

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.

Your details
<p>Organisation: St George’s Healthcare NHS Trust</p>
<p>Name/Job title: Wilfred Carneiro Equality and Human Rights Manager</p>
<p>Contact details: <i>Name, telephone, email</i> Wilfred Carneiro 0208 725 4175 Wilfred.carneiro@stgeorges.nhs.uk</p>
<p>What are your organisation’s Equality Objectives? If published, please include the web link: https://www.stgeorges.nhs.uk/about/living-our-values/equality-and-human-rights/</p>
<p>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</p>

Title/Theme of Case Study:	
<p>Midwifery Services Transformation / Inclusive Leadership</p>	
<p>Which EDS Goal does your case study relate to? <i>Please tick all that apply</i></p>	<p>Which protected characteristic(s) are covered by your case study? <i>Please tick all that apply</i></p>
	<p><input type="checkbox"/> Age</p>

<input checked="" type="checkbox"/> Better health outcomes <input checked="" type="checkbox"/> Improved patient access and experience <input checked="" type="checkbox"/> A representative and supported workforce <input checked="" type="checkbox"/> Inclusive leadership	<input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input type="checkbox"/> Religion or belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation
<p>Background information about EDS activity in your organisation: <i>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.</i></p>	
<p>What are you proud of and how has this benefited patients and/or staff? <i>Include outcomes for patients, communities or staff as a result of using EDS/EDS2.</i></p>	
<p>The Midwifery Futures Transformation programme is a series of interlocking programmes and work-streams that are underpinned by inclusive leadership and affirmative action. The core principles are based on mutual respect and clear expectations of professional standards across the patient pathway. By listening to women and their partners, engaging with the staff and investing in the workforce, we have by working together, transformed the service as one of those with a poor reputation to one that received an Excellent rating in a 2014 CQC inspection.</p> <p>The principle aim of transforming the Midwifery Service is a work in progress. However several key achievements have been realised through our journey. Staff morale, inter-staff relationships and staff retention has improved. More importantly, the clinical and patient experience outcomes have been transformed. In 2013, the service achieved a stage 2 accreditation with the UNICEF Baby Friendly Initiative, which was followed in March 2014 with a stage 3 UNICEF award. In 2013, a Level 3 CNST level was achieved for the service, which was an independent recognition to the safety and assurance of the service. In response to a greater recognition for FGM services, based on changing demographics locally, we introduced a dedicated 'Opal Clinic' providing culturally sensitive service for women affected by FGM. Finally, the rating of 'good overall and outstanding' for compassionate care by a full CQC inspection with the comment of "safe, effective, responsive and well-led services to women" (CQC Inspection Report, April 2014) shows that the transformation of this vital service is now established and will be maintained through strong and inclusive leadership. We are sharing our experience and process of this transformation with other midwifery units across London and continuing to invest in the full potential of all staff within the service.</p>	
<p>How was this achieved? <i>Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.</i></p>	

Planning and preparation: The planning and preparation for this programme has been considerable. The programme uses the Equality Delivery System (EDS) objectives and outcomes for staff which are expressed through CAREFUL values and behaviours. CAREFUL stands for Committed, Active, Responsive, Energetic, Focused, Uniform and Leading. We conducted a robust assessment of evidence against National Frameworks for Midwifery services and reviewed operational practice against our HR policies. We set up a high-level BME Midwifery Advisory Group in 2011 with its own action plan the plan supported the establishment of a BME Midwifery Network. The network launched in March 2013 with a Network Action plan for 2013-14. Alongside this, we conducted a staff and skills mix review and restructured the midwifery workforce and management team. We have conducted on-going reviews of the transformation programme to ensure it is adaptable, recognises change and is able to adapt while keeping its core principle in place : to give women the most positive birth experience that we can.

Who was helped and how? The first principle of leadership is to help others succeed. In order to do this, the trust engaged Rudi Page, an external facilitator with a strong record in grass roots empowerment and BME leadership. The facilitator spent a few months talking to various stakeholders through all levels of the service and was assisted by an 'internal thinking partner' to establish an honest dialogue with all involved. Midwifery staff were encouraged to be honest in 1-1 meeting and in group discussions. Action learning sets and coaching sessions were put in place and individual learning and performance objectives were made explicit in Individual Performance Reviews. The discussions through the programme have consistently linked behaviours against the Trust values. Staff were encouraged and supported to identify service improvement initiatives.

Top tips:

What learning could other organisations take from your example above?

That true leadership requires a honest assessment of where you are – good and less positive

Be prepared to have challenging conversations and make difficult decisions – base these on evidence

You need the explicit and direct support of your HR Director and Senior Management team

That getting the trust of and engagement of front line staff takes resources, time and perseverance – we are not just about to begin year 3 of our midwifery transformation project

Give staff the opportunity and time to develop and refine their leadership skills, they are all leaders.

Gateway number: 02206

The Facilitator must be able to gain the confidence of both Frontline and senior staff and uphold the values of equity, and cultural understanding with suitable expertise