

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

NHS England and the Equality and Diversity Council are keen to learn about the outcomes that have been achieved for patients and staff as a result of your organisation's implementation of the Equality Delivery System for the NHS – EDS/EDS2.

We would like to showcase good EDS/EDS2 practice and outcomes on the Equality and Health Inequalities web pages hosted on NHS England's website.

Please return the completed form to [edc@nhs.net](mailto:edc@nhs.net)

| Your details   |   |
|--|---|
| <b>Organisation:</b><br><i>Name and type of organisation</i>   | South Devon Healthcare NHS Foundation Trust   |
| <b>Job title:</b>  | Equality and Diversity Officer  |
| <b>Contact details:</b><br><i>Name, telephone, email</i>   | Emma McCluskey<br>01803 656680<br>emma.mccluskey@nhs.net  |
| What are your organisation's Equality Objectives?<br>If published, please include the web link:  | <a href="http://www.sdhct.nhs.uk/pdf_docs/aboutus/equalityanddiversity/sdhft%20equality%20objectives%202013-2014.pdf">http://www.sdhct.nhs.uk/pdf_docs/aboutus/equalityanddiversity/sdhft%20equality%20objectives%202013-2014.pdf</a> |
| Would you be happy for your contact details and equality objectives to be published on the Equality and Health Inequalities Hub (for the purpose of sharing good practice only)? | Yes   |

| Title of Case Study:  |   |
|---|---|
| <b>Employability Hub</b>  |   |
| <b>Which EDS Goal does your case study relate to?</b><br><i>Please tick all that apply</i>  | <b>Which protected characteristic(s) are covered by your case study?</b><br><i>Please tick all that apply</i>   |
| <input checked="" type="checkbox"/> Better health outcomes<br><input type="checkbox"/> Improved patient access and experience<br><input checked="" type="checkbox"/> A representative and supported workforce<br><input checked="" type="checkbox"/> Inclusive leadership | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Disability<br><input checked="" type="checkbox"/> Gender reassignment<br><input checked="" type="checkbox"/> Marriage and civil partnership<br><input checked="" type="checkbox"/> Pregnancy and maternity<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Religion or belief |

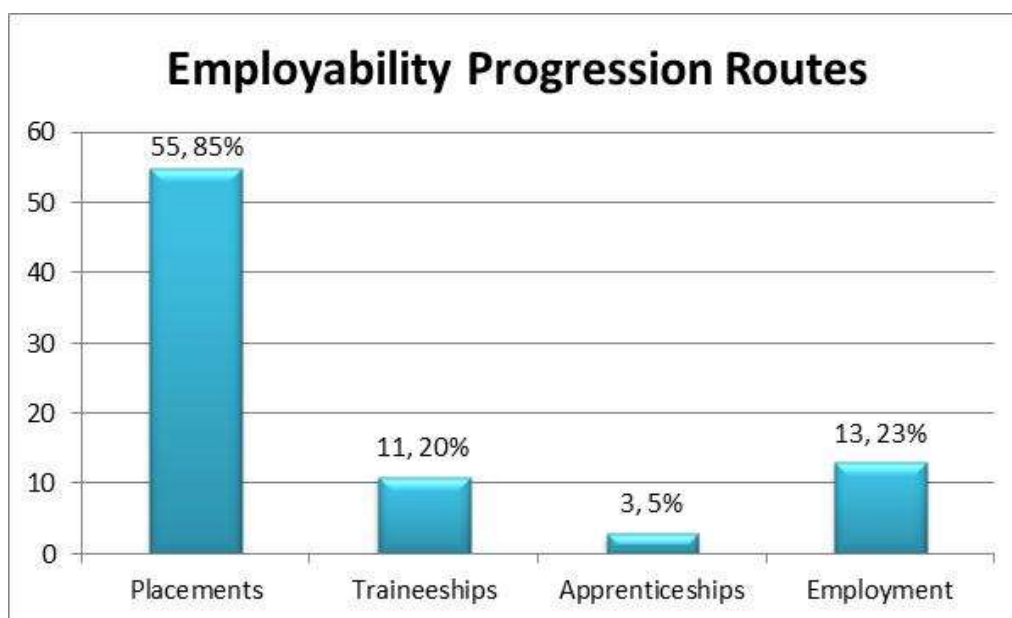
|  |   |
|--|---|
|  | <input checked="" type="checkbox"/> Sex<br><input checked="" type="checkbox"/> Sexual orientation |
| <p><b>Background information about EDS activity in your organisation:</b><br/> <i>Include a brief summary of how EDS/EDS2 is implemented in your organisation, including positives and challenges.</i></p>   |   |
| <p>The core components of the EDS are reflected through organisational objectives – SDHFT and TSDHCT are undergoing a process to become an Integrated Care Organisation (ICO), of which the three initial areas of improvement compliment the EDS outcomes. Specifically, providing fit-for-purpose transition arrangements between professionals, specifically for younger people to adulthood. EDS2 is mainstreamed into organisational practice through the use of equality analysis.</p> <p>Equality analysis of specific services has enabled staff to consider how some groups of people may experience less favourable treatment than the general population. The action plans implemented as a result have led to significant reductions in the inequalities and risks to health of such groups (<a href="#">examples attached</a>).</p> <p>There are however, challenges to mainstreaming equality analysis and ensuring staff understand the relevance. We stress that equality analysis must be proportionate and meaningful and thus aim to incorporate it into existing processes wherever possible (audits, business cases etc). Where staff begin to see equality analysis as an integral part of service design (instead of an add-on), greater value and more inclusive patient experience can be achieved.</p> <p>Continuous engagement with a wide range of stakeholders is paramount to the successful implementation of the EDS. In order to improve lives and ensure services are accessible for all, we have established an Equality Reference Group for members of our local community to comment and feedback on service design and policy etc. Specifically, hard to reach groups are targeted to ensure that feedback received is representative however, with inclusion as a top priority for the Equality Reference Group, no individual is excluded from contributing.</p> |   |
| <p><b>What are you proud of and how has this benefited patients and/or staff?</b><br/> <i>Include any outcomes for patients, communities or staff.</i></p>   |   |
| <p>The Trusts are committed to becoming socially inclusive organisations, where diversity is valued, respected and built upon, with ability to recruit and retain a diverse workforce that reflects the communities they serve.</p> <p>Our Employability Strategy sets out a holistic approach to enhancing the employability and personal development of our future workforce. The recruitment and retention of diverse talent is critical to provide personal, fair and diverse services as well as promote the value of inclusion. The key element of the employability strategy is the development of an ‘Employability Hub’. This ‘Hub’ will support the delivery of joined-up services, which are appropriate to the needs of the local population, and are accessible for all.</p> <p>The Trusts will focus on supporting disadvantaged/protected groups (for example,</p>  |   |

those that are homeless, those that face social exclusion, and people who have a disability) to improve their employability. We aim to provide access to work placements to develop people's knowledge, skills and experience. The Hub will facilitate partnership with local stakeholder organisations that will be able to refer individuals into the Hub. The Hub will establish protocols and introduce mechanisms to manage progression.

The benefits of this strategy are immeasurable – the individual becomes more likely to gain suitable employment and be successful in their chosen occupations. This should benefit themselves, the workforce, the community and the economy. We know that research shows that NHS experience on a CV together with an employment reference (provided through the Hub) is likely to be attractive to future employers. We also recognise the importance for ex-offenders to return to work meaning they are less likely to re-offend. Furthermore, supporting an individual to use their skills will help them to feel valued, improving their mental health and general wellbeing. As such, the benefits stretch to reach the wider society, reducing inequalities in health, education and employment.

It is thus evident that this Strategy for Employability will positively impact on the individual and wider society, reducing the demand on other public sector organisations (e.g. police). Internally, this strategy has the complete commitment of the Board and senior leaders and ensures managers support their staff to work in culturally competent ways.

The below graph shows the progression routes in the last 9 months from January to September 2014:



Read our first success story [here](#).

### **How was this achieved?**

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

As with any new initiative it is challenging to reach all areas of the organisation to get the full support and dedication to the programme. In order to support our candidates, we need the full support of the organisation and all staff within it. Managers must see the potential that our candidates have to offer and staff must not be hesitant to mentor and support someone with different needs.

As in many NHS organisations, there is a commitment to support a number of unpaid placements. In our organisation this is an even tougher challenge. In addition to our commitment to offer medical and nursing students and work experience placements for schools and adults, we also have a commitment to Project Search and Devon Studio School (both providing education to students on site). Asking managers to support additional candidates (often with more complex needs) can often be daunting and sometimes perceived as more of a hindrance than a help. With increasing financial austerity, managers must be encouraged to think more innovatively to not only sustain, but improve, productivity.

For us, this creates an opportunity to really sell the skills and contributions of our candidates. The numbers of success stories already have provided us with a pool of managers who are true advocates and share their practice and experiences on a regular basis.

Whilst our Employability Hub is designed to support those furthest from the labour market, we would never decline a referral (unless there was a specific reason for doing so). However, this is itself produced some challenges in the early formation of the Hub. Initially, we designed eligibility criteria to ensure that we could prioritise those who would benefit most from an opportunity (as there do tend to be more referrals than available placements). This however proved to be difficult as people were referred into the Hub for a number of reasons and prioritising became difficult. We have thus resulted in processing applications as they arrive and use our best judgement for any priority cases.

We are fortunate that we had been supporting Project Search for nearly two years before the Employability Hub launched which allowed us to share learning with both the national (and international) teams and local supportive employment agencies. We were therefore able to replicate and develop best practice ideas and transfer some of the learning to the Employability Hub. The final hurdle is still under review – we need to ensure that appropriate sustainable support is in place for those candidates who successfully obtain employment within the organisation. We appreciate and recognise that the complex issues that some people may bring to the organisation will continue into employment. We therefore must ensure that we have robust mentoring and coaching programs in place to support those most at need.

**Top tips:**

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

The introduction of an Employability Hub has been a steep learning curve and we will continue to develop services/processes. Strong engagement with partner organisations is essential to ensure that candidates entering the organisation are ready to work. A robust referral process (including a pen profile of the individual) has been essential to ensure that any reasonable adjustments can be made prior to the commencement of the placement.

We must recognise that people don't stop being vulnerable as soon as they enter employment - ensure strong support mechanisms are in place for those most at need before accepting referrals.

The benefits in recruiting and supporting a diverse and representative workforce should be shared wherever possible to gain the support of all managers/ leaders. A manager's forum where best practice, support and the challenges involved can be explored and shared in a safe, open environment could be immensely valuable to the learning and development of the programme.

### **Example of best practice on implementation of EDS2:**

The Diabetic Retinal Screeners noticed poor attendance from patients with learning disabilities. To address this, staff visited patients at home to talk through the process, show images of the equipment and practice eye drops. Patients were invited to see the equipment prior to their appointments. Following extensive work, the attendance rate has increased from 59% to 95%.

Similarly, following an equality impact assessment, our Abdominal Aortic Aneurysm (AAA) screeners became aware that transgender individuals may experience health inequalities. AAA screening is designed for men in their 65th year and every subsequent two years. Male to female transition patients would not be alerted to this screening (if their gender identity on the national computer is female). We have therefore engaged with our local transgender community to highlight that transgender individuals will need to self-refer. Taking positive action and sharing this good practice will benefit a number of other groups.

### **Example of challenges on implementation of EDS2:**

Our public health teams are concerned about social deprivation and the direct correlation with health inequalities. Some teenage mums are less likely to be able to provide for their young families and in some cases lack the relevant skills (i.e. cooking). A healthy diet can have great benefits to ensure the healthy future of a young child; however, many young families believe that convenience foods are a cheaper option. NHS/ Council staff across Torbay offer sessions for such groups on how to prepare fresh meals on a low budget.

Discharging patients who do not have suitable accommodation has serious consequences for their follow-up treatment and referral to other services. The Trust is involved in a project called "Bay6" working with Community Housing Aid to identify homeless patients early to streamline the housing application process. The project aims to support homeless patients when they are discharged from A&E to ensure that their health and treatment plans can be improved. However, the project's funding is limited so the Trust needs to identify longer term strategies to support this patient group.



### Fiorendo- Chef

There are many people with the skills and competencies to thrive in the various employment sectors in Torbay and most of us take for granted the job application process as a means to securing employment, but for someone who is homeless there are multiple barriers even though they may possess the experience and training required of a post.

Fiori, a skilled and talented chef with a passion for not only creating food but also encouraging the social ambiance of eating together, making and sharing time and passing on cultural food knowledge was unemployed and homeless.

Fortunately he was allocated a room at a local hostel and quickly engaged with Shekinah's Re:work project. It soon became clear that Fiori was a ready and ideal candidate for Re:work's partnership with the Torbay and South Devon's NHS Employment Hub where he started a four week unpaid placement in the catering department. Fiori was now able to use his skills and gain invaluable experience working in a large catering team. It was evident quite early on that Fiori excelled in his role and was subsequently offered a paid Traineeship through Pluss. Fiori was now being paid for 18 hours per week at national minimum wage for 12 months. At this point, his accommodation moved on from the hostel with all the budgeting, benefits and financial considerations actioned – Fiori was no longer homeless.

As part of his role, Fiori has been supporting our Head Chef to teach other people from disadvantaged backgrounds how to cook and live healthier lives. Feedback from these sessions noted how Fiori had really understood the needs of the people he was working with and found effective ways to communicate and teach them new skills. We are now advertising for an Apprenticeship in the catering department which we hope Fiori will apply for.

Gateway number: 02206

On a number of occasions, Fiori has been asked to speak at both internal and public events and always speaks of his gratitude for the support from Shekinah and all others involved. Fiori is a wonderful gentleman who is a joy to work with. He always greets people with a smile and is truly a role model for the organisation. The contributions that Fiori has made to the organisation are immeasurable and we could never have imagined the positive outcomes experienced by all.