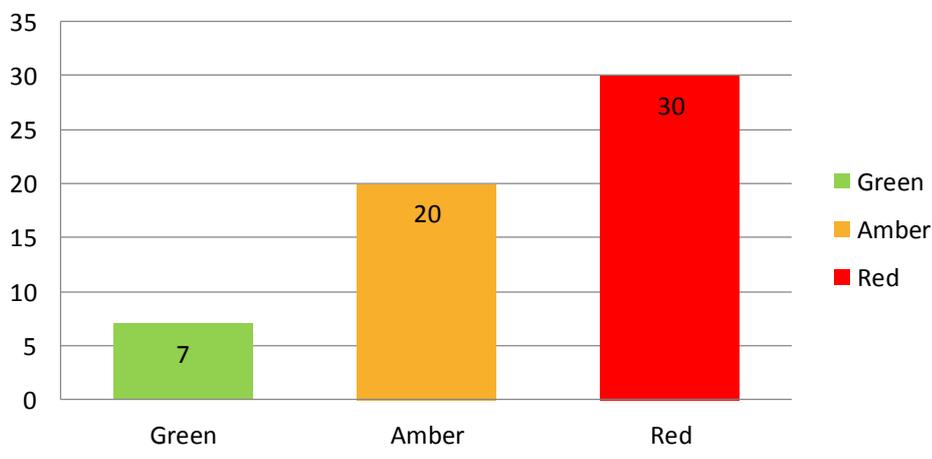
1.1 Services are commissioned, designed, and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities (97% responded)



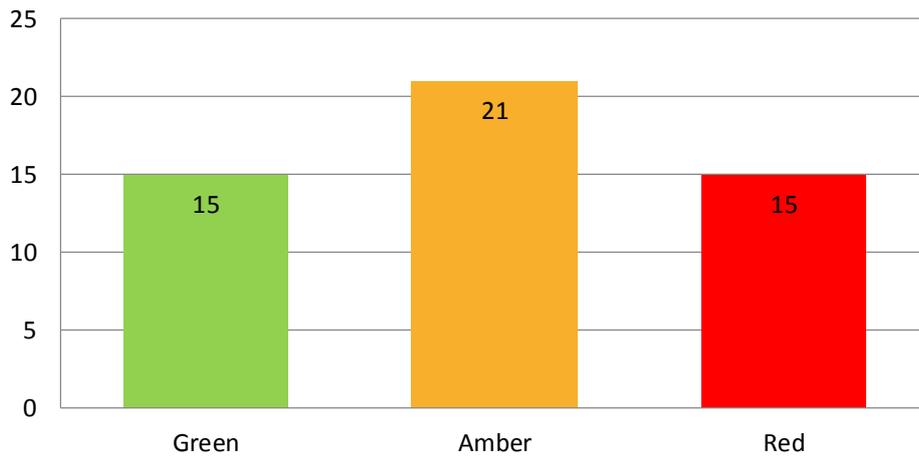
1.2 Patients' health needs are assessed adequately and services provided in effective and appropriate ways (93% responded)



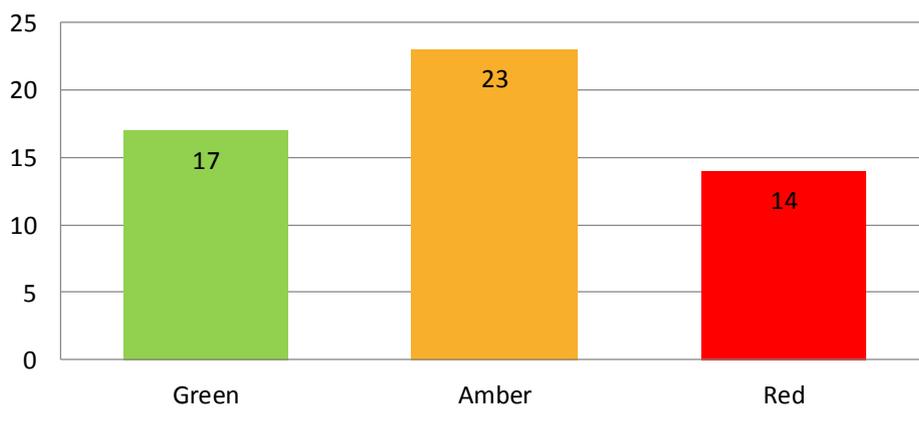
1.3 Changes across services are discussed with patients, and transitions are made smoothly (97% responded)



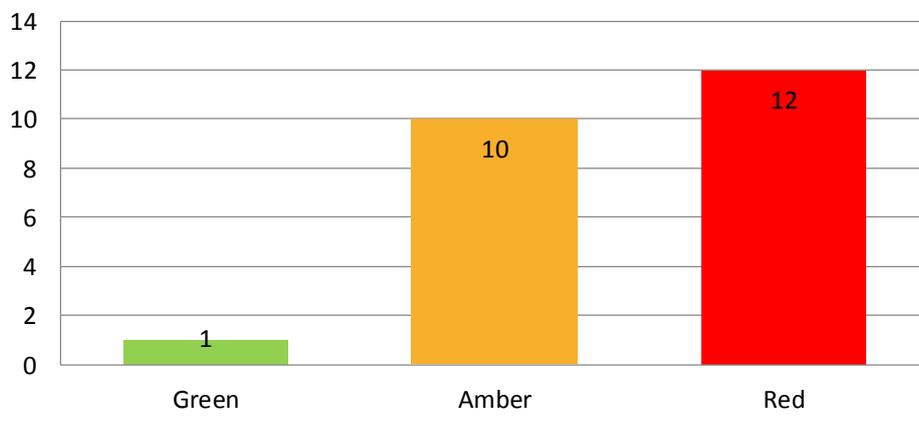
**1.4 The safety of patients is prioritised and assured
(85% responded)**



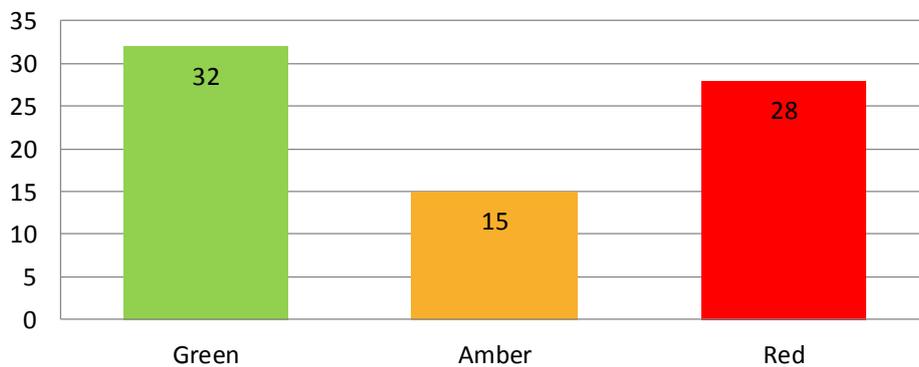
**1.5 Public health, vaccination and screening
programmes reach and benefit all local communities
and groups**



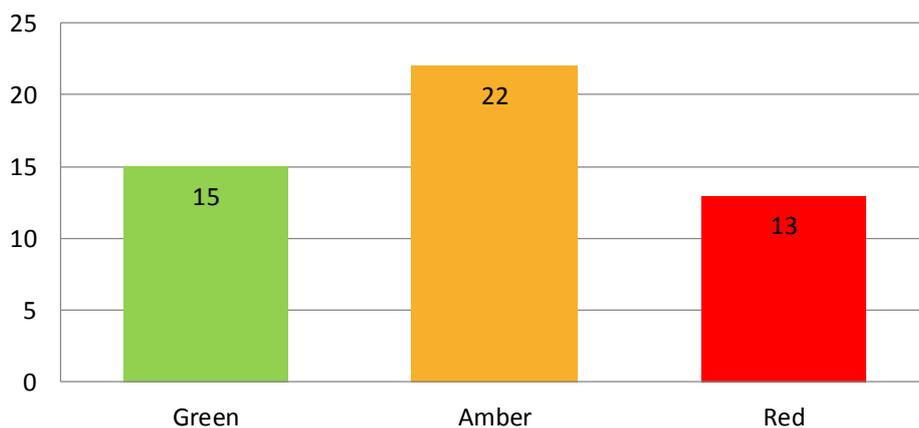
**2.1 Patients can easily access the NHS services
they need (77% responded)**



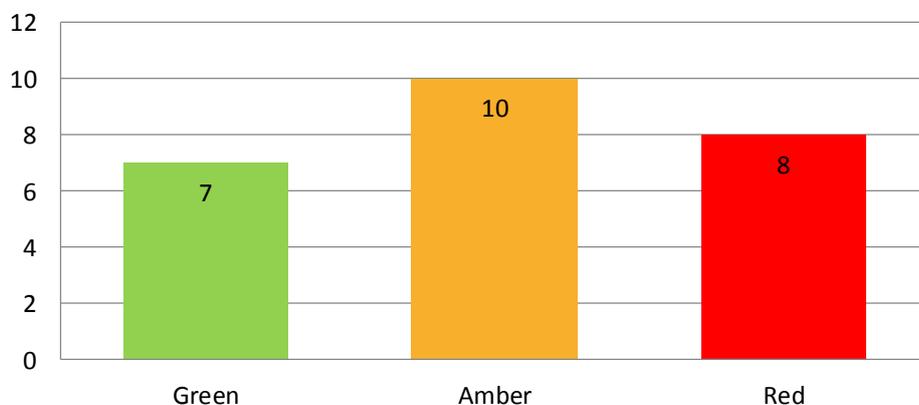
2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment. (83% responded)



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 (83% responded)



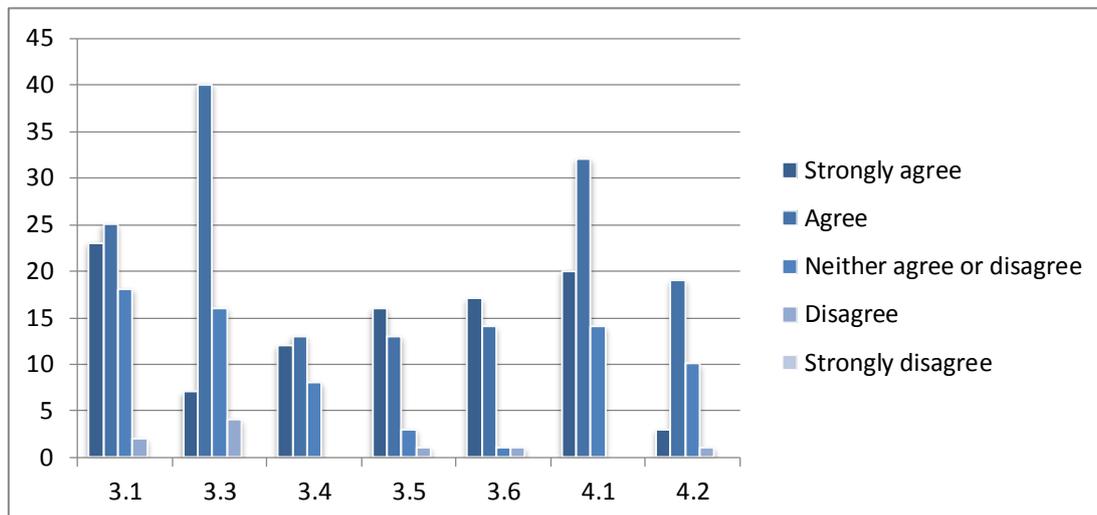
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently (83% responded)



Staff Surveys

To enable the grading of the internal facing EDS goals, 3 and 4, a staff survey was developed. This was sent to all the CCG staff and 34 people responded.

The results of the staff survey were very positive and do not highlight any significant areas for improvement.



4. Equality data

All participants who attended the event were asked to answer equality monitoring questions using the interactive voting system. Responses to sensitive questions, such as transgender and sexual orientation were not reported back live to the group. (Appendix 3. Equality monitoring)

5. Results

An analysis of the results of Goals 1 and 2 would suggest the following areas for further consideration;

- Meeting the needs of local communities
- Reducing local health inequalities
- Patients needs assessed and services provided in appropriate ways
- Transitions
- Bullying harassment and abuse
- Easy access to services
- Explanations of conditions/treatments
- Complaint handling

As described it was possible to tentatively identify some trends in responses based on the equality monitoring of participants. The sample size does not allow for statistically significant issues to be discovered. However the trends described below have been used to support the development of the equality objectives.

1.1 Local NHS services meet the needs of local communities - Women and Asian/Asian British disagreed with this more

1.1 NHS promotes well being and healthy lifestyles - Disabled people disagreed more

1.3 Patients are involved in discussions about transfers - Women disagreed more

1.4 The safety of patients is a priority - Asian/Asian British disagreed more

2.1 Patients can easily access the NHS services they need - Disabled people disagreed

2.2 After being diagnosed with a condition everything is explained in a way patients understand - Men disagreed

2.3 Health professionals listen to and respect patients' views - Asian/Asian British, Black and other ethnicities disagreed

2.3 Patients' dignity and privacy are respected - Asian/Asian British disagreed

Appendix 1. Goals & 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	The NHS should Increase the diversity and	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all

Goal	Narrative	Outcome
well-supported staff	quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	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
		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

Appendix 2. Outcome of grading

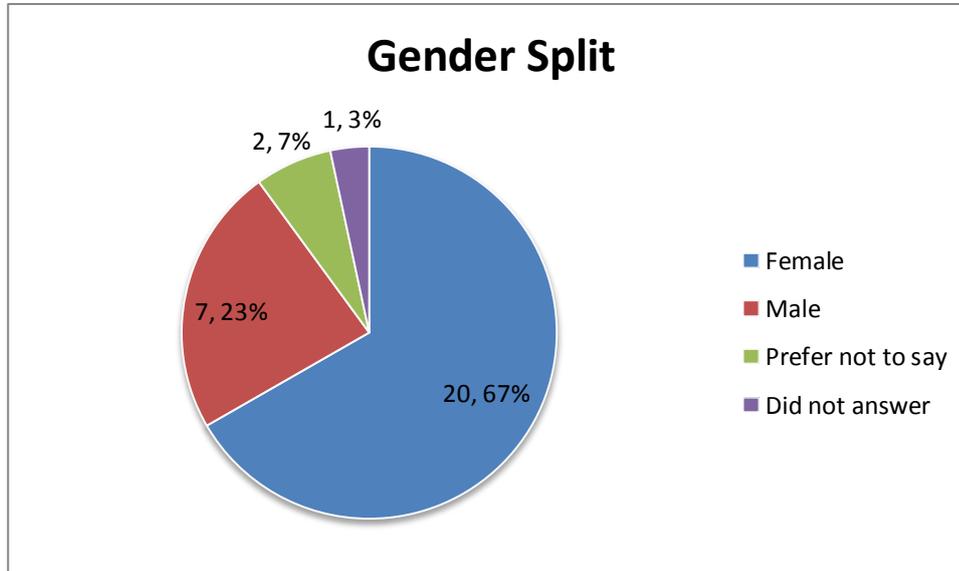
Goal	Outcome	Grade
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	

	1.3 Changes across services are discussed with patients, and transitions are made smoothly	Red
	1.4 The safety of patients is prioritised and assured	Yellow
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Yellow
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Red
	2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	Green
	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	Yellow
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Yellow

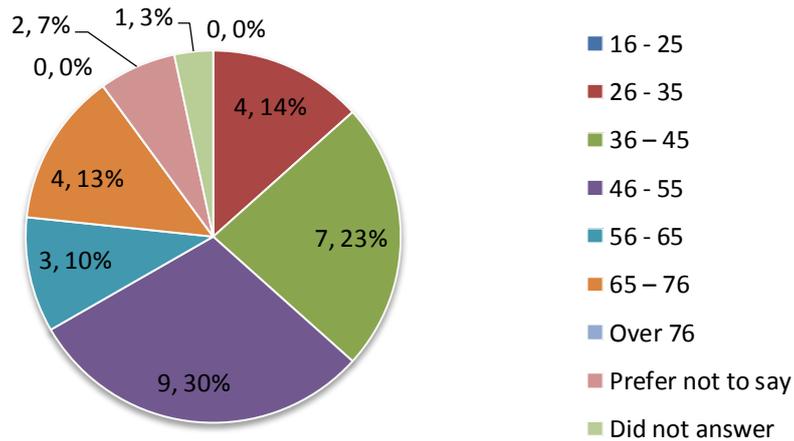
Goal	Outcome	Grade
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Green
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally	Not graded
	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	Green
	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	Green

	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	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	Not graded

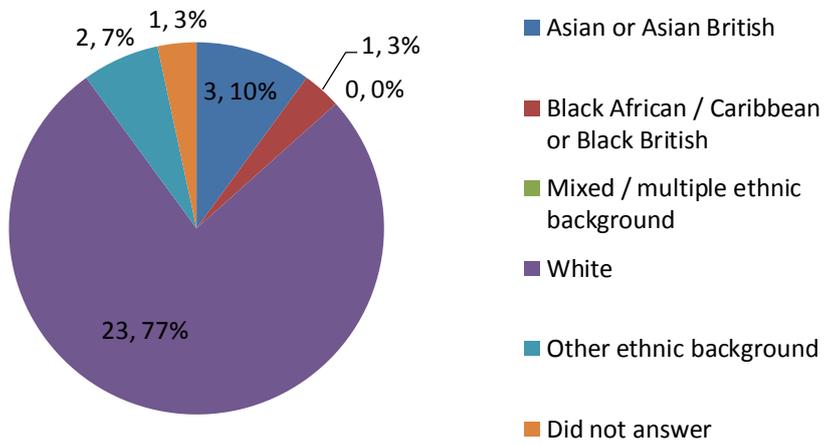
Appendix 3. Equality monitoring



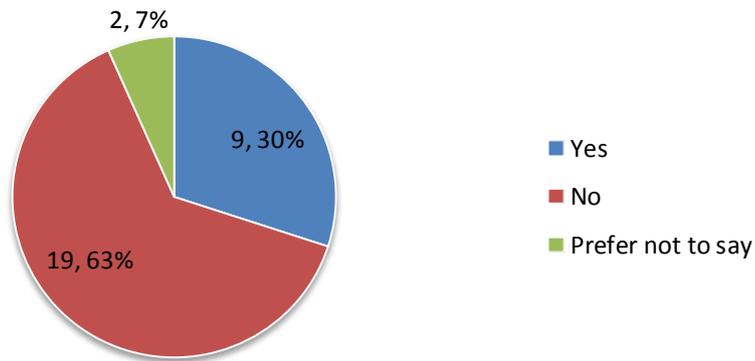
Age Distribution



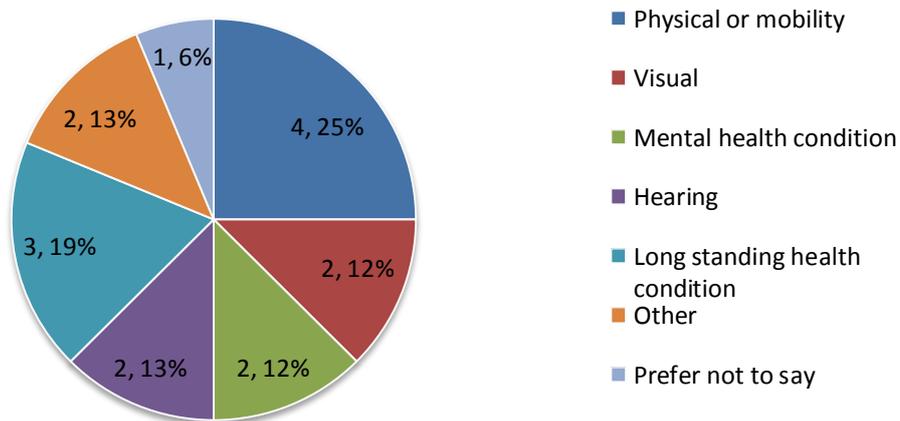
Ethnicity of Participants



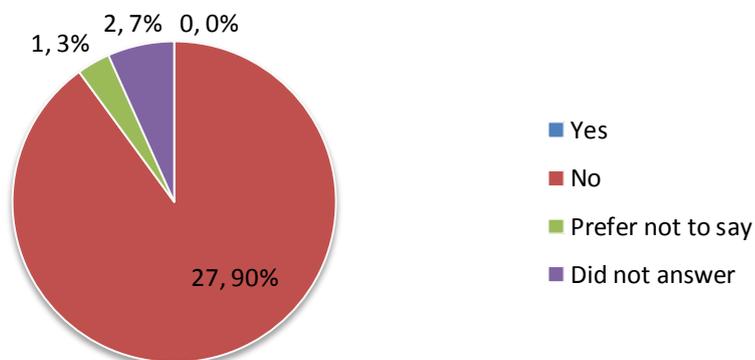
Participants who consider themselves to be disabled



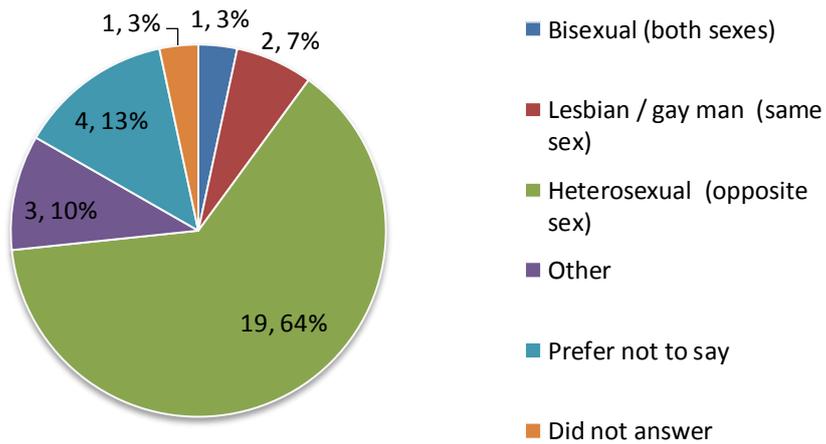
Type of disability experienced by those who responded to having a disability



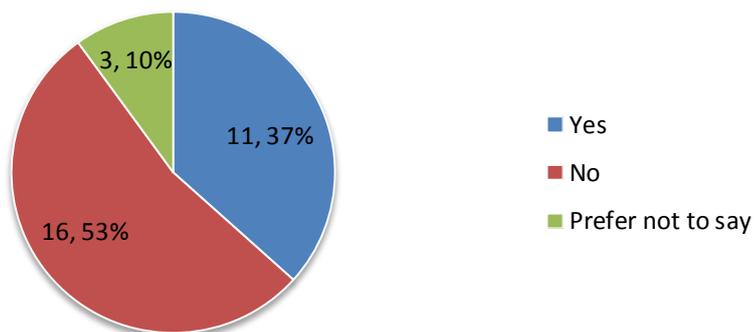
Participants who identify as transgender



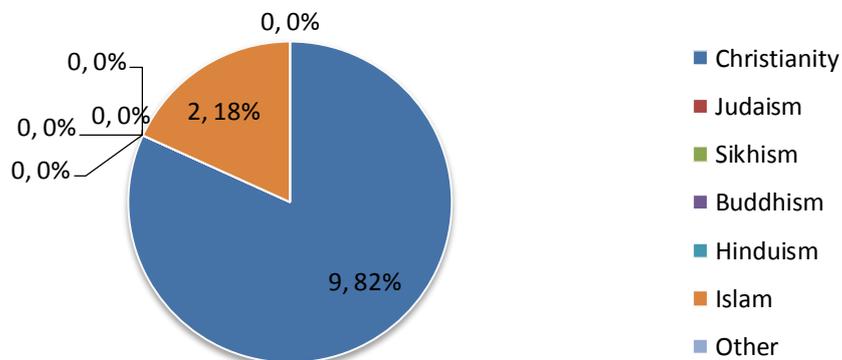
Sexual orientation of participants



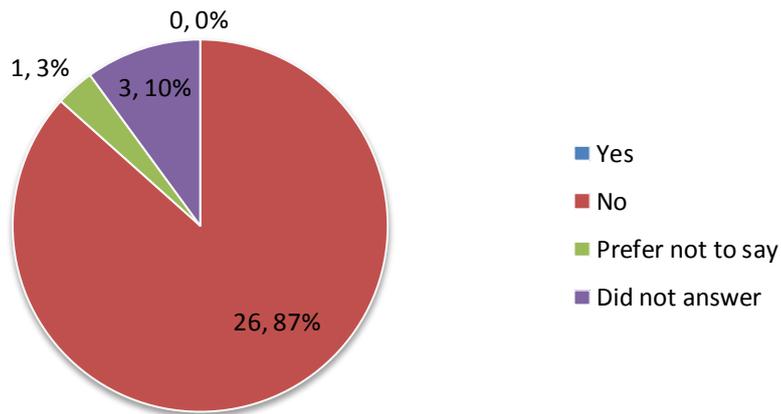
Participants who consider themselves to belong to a religion



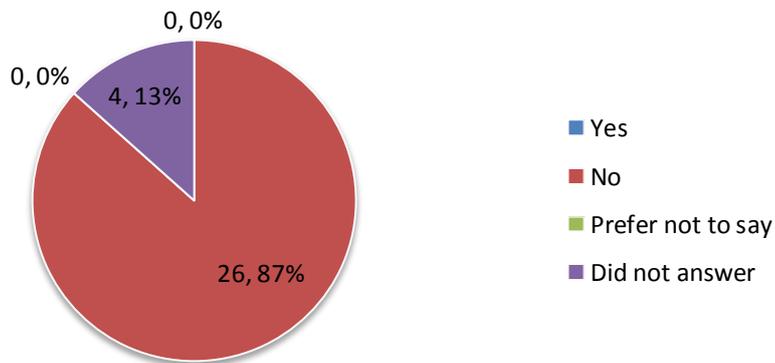
Of those who responded yes to being part of a religion, which religion



Are you pregnant?



Have you given birth in the last 26 weeks?



Do any participants provide care?

