**Equality Objectives Review using EDS2 outcomes 2015 – 2016**

In 2012 the Trust agreed a set of Equality Objectives following significant:

* Collection and analysis of evidence including workforce data, patient satisfaction surveys, patient and census data.
* Analysis of local health inequalities information.
* Community engagement and consultation with local voluntary, community and faith sector partners, staff and service users from provider NHS Trusts and the Primary Care Trust.

These objectives are and a summary of some of the evidence is published on the BDCFT website.

This process was carried out in partnership with Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust and the Bradford and Airedale Primary Care Trust (PCT). The Equality Objectives have provided the focus for BDCFT’s equality work over the past four years. The Clinical Commissioning Groups subsequently adopted some of the relevant Equality Objectives in 2013 as well as and developing some new ones that related specifically to their role.

These are shared publically and can be found on their websites <http://www.airedalewharfedalecravenccg.nhs.uk/about-us/equality-and-diversity/>

As some of the priorities identified are large scale and will only be resolved in the longer term they are still relevant.

In Autumn 2015 the same partnership opened up a consultation that asked for feedback on whether the 2012 – 2016 Equality Objectives were still a priority and why, if they were still a priority what specifically should the partnership focus on delivering and what evidence they had (if any) to support that.

An electronic survey was developed and circulated widely, presentations were given to the CCG patient and public engagement groups, the voluntary, community and faith sector Equalities Forum and Health and Wellbeing Forum and to internal staff groups from the 3 provider Trusts and the CCG’s. Members of those groups were asked to circulate information widely.

156 electronic survey responses were received from a range of different stakeholders and was added into feedback collected at the presentations and in intelligence presented and collected at panels held over the last four years. A summary of the feedback is provided below. A more detailed version is available from the Equality Team.

* Progress has been made in Trans Equality; it should still be a priority but embedded within a broader objective.
* More coordinated progress could be made with specific projects in improving Black and Minority Ethnic (BME) service users’ access and experience of services across the NHS economy.
* Mental Health is a high priority not just for mental health Trusts but for the whole health economy. Specific mention was given to perinatal mental health, GP awareness, A&E mental health awareness, BME patients’ experience, young people’s awareness of mental health and physical health.
* Gypsy and Traveller communities need specific projects to improve health outcomes.
* Gender pay gap focus – particularly as it will be an Equality and Human Rights Commission requirement in 2016.
* Increase involvement of young people in the process.
* Improve access and experience of sensory impaired service users is very important – the Accessible Information Standard provides a framework for that to be delivered.
* Reduce inequality experienced by BME staff and applicants is a high priority and can be delivered using the National NHS Workforce Race Equality Standard (WRES).
* Increase the diversity of Trust Boards is an important objective but can be subsumed into the WRES delivery plans.
* An objective needs to be included for improving access and experience of older service users and service users facing rural isolation.

The feedback and evidence has been analysed and a set of proposed shared objectives agreed by the Equality Delivery Steering Group members – BDCFT, BTHFT and AFT. The CCG’s will use this as the basis for their objective review in 2017.