Meeting Title: Equality Group	Date: 10th September 2015
Time: 11.00am-1.00pm	Venue: Boardroom, Trust Headquarters

Present:
Alison Mayfield (AM), Deputy Chief Nurse (Chair)
David Bruce (DB), Vice Chair for North Yorkshire Physical Sensory Board
Dawn Walsh (DW), Strategic Health Facilitator, TEWV
Angie Colvin (AC), Corporate Affairs & Membership Manager
Caroline Reid (CR), Business and Quality Officer, Urgent Community and Cancer Care Directorate
Lesley Simpson (LS), Patient Voice Group Representative
Geoff Marshall (GM), Senior Human Resources Officer
Pamela Allen (PA), Governor
Andrew Newton (AN), Physical and Sensory Impairment Reference Group
Amanda Russell (AR), Governance Officer Elective Care Directorate
Carol Giblin (CG), Community & HR Coordinator Carefound Home Care

Minutes: Natasha Wilson, Personal Assistant (NW)

Item	Discussion and Actions captured	Action
1.	**Apologies and introductions** • **Apologies** Brian Quinn - British Humanist Association, Sarah Hughes - Health Visitor, John Goss - Access Group Harrogate & District, Jane Thurlow - Senior Manager York Wheelchair Centre, Bob Tunnicliffe - Harrogate Deaf Society and Janet Farnhill - Senior Nurse - Adult Safeguarding/Named Nurse - Learning Disabilities. • **Introduction from Alison Mayfield, Deputy Chief Nurse – New Chair of Equality Group** AM welcomed everyone to the meeting and gave some brief background about herself. AM has been in post as Deputy Chief Nurse for 4 years having started her nursing career at Leeds General Infirmary. AM was a Ward Sister for 11 years at HDFT progressing to a Matron then Associate Chief Nurse role.	
2.	**Standard and Easy read minutes of the last meeting held on 16th June 2015** The minutes were agreed as a true and accurate record. DB said that the Easy read minutes were much better and N Wilson was thanked for producing these. The group discussed matters not on the agenda as follows:	

	• **Deaf Awareness Training** GM advised that the training had taken place, 9 people had attended from various departments across the Trust and the next training session takes place in January 2016. Training sessions reduced to half a day as more suitable for staff. DB shared some concerns following recent stays at HDFT surrounding the lack of staff awareness about his hearing difficulties. AM would feedback these concerns to the Adult Inpatient Matrons and Senior Nurse/Matrons meetings.	**AM**
3.	**Matters arising:** • **Eyes and Ears icons** AM said that she had taken examples of these icons to the Adult Inpatient Matrons meeting and Matrons were happy to use a selection of icons, including those that Janet Farnhill had developed and the icons previously developed. Patients could then choose which symbol they would like displayed, if they wanted this. Matrons Lesley Danby and Annie McClsukey would action this. DB said that he was never asked about the display of a symbol or large print menus whilst he was in hospital. AM would establish if the question regarding symbols and menus were being asked on wards and to check if explicit on the nursing documentation. GM felt it was important to acknowledge that AM was able to direct the issues raised by the Equality Group to Matrons and Senior Nurses. DB asked if the 1:1 hearing loops were still available at HDFT as he had asked about these whilst in hospital and staff did not appear to know about these. GM advised that these systems were still available and were supplied via the Equipment Library and staff needed to be aware of this. AM would raise and cascade this. The group then went onto discuss the fitted hearing loop in the Boardroom, Trust HQ and asked DB for his feedback. DB struggled to hear those at the back of the room. GM would follow this up with the Estates Department who would speak to the installation company. • **Flagging for patients with a hearing impairment**	**AM** **AM** **GM**

AR shared an update on progress made as follows:

- Audit undertaken in the department asking patients if they would be happy for a flag to be put onto the electronic system, iCS. All patients asked were happy with this.
- Confirmation that consent needs to be documented in the clinic notes when a patient agrees for a flag to be placed on their electronic file.
- Interviews taking place week commencing 7 September for an administrations clerk that will be responsible for flagging.
- Patients will be highlighted through the audiology clinic to start with.
- Need agreement from the Information services team that the flag has been added to iCS.
- Work instructions to be given to the clerk when in post.
- Communication to go out via Daily Bulletin.
- IT are working on any iCS flags being automatically uploaded to Patientrack which is the new electronic patient observation system being used on the wards.
- Liaison will take place with the Ophthalmology team who were doing similar work with patients with visual difficulties.

- **Flagging for patients with learning disabilities**

  An update on progress was received from Janet Farnhill as follows:

  How do we flag?

  - There is a Learning Disabilities 'LD' flag that we can add to a patient with LD's electronic record. In the process of finalising information sharing agreement with Tees, Esk and Wear Valley (TEWV) which will allow their LD team staff to share information with HDFT that someone has a LD with their consent. There is a flagging form that they will complete for this.
  - If someone is admitted or attends Emergency Department, staff can ask them if they would like the flag added.
  - Janet had written out to all the care homes for people with LD to ask if they would ask residents, if we can add the LD flag to their records.
  - If someone is unable to consent a best interest decision can be made.
  - So far there are 134 patients with an LD flag on their record.

	Why do we flag? ○ If there is a LD flag on a patient's record staff can immediately see if there are any reasonable adjustments that need to be made for that patient e.g. longer first appointment, have they extra care needs? ○ The named nurse for LD receives an email every time someone with a LD is admitted so they the ward can be supported to make reasonable adjustments. ○ We can tell everyday who is in hospital with a LD ○ We can audit to check that people with LD are receiving the care they need and that reasonable adjustments are being made. DB said that Janet Farnhill had visited him whilst he was in hospital and he found her visit helpful. • **Disabled toilet at Knaresborough Wheelchair Equipment Store** CR to pick up on issues raised by John Goss at the last meeting regarding the differing requirements. This would be picked up outside of the meeting.	**CR**
4.	**Workforce Race Equality Standard** GM tabled the completed race equality template at the meeting. This was the first year the information had been requested in this way. This includes information about the organisation, background narrative, total numbers of staff, self-reporting and workforce race equality indicators. There are 9 questions in total and the standard template will be completed every year. AN asked if the standard would affect recruitment decisions in the future. GM advised that recruitment was based on the person's ability to do the job and should not impact adversely any group. The bullying and harassment results experienced by BME staff showed inequality and would need to be kept under review and improvements made. AN asked how the data was collected. GM advised that data was collected from the electronic staff record, the national staff survey and the electronic recruitment system. As the information will be gathered each year, it will be possible to follow trends and concentrate on problem areas.	

5.	**Equality Delivery System** As reported at previous meetings, this is a new standard that the Trust has to complete. This will be bigger than the Workforce Race Equality Standard in terms of gathering the required evidence and information. The Trust will in due course be sharing the evidence with key stakeholders and users to assess levels of Trust compliance with the standard and seeking user support and debate on its own judgements on compliance. AM, GM and the Deputy Directorate of Governance had met to discuss how evidence would be gathered.	
6.	**Review of the Equality Group** Concerns had been raised at the last meeting about the group's function and poor attendance at meetings. It was therefore appropriate to review group objectives, membership and terms of reference. This group now reports to the Learning from Patient Experience Group where any concerns or items that require escalation can be raised. AM asked for feedback from the group. CG apologised that she had not attended the meeting for a while but felt passionate about the group and felt it should continue to work in the way it does. AN felt that the group's prime purpose was Equality and Diversity and ensuring equal access for all, reviewing improvements that can be made and gaining user feedback. CG felt it was important to share good practices as well as the bad. GM agreed and suggested that the Equality Delivery System would enable us to share good practice. AN also agreed and suggested providing feedback regarding the improvements to the Easy read minutes and perhaps communicating this to other areas across the organisation. AN asked if future talks and speakers would impact equality and if the Equality Group was the right group for these talks. PA felt that there could be difficulties with time allowances when producing talks etc. DW suggested that it may be useful to have specialist talks when issues arise. AM referred to the terms of reference and reaffirmed that the group's purpose was to reflect public and staff involvement and she was aware that there was no regular BME representation at	

	the meetings. AC said that there were a lot of members who wanted to become involved with the Trust and they could provide feedback on equality issues. LS advised the previous Patient Voice Group representative had felt there was lack of progression and feedback on actions. GM recognised this and felt it was useful to know about things that were working well/not so well, being realistic about timescales and ensuring that issues/actions are revisited, so they are not lost. DB asked about the changes places facility. GM advised that this was included in the Trust's 5 year plan and would be part of the upgrading of emergency services scheme. The changing places facility would then be planned to the full specification. It was agreed that the group should have a speaker as/when required. AN asked about an update from Ripon Community Hospital outpatients as he had raised a concern at a previous meeting regarding a change in an outpatient appointment service. CR advised the majority of clinics at Ripon outpatients are run by the Elective or Integrated Care Directorates and schedules would depend on capacity. PA referred to the requirement for 2 governor representatives in the terms of reference. After discussion it was agreed that only 1 governor was required. Following the discussion AM agreed to follow up on: • Change in clinics at Ripon hospital. • The review of terms of reference. • Review of membership.	**AM**
7.	**Future talks and speakers** As discussed above.	
8.	**Synopsis of meeting** DB raised issues about outpatient appointment letters sent in small print. He had spoken to the department requesting a large print and he had received an abrupt answer that the font could not be changed. AM would investigate further. CG asked if there could be a discussion about safe discharge back	**AM**

	into the community at the next meeting. AN would like an update on the Vanguard status. AN would also like an update on community services. All to go onto next agenda. AC told the group the Medicines for Members event that was taking place on 21 and 28 October and the topic of discussion was about the role of Community Midwife and Health visitors. AC suggested that it would be good to liaise with other Trust's to see what they are doing in terms of Equality. AM would speak to colleagues at York and Leeds hospitals.	**NW** **AM**
9.	**Items to escalate to the Learning from Patient Experience Group** To share good practice about the Easy read minutes and the resulting positive impact.	**AM**
	The next meeting will be held on: **Date: Tuesday 15th December** **Time: 11.00 am – 1.00 pm** **Location: Boardroom, Trust Headquarters.**	