

Equality and Diversity Report and Objectives

2017

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- Debbie Matthewson, Equality & Diversity Lead: Telephone 01935 384585
- Elaine Cox, Equality & Diversity Support: Telephone 01935 348529
- Email: E&D@YDH.nhs.uk

1. INTRODUCTION

1.1 The Equality Delivery System

NHS England's EDS2 prompts the partnership working that has been developed with patients, members of the public and NHS staff to enable us to continually review our equality performance and identify actions and initiatives that can be prioritised for the future. There are four Goals within EDS2, which relate to 18 Outcomes, found below.

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

All NHS Trusts are required to measure EDS2 progress through a series of inter-related steps, such as governance arrangements and leadership commitment. Within this Action Plan we provide an overview of equality within the Outcomes across the 9 protected characteristics outlined by the Equality Act: age; disability; gender reassignment; marriage/ civil partnership; pregnancy/ maternity; race; religion/ belief; sex; and sexual orientation.

1.2 About this Document

This document outlines the objectives prioritised for the year 2017-18, and is designed to complement the EDS2 Report, published on our [website](#).

Representatives from the Trusts Equality & Diversity team attend regular Equality Meetings led by the Somerset Clinical Commissioning Group (CCG) and the Trust is able to keep up to date with partners working within other agencies across the region. For example, external groups attended include Somerset Council's "Gypsy & Traveller Forum" (on which 'health' is a regular agenda item and attendance is shared with the CCG), Somerset Equality Officers Group (SWOG) and Somerset Engagement Action Group (SEAG).

2 EDS2 Objectives for 2017-18

The following table outlines our specific objectives over the coming year, separated into the Goals and Outcomes to which they correspond in the EDS2 Report.

Goal	Outcome	Comments on assigned grade	By Whom	By When
1. Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	YDH is participating in a consultation exercise around the re-design of maternity services in Somerset and Dorset. This has included attendance at CCG led events (e.g. "Whose Shoes") by YDH Midwifery and Chaplaincy representatives. Using data about the way these services support the populations of both counties, and through involvement with commissioners in both Dorset and Somerset, the benefits of working more closely together and the format this collaboration may take will be identified. This work is ongoing and the emerging outcomes of the Dorset Community Services Review consultation, which are still summary at this stage, will inform these discussions.	Maternity Chaplaincy	Ongoing
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	The Accessible Information Standard (AIS) implementation YDH includes utilisation of the electronic Trakcare system, to enable alerts to be added for patient communication preferences. Communication 'business cards' are issued to all patients which provide accessibility information. Details of AIS have been circulated to staff, and the availability of the alert fields will be included within Trakcare IT training, and AIS awareness will be included within Trust's Induction, Mandatory and Transition programmes.	AIS Steering Group: <ul style="list-style-type: none"> • Governance • E&D • LD Advisor • Contact Centre • Communications • Procurement 	Ongoing
		"Digital first", a communication modernisation initiative, has been implemented within ED, resulting in 31 documents now being available online, including 20 in Polish. Further implementation will occur within other areas over the year, including AEC; Orthopaedics and Womens' Hospital. Patient choice is always a consideration and paper copies will still be available as required, in normal and large print. It is anticipated that a total of 453 leaflets will eventually be available online, following liaison with 31 departments within the Trust. A total of 453 patient information leaflets are being converted to enable access by patients using their own communication software.	Communications	Ongoing
		Throughout the Trust there is a gradual move towards digital communication, with 100% of referrals being received electronically by April 2018. However, a patient's preferred communication method will always be considered. Benefits will include: improvement of the patient experience; reduced paperwork; greater visibility and control of capacity/demand management; better choice for patients and greater control of their appointments; reduced wait times and flexibility, with control and information to aid the outpatient journey pre, during and post appointments; increased safety through easier access to advice	Communications Contact Centre Patient Experience	Ongoing

	<p>and guidance before, during and following appointments; reduced 'do not attends'; better demand management; more control over referral to treatment; reduced hospital activity; fewer unnecessary appointments (new or follow up); better use of clinical capacity.</p>		
	<p>In conjunction with Dr Doctor, a single online platform through which customers can self-manage their health needs has been developed. This opens up a new realm of customer relationship management (CRM) opportunities, with proactive communication and health and wellbeing pertinent to each individual all becoming an achievable goal, without a heavy cost burden. Business efficiencies as a result of moving to the digital platform through manpower, administration and DNA reduction. Consumer benefits of using the self-managed online and text system will also provide a vastly superior, faster and more assured pathway than currently is experienced. Phase 1 of the programme has involved enabling patients to receive their appointment confirmation and reminders via email and text (90% target achieved). Phase 2 of the programme, which is to enable patients to reschedule their appointments or accept "short notice cancellations" has been rolled out to 40% of our clinics. Phase 3, which will follow later this year, will enable "new" appointments to be booked by the patient following the patient referral and vetting of the referral by the consultant.</p>	PMO	Ongoing
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<p>Trakcare implementation continues with recent system Improvements within Ophthalmology (electronic wait list card in outpatients department); Gastroenterology (recording diagnosis in outpatients to support their 100 day challenge); AEC (new "Seen By" column to easily see who needs clinical review). In addition, development of an internal referrals system is progressing with 77 referral questionnaires having been built so far. Phases 1 and 2 were completed in 2016, replacing PAS and supporting clinical decision making, e-prescribing and medicines administration, as well as e-documentation for assessments, careplans and clinical workflows to support clinicians delivering improved safety and patient care. Phase 2 also gave us the opportunity to set up workflows and advance alerts for helping us to prioritise. Implementation is supported by a schedule of training for staff, provided by experienced IT trainers.</p>	Trakcare IT Training	
	<p>The Complex Care Hub (formerly Symphony Hub) continues to develop as part of the national Vanguard work stream being delivered at Yeovil District Hospital. The Hub has been designed to provide a co-ordinated and integrated approach to the management of patients with complex health needs, with liaison between hospital, GP and Community healthcare professionals.</p>	Complex Care Hub	

	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	We are looking to commence an antenatal vaccination programme, making us the 3rd provider offering flu vaccinations to pregnant women during flu season (GP's & Pharmacies being the other 2). In 2017 we will also commence offering the pertussis vaccine which will be offered all year round. We will be providing an opportunistic method of administration as opposed to a dedicated flu clinic or appointment based system due to lack of funding. This service will provide our women with a greater degree of choice for their flu vaccination and potentially increase uptake.	Maternity Pharmacy	
3. A representative and supported workforce 2013: <i>Empowered Engaged and well supported staff</i>	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Implementation self-service within ESR is gradually being implemented and will enable staff to update their own personal information, such as ethnicity. Therefore, ways to encourage self-reporting of ethnicity, from the recruitment stage through to employment via ESR, are to be explored through positive messages to staff highlighting the benefit of diversity for the organisation, individuals, patients and visitors.	HR - ESR E&D	
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	To enable analysis of incident reports to ensure there are no themes linking incidents to any kind of discrimination, e.g. racial, consideration is being given to how best to encourage reporting of ethnicity, by the reporter, within the Incident Report system.	E&D Clinical Governance	
	3.6 Staff report positive experiences of their membership of the workforce	Creation of Staff Networks covering any of the protected characteristics is being discussed and it is hoped that the first BME Staff Network may be created by the end of 2017.	E&D Staff Side	
		Inclusion of specific E&D related questions to the Friends & Family Test is being discussed as way of gathering staff thoughts.	E&D Clinical Governance	