

# Sharing the Learning – Implementing the Equality Delivery System for the NHS – EDS/EDS2

Your details	
Organisation:	Countess of Chester Hospital NHS
Name and type of organisation	Foundation Trust
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What are your organisation's Equality	Equality Objectives and Equality
Objectives?	Strategy   Countess of Chester
If published, please include the web link:	<u>Hospital</u>

Title of Case Study:		
Involving LGBT stakeholders in equality performance and assessment		
Which EDS Goal does your case study relate to? Please tick all that apply	Which protected characteristic(s) are covered by your case study?  Please tick all that apply	
<ul> <li>☑ Better health outcomes</li> <li>☑ Improved patient access and experience</li> <li>☑ A representative and supported workforce</li> <li>☑ Inclusive leadership</li> </ul>	□ Age □ Disability □ Gender reassignment □ Marriage and civil partnership □ Pregnancy and maternity □ Race □ Religion or belief □ Sex □ Sexual orientation	
Rackground information about FDS activity in your organisation:		

## Background information about EDS activity in your organisation:

Include a brief summary of how EDS/EDS2 is implemented in your organisation, including positives and challenges, e.g. joint grading with local interests etc.

The Countess of Chester Hospital NHS Foundation Trust (CoCH) implemented the EDS in the first wave. After delivering EDS training with PCT partners across Cheshire West and Chester (CWaC), CoCH negotiated internal and external stakeholders from across protected groups to serve as assessors in the inaugural EDS assessment. Each group assessed CoCH separately so eight EDS assessment sessions were facilitated. The CWaC LINk acted as a verifier for the grades that each stakeholder group gave to CoCH in a final meeting. This resulted in 15 EDS outcomes

being rated as *Achieving* and 3 other EDS outcome being rated as *Developing in the year one assessment*. In the first EDS, no authentic stakeholder cohort for people identifying as LGB could be found. This was a CWaC issue for all public sector agencies, so we set up a multi-agency LGBT steering group called Lion's Pride Chester to work on LGBT inclusion.

Following the steering group's design of an engagement programme with LGB communities, external stakeholders became involved with equality groups at CoCH and partner agencies. Wider LGBT focused events were planned and run in 2013 – IDAHO, Chester Pride and World Aids Day (WAD). CoCH invited two external Trans organisations take on joint chair role in the Trust's Gender and Sexuality Equality Group to employ insight and ownership of stakeholders to shape the equality agenda. All this work with external Trans and LGB groups secured local LGB stakeholder agreement to act as assessors in the second EDS assessment year for 2012-2013. In the same multi stakeholder meetings EDS assessment format, LGB stakeholders participated in the second year. CWaC Health Watch acted as a verifier for the grades that each stakeholder group gave to CoCH in a final meeting. This resulted in 17 EDS outcomes being rated as *Achieving* and the other EDS outcome being rated as *Excelling*.

In year 2013-2014, LGBT stakeholders lobbied CoCH to apply for the Cheshire and Merseyside Navajo LGBTI Charter Mark, a rigorous three stage assessment process involving a lot of internal commitment and external scrutiny by LGBT assessors. LGB staff were recruited to join the growing number of external LGBT stakeholders in the Trust's Gender & Sexuality Equality Group and staff participated in IDAHO, WAD and Pride events. CoCH also faciliated Health and Wellbeing forums for LGBT people in 2012 and 2013 at Encompass LGBT, a regional LGBT community forum.

In the third year of 'EDS 2', all the engagement and service improvement work led to positive feedback from local LGBT communities and LGB stakeholders participated with Trans to undertake the EDS2 assessor roles for year 2013-2014. CWaC Health Watch acted as a verifier for the grades that each stakeholder group gave to CoCH in a final meeting. This resulted in the high equality performance grades being retained for a successive year, with 17 EDS2 outcomes being rated as *Achieving* and the other EDS outcome being rated as *Excelling*, even though some new, more challenging outcomes were introduced in EDS2.

When the final Navajo assessment phases of patient, executive and staff interviews and physical evidence inspection were completed by May 2014, the work that CoCH had done in securing LGBT participation in the EDS was a significant factor in the Trust being awarded the Navajo LGBTI Charter Mark for 2014-2016. Thus fulfilling the mandate given to the Trust by its LGBT internal and external stakeholders in the Gender and Sexuality Equality Group in 2013 and evidence that via the EDS work over a three year period, the Trust could honestly assert its LGBTI inclusivity and commitment. In October 2014, a third annual Health and Well-being Forum for people identifying as LGBT was facilitated at Encompass LGBT.

## What are you proud of and how has this benefited patients and/or staff?

Include any outcomes for patients, communities or staff.

CoCH is proud of its openness, transparency and absolute commitment to secure all protected characteristic groups participation in the EDS. In acknowledging there was no authentic LGB community stakeholdership in CWaC in the first year of the EDS

and working from scratch with partner agencies to set up a steering group, engagement plan and website, in year 2 of the EDS, CoCH could authentically involve LGB stakeholders in the Trust's equality governance and EDS equality performance assessment.

We are proud to have recruited internal and external stakeholders from the LGBT communities to our Gender & Sexuality Equality Group,( as indeed stakeholders from across the range of the protected characteristics participate in our other equality groups for *Culture, Faith & Belief, Age Equality & Adult Safeguarding* and *Disability Equality*) and have two external joint Chairs from TransForum and Unique TG to steer the LGBT equality agenda and provide assurance to our own LGBT staff and patients that they matter and can make a difference.

The work undertaken to secure the Navajo LGBTI Charter Mark is one of our great equality achievements and our Board of Directors, Governors and staff take pride in this. The pursuit of Navajo accreditation was in a significant part due to feedback from EDS assessment from LGBT stakeholders, in year two of the EDS.

The work also gathered CoCH staff and other staff from local NHS agencies to march as a united NHS group in the inaugural Chester Pride parade in October 2014. CoCH will commemorate Transgender Day of Remembrance in November for the first time in 2014 and will lead WAD activities for a fourth successive year.

#### How was this achieved?

Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.

Ensuring that one can secure EDS performance from an authentic and representative corpus or range of groups is one element in the equation. This can be achieved only be a dedicated commitment to include minority communities in the equality governance of the Trust from the outset and before they are asked to take part as EDS assessors.

The Executives and Council of Governors must be fully behind this commitment, so appropriate methods and approaches are needed to bring them on board in a creative and positive manner. They should also be reassured that transparency and partnership building will bring about ownership and commitment from protected groups, be they internal or external stakeholders. That the E&D lead has the vision and skill set to engage with and include stakeholders to facilitate inclusion and attain measurable outcomes.

The E&D lead needs to utilise a range of communication methods to give the whole Trust workforce and partner agencies the clear equality message and how EDS fits into this. That via the EDS, the staff, volunteers and Governors have a big say in how equality performance around Workforce and Leadership domains is assessed. So internal stakeholder recruitment is another key element but they need to know what they are doing and what it is in it for them.

Partnership working with other public sector agencies is also essential. A mutually predetermined joint engagement strategy of activities and information sharing brings about focused and authentic results. It avoids organisations from protected groups being over-visited and being saturated by different agencies. It also facilitates a wider range of engagement options and facilitates each respective agency to build on the links they may have established with protected groups. So there is an economic benefit to this approach, in terms of reduced cost.

Clarity and simplicity has worked for me at CoCH. So communication should be succinct and plain. Evidence should be generated to match this and reasonable adjustments must be considered. Techno speak and ornate Dashboards are of little or no interest to most external or internal stakeholders. In some cases they eliminate inclusivity or alienate stakeholders. Neither are over simplified power point presentations which lie at the opposite end of the scale. Evidence must be available and it must be real and transparent. Stakeholders should be respected and not be patronised or hoodwinked.

### Top tips:

### What learning could other organisations take from your example above?

CoCH set out to be inclusive and transparent right from day one. This can only be done with support from the whole organisation and an assurance that it will lead to change. Even if that means a two to three year turn around.

Facilitate internal and external stakeholder participation. Not just in EDS2 assessment phases but in establishing an active and inclusive equality governance framework. This will develop over time and bring about big improvements and it will secure accountability and ownership from the protected groups. It will challenge more as it matures but it will also grow in its capacity to manage adversity and bring about improvement and innovation.

As I mentioned before. Communication is key. Assessing how to communicate and to whom is a crucial piece of this jigsaw.

Being honest. Don't be afraid to say you don't have the answers but always assert that you are willing to listen, learn and to act.