

Meeting Title: Equality Group	Date: 15th December 2015
Time: 11.00am-1.00pm	Venue: Boardroom, Trust Headquarters

Present:

Alison Mayfield (AM), Deputy Chief Nurse (Chair)
John Goss (JG), Access Group Harrogate & District
Brian Quinn (BQ), British Humanist Association
Caroline Reid (CR), Business and Quality Officer, Urgent Community and Cancer Care Directorate
Lesley Simpson (LS), Patient Voice Group Representative
Angie Colvin (AC), Corporate Affairs & Membership Manager
Pamela Allen (PA), Governor
Dawn Walsh (DW), Strategic Health Facilitator, TEWV
Bob Tunnicliffe (BT), Harrogate Deaf Society
Geoff Marshall (GM), Senior Human Resources Officer
Amanda Russell (AR), Governance Officer Elective Care Directorate

In attendance:

Sylvia Wood (SW), Deputy Director of Governance
Natasha Wilson (NW), Personal Assistant (minutes)

Item	Discussion and Actions captured	Action
1.	<p>Apologies and introductions Introductions were made.</p> <p>Apologies received from Andrew Newton (AN), Physical and Sensory Impairment Reference Group, Janet Farnhill - Senior Nurse - Adult Safeguarding/Named Nurse - Learning Disabilities, David Bruce (DB), Vice Chair for North Yorkshire Physical Sensory Board and Carol Giblin (CB), Community & HR Coordinator Carefound Home Care.</p>	
2.	<p>Review of the Equality Group Following discussions about the Equality Group function at previous meetings, AM informed the group that there would be some strengthening of the governance structures surrounding equality and diversity within the Trust going forward. An overarching Trust Equality and Diversity group would be established which would meet monthly. The current Equality Group would become a stakeholder group and would continue to meet quarterly, reporting to the Trust Equality and Diversity Group. A separate Workforce Equality group led by Human Resource colleagues would meet regularly and feedback to the Equality and Diversity group. The overarching group will lead on initiatives such as the Equality Delivery System 2 (EDS2) and the Accessible Information Standard. The subgroup would have a strengthened mechanism for</p>	

	<p>reporting. The proposed Terms of Reference for the Stakeholder group were circulated for comment and agreement.</p> <p>JG felt that membership of this group had declined and actions were sometimes not progressed, or took time.</p> <p>GM thought the new arrangements would help in ensuring that actions were progressed.</p> <p>BT asked if the overarching group would be action orientated. It was advised that the overarching group would review standards, take feedback and provide communication and to review and feedback on any items that may have been brought to attention by our group. SW reported that the new arrangements will give clear guidance on what the organisation wants to achieve in terms of equality and diversity. This would ultimately enable a stronger focus.</p> <p>JG asked about future planning for new developments and upgrading e.g. Endoscopy unit. GM will confirm with Angela Gillett about consulting JG and AN (Andrew Newton) as this group's representatives on planning matters.</p> <p>BT spoke about the hand held signs that are used within the meeting and asked for a 'Speak Up' sign. NW would produce a sign and ensure available at the next meeting in March.</p> <p>DW felt that the proposed structure was much improved. AC felt that it would be a positive move and the new overarching group would have an action log which could be shared with this group.</p> <p>Terms of Reference – Following discussion it was agreed to replace the word 'support' with 'contribute' under item 2, purpose of the group, which would better reflect the role of members. The membership of the group would be further considered to see if there are other interest areas which should be part of the membership. Updated terms of reference to be brought to the next meeting for ratification</p> <p>The group supported the changes and looked forward to the new way of working.</p>	<p><i>GM</i></p> <p><i>NW</i></p> <p><i>AM / NW</i></p>
<p>3.</p>	<p>Standard and Easy read minutes of the last meeting held on 10th September 2015</p> <p>The minutes were agreed as true and accurate record subject to a minor typographical amendment on the standard minutes.</p>	

4. **Matters arising:**
- **Disabled toilet at Knaresborough Wheelchair Equipment Store**
CR confirmed that JG's comments had been passed onto the service area responsible for the store.
 - **Eyes and Ears icons**
AM confirmed that these were available to use with the patient's agreement. BT asked if the icons differentiated between hard of hearing or BSL (British sign language) user. AM advised that a selection of icons were available on wards and it was the patient's decision on which icon they wanted displaying. BT was still concerned over the simple 'ear' icon and how people would know what it meant. It was agreed that AM would meet with BT outside of the meeting to discuss this further.
 - **Large print menus**
AM confirmed that all wards have menus. If a patient has a visual impairment, they can have the menus in large print, or the menu can be read to them.
 - **Hearing loops**
Work is in progress regarding the best solution for the hearing loop in the Boardroom, Trust Headquarters.

With regard to the 1:1 hearing loop (personal system). The originals which had been forwarded to the Equipment Library were complicated and needed several hours pre-charging. NW had borrowed one of the more recently provided units (currently held in the Emergency Department and Outpatients Department) on BT's prior request for viewing in the meeting. BT said that the equipment was difficult to use. To have further discussions outside of the meeting.
 - **Changes in clinics at Ripon hospital**
AR confirmed that clinics had not changed and anyone could have an appointment at Ripon hospital should they wish.

JG commented on the lift at Ripon hospital as it is not user friendly. This is an ongoing issue.
 - **Equality and Diversity at other organisations**
GM said that information on EDS2, the Accessible Information Standard and WRES were dominating Equality and Diversity at the moment.

AM

<p>5.</p>	<p>EDS2 (Equality Delivery System) – overview by Dr Sylvia Wood, Deputy Director of Governance</p> <p>The purpose of EDS2 is to help local NHS organisations review and improve performance for people with characteristics protected by the Equality Act 2010. There are 4 goals, including better health outcomes, improve patient access and experience, a represented and supported workforce and inclusive leadership. There are 18 outcomes for NHS organisations to assess and grade their performance.</p> <p>A series of steps have been identified. In responding to these steps, HDFT is progressing them as follows:</p> <ul style="list-style-type: none"> • Review of governance arrangements. • Identification of local stakeholders. • Assembling evidence to enable self-assessment. • Planning a meeting with local stakeholders to agree grades. • Publish results by 31 January 2016. <p>There are resources available, including Easy read versions produced by NHS England at: https://www.england.nhs.uk/about/gov/equality-hub/eds/</p> <p>Since April 2015 all NHS organisations are required to use EDS2. HDFT had not used EDS1, but had evidenced its compliance with the Equality Act through a report identifying areas of good practice which had been brought to the Equality Group for agreement each year.</p> <p>BT asked who the equality stakeholders were. Stakeholders can be anybody who has an interest in Equality and Diversity from any organisational body. BQ asked about grading. Grading would initially give a baseline and a level from which to move forward.</p> <p>There would be a stakeholder event taking place in January 2016. Members of this group would be invited and other organisational representatives would be involved.</p> <p>The outcomes from EDS2 would be publicised on the HDFT intranet site.</p>	
<p>6.</p>	<p>Accessible Information Standard</p> <p>This is a new standard to ensure that service users are provided with information or communication support appropriate to a disability or sensory loss. NHS organisations should ask users if they have information or communication needs, record those in a set way, highlight or flag a person's file or notes, share needs</p>	

	<p>information with other departments and take steps to ensure that users can access and understand the information and receive support if they need it.</p> <p>AM and GM had met with the Information Services Manager responsible for Medical Records to understand current systems with regards to a concern raised at the last meeting about the font size of Outpatient Appointment letters not being increased on request. The existing appointment system did not retain information to allow letters to be printed in larger font for future appointment letters. GM advised that a new letter project for outpatient appointments would give more flexibility and was introduced from November 2015. A timetable would be developed to cover all electronic systems holding patient appointment data.</p> <p>JG queried if this new project would allow for information such as; wheelchair user so that necessary arrangements can be made prior to appointments. This could be a potential option for the future.</p> <p>AR had no additional update with regards to flagging for patients with a hearing impairment and confirmed that there was no flagging in place at this time. It was agreed that AM, GM, BT and AR would meet outside of the meeting to consider all the hearing related matters.</p>	<p><i>AM / GM / BT / AR</i></p>
<p>7.</p>	<p>Future talks and speakers Community services representative invited to speak at the next meeting in March 2016 about Community Services, Vanguard and Patient Discharge arrangements.</p>	
<p>8.</p>	<p>Matters raised for future meetings JG reiterated the progression of actions and implementation.</p> <p>GM advised that this was his last meeting as he was retiring at the end of February 2016. There would no Human Resources representative at future meeting as HR had established the new Workforce Equality Group (as mentioned at item 2). AM thanked GM for all his hard work and input into the group over the years.</p>	
<p>9.</p>	<p>Items to escalate to the Learning from Patient Experience Group</p> <ul style="list-style-type: none"> • GM’s contribution. • Governance arrangements. 	
<p>10.</p>	<p>2016 meeting dates Circulated.</p>	
	<p>The next meeting will be held on: Date: Monday 7th March 2016 Time: 11.00 am – 1.00 pm Location: Boardroom, Trust Headquarters.</p>	

