

# **EQUALITY DELIVERY SYSTEM**

## **EDS2**

**Final Assessment June 2014**

## Northampton General Hospital

### Summary of EDS2 Self-Assessment Final Approved June 2014

Goal	EDS Outcome	Care Group and Equality Leads assessment	Staff (Staff Side)	Local interests (PPI)	Overall rating
<b>1. Better Health Outcomes</b>	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	<b>G</b>	<b>A</b>	<b>G</b>	<b>A</b>
	1.2 Individual people's health needs are assessed in appropriate and effective ways.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
	1.3 Transitions from one service to another for people on care pathways, are made smoothly and with everyone well informed.	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
<b>2. Improved patient access and experience</b>	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
	2.3 People report positive experiences of the NHS.	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
	2.4 People's complaints about services are handled respectfully and efficiently.	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
<b>3. A representative and supported workforce</b>	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>

	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	A	A	A	A
	3.3 Training and development opportunities are taken up and positively evaluated by all staff.	G	A	G	A
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	A	A	A	A
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	A	A	A	A
	3.6 Staff report positive experiences of their membership of the work force.	A	A	A	A
<b>4. Inclusive leadership</b>	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	A	A	A	A
	4.2 Papers that come from the Board and other major Committees identify equality related impacts including risks and say how these risks are to be managed	A	A	A	A
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	A	A	A	A

**EDS2 Outcome 1.1 (EDS2 Goal 1 – Better Health Outcomes)**

**Services are commissioned, procured, designed and delivered to meet the health needs of local communities**

Northampton General Hospital (NGH) delivers services which are commissioned by the Care Commissioning Groups across Northamptonshire.

NGH is working collaboratively with the CCG and neighbouring Providers, including HealthWatch, to develop service specifications that are tailored to accommodate the growing requirements of our local community. All three service reviews are linked in with the NHS Outcomes Framework indicators, re: ensuring a positive experience of care, and to treat and care for people in a safe environment. The model that has been discussed at length is a tiered system that integrates primary and secondary care, whereby community-based “hubs” shall seek to deliver Consultant-led intermediate models, with more rapid access to the most appropriate healthcare professional. Patient self-management has been mapped out, including functions to signpost patients to charities and self-help support groups where appropriate, and with an emphasis on health promotion.

Commissioners provide national best practice guidance and the Trust delivers through NICE guidance, national service specifications, quality outcomes and clinical networks. In addition the Trust considers Royal College Guidelines and delivers best practice tariff. The Trust is monitored and delivers on these national and local quality standards.

EDS Grade:	
Comments:	<p>Staff Side comments:                      1.1 Staff side feel this should be amber as we are not able to demonstrate contact with some minority groups.</p> <p>Trust Response: For some minority groups the contact is through Health-Watch and the Health Equality Group. The Trust recognises that further work is required to link in with the commissioners.</p> <p>Trust Grade: Now Amber</p>

**EDS2 Outcome 1.2 (EDS2 Goal 1 – Better Health Outcomes)**

**Individual people’s health needs are assessed in appropriate and effective ways**

The Trust has introduced a new comprehensive nursing assessment documentation which gives prompts regarding patients with complex needs, eg:- sensory disabilities, learning disabilities, dementia. The Trust provides the tools for patients, wherever possible, to have informed choice in their decision making. The Trust has developed or has access to leaflets in an easy read format which are helpful for patients with learning disabilities or where their first language is not English. Telephone and face to face interpreters are available and used in all areas of the hospital. Bedside communication folders and pictocomm pictorial folders are available on all wards.

The Trust has a ‘flagging’ system in place to highlight patients who may require extra support, eg:- Butterfly care, learning disability. This enables reasonable adjustments to be made from the first contact with the hospital in OPD to POA, admission, theatre and discharge. In addition to the generic nursing admission documentation, the Trust has introduced additional processes to help staff interact with patients with additional needs, eg:- Patient Passport for patients with LD, Butterfly Profile for patients with a diagnosis of dementia. These documents which are completed by the nurse with the patient and carer, enables nursing staff to understand the patient’s needs and their behaviour and therefore helps with the patient needs assessments. The Trust has developed and introduced a pain assessment tool which is suitable for people with learning disabilities or patients with communication issues.

The Trust has introduced monthly QuEST (Quality, Effectiveness Safety Team) audits to monitor compliance with a comprehensive variety of quality issues on all wards and these are reported via the Nursing and Midwifery Board, to the Trust Board. Patients or their relatives / carers can raise issues via the 4C’s process and where appropriate, action plans are developed and positive changes made.

NGH aims to improve patient experience in the hospital through patient feedback including that received via the national annual patient survey.

Throughout the NGH transformation plans and service reviews, the impact of changes on both quality and equality are assessed and documented. Although no longer required by legislation, the Trust continues to impact assess all policies as part of the ratification process to ensure that due regard is given to the impact on protected groups.

EDS Grade:	
Comments:	<p>Staff Side comments:                      1.2 Staff side feel this should be amber as although we have these systems in place some are not utilised by staff which leads to disadvantages.</p> <p>Trust Response:</p>

	<p>Systems are in place to promote appropriate assessment and monitoring takes place to identify when systems are not adhered to and appropriate action is taken when necessary.</p>
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Grade: Remains Green

## EDS2 Outcome 1.3 (EDS2 Goal 1 – Better Health Outcomes)

### Transitions from one service to another for people on care pathways, are made smoothly and with everyone well informed

The Trust recognises that the hospital discharge process and poor communication regarding discharge are two of the main issues raised by patients and relatives in complaints and effective patient discharge is a Trust Quality Priority 2014/15.

The discharge processes are in place to try to enable a smooth transition for patients moving from the acute setting to the community, however, there can be delays due to either external factors or factors such as hospital patient flow.

The discharge team, based in the Operation centre, have a direct communication with the Borough council with regard to homelessness / housing needs and can direct patients who are homeless with no care needs to the one stop shop at the Guildhall, Northampton. We inform the Gateway team that they will be attending before they arrive to give them time to check on their previous and current circumstances and can direct them to Oasis House and hostels depending on their need.

For more in depth housing and homeless issues we have a specific referral system which has been agreed for use by all councils in the county. We also have direct contact and referral with Stepping Stones, which is an interim service that can be used in the transition of a patient needing either housing or adaptations to current dwelling. It is planned that we have a couple more dwellings coming on line soon in Northampton. The other dwellings in this scheme are around all areas of the county.

We have just started to have one of our discharge facilitators based in each assessment units to identify any complex discharge issues, on admission, therefore documenting and highlighting them for the accepting wards. If they are complex then they will have a plan outlined and documented in the notes and on the ward workspace system, which will follow the patient to whatever ward they are sent. The ward should then work in liaison with MDT members towards the patient's expected date of discharge.

We are working towards **3 levels** of discharge.

- **Levels 1 & 2** - the ward will be responsible for patient's discharge.
- **Level 3** - the more complex discharges, will be followed closely by the discharge facilitation team in conjunction with the ward to enable a more timely, effective and safe discharge.

The Trust recognises issues with the urgent care admissions and discharges and has introduced a 6 week project entitled ' Breaking the Cycle' to understand the root causes of the issues with the emergency pathway and align internal and external stakeholders to improve the way we work together. This will enable us to implement operational changes that deliver a step change in performance and agree the performance metrics and how we can sustain impact. The Deep Dive escalation that has been driven by the Trust when the Trust has seen significant demand for beds, has seen some close collaboration with partners in expediting discharge. Work is ongoing to improve the timelines of these discharges, with a demand and capacity analysis being carried out by the CCG regarding shortfall of social care beds.

The dementia beds during the winter funded by winter monies proved very successful these are being re looked at as to whether they should be made substantive. Additional Avery beds have been procured from the Autumn 2014.

There are good examples of excellent transitions from one service to another, eg:- where patients with learning disabilities are assessed to identify levels of support required and NGH agree to fund regular carers from the support provider whilst the person is in hospital. An ongoing project in A/E regarding the working in partnership with AGEUK, enables older patients' needs on discharge to be assessed 'at the front door' and, where extra support is required, to avoid admission where appropriate.

There are however, issues on some occasions regarding the transition from child to adult services.

The Safeguarding Adults lead supports the wards and the discharge team (Health Partnership Team) with discharges of patients who are vulnerable. Patient pathways have been developed for patients with Learning Disabilities and those with Dementia. Working in partnership with the commissioners, the Trust temporarily opened beds at Favell House to enable suitable patients with dementia to be 'stepped down' from the acute beds and to facilitate a timely discharge.

All referrals for an outpatient consultation come into the Trust by GP's by the Choose and Book system, in the minority some patients are referred by letter. The management of these referrals is via the Elective Patient Access policy which is populated from National guidance regarding Access targets and !8 week referral to treatment times. In addition referrals via the 2ww system are by Choose and Book or 2 week wait office. .

EDS  
Grade:

Comments:

Staff Side comments:

1.3 Agree amber



## EDS2 Outcome 1.4 (EDS2 Goal 1 – Better Health Outcomes)

### When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

NGH prioritises the safety of patients and this is assured through a number of mechanisms predominantly through the clinical governance structure and framework.

The results of the 2013 National Inpatient Survey, identified that NGH had a high mean rating score of 96 (100 being perfect) regarding the response to the question 'Did you feel threatened during your stay in hospital by other patients and visitors?' The improvement in the Trust score has is partly due to ensuring that all wards are single sex and the reconfiguring of its bed base to ensure our patients are cared for in the right bed, in the right place, at the right time.

The Security Management team is responsible for the operational provision of security services within the Trust and they work closely with both Trust staff and the police to ensure that patients' safety is assured. The Trust's Local Security Management Specialist (LSMS) reports all incidents involving physical restraint to the Trust's Health and Safety Committee on a quarterly basis and high level restraint incidents are reported and discussed at the Patient safety Learning Forum to encourage and support learning at a Trust wide level. All public facing staff receive conflict resolution training as part of their mandatory training.

The introduction of the '4Cs' policy in 2010 (comments, concerns, complaints and compliments) has improved our ability to resolve more complaints, comments and concerns without the need for formal complaint to be raised. The complaints department currently collect data regarding complainants (this does not include all the protected characteristics) and is coded to include 'attitude and behaviour' which encompasses much wider issues than those detailed in this outcome.

The Trust Safety Academy and their associated work streams have been developed as a result of reducing avoidable harm and there are 34 safety improvement projects in place.

The Patient Safety Strategy 2012-2015 articulates the aims of the Patient Safety Improvement Programme and supports the Trust quality strategy. The overall aim of the Patient Safety Strategy is to increase staff engagement in a programme of quality and improvement projects related to Patient Safety thereby bringing positive changes to clinical processes and practices which will ultimately improve patient care, patient experience and clinical outcomes. The positive improvements in clinical processes and the delivery of care will improve the safety culture whilst reducing avoidable harm in hospital.

The vision at Northampton General Hospital Trust is to provide the very best care for all of our patients. This requires NGH to be recognised as a hospital that delivers safe, clinically effective acute services focused on the needs of patients their relatives and carers. These services may be delivered from our acute or community hospital sites or by NGH staff in the community.

The Trust Safety Academy and their associated work streams have been developed as a result of reducing avoidable harm and currently there are 31 Metrics with 127 separate measurements.

The five safety work streams are:

- Reducing harm from Failure to Rescue
- Reducing harm from Failure to Plan
- Reducing harm from Failures of Care
- Learning and Sharing from Successes and Failures
- Human Factors safety science

The above work streams were identified as the five main themes that the majority of safety concerns and avoidable harm could be attributed to. The projects within the work streams were identified and can be attributed to lessons learnt from serious incidents, audit results from case note reviews or areas for improvement identified by operational staff employed at NGH.

The safety improvement work dovetails and compliments mandatory assurance standards. The refined reporting methodology from the Safety Academy will make progress to date and current challenges more transparent, providing status at a glance.

A high level safety progress report will be provided to the Trust Board quarterly and bimonthly to Strategic Management Board.

NGH is a designated 'Keep Safe' location. The Trust has 3 guide desks and 48 volunteers have been trained by members of the Learning Disability Partnership Board regarding communication and roles as keep safe ambassadors. NGH has signed up to a rights charter for individuals with Learning Disabilities.

The hospital has an established Dignity Forum where staff from all staff groups meet and discuss good practice and areas for improvement. The Complaints and PALs department present letters and highlights issues raised by patients and relatives and actions are agreed to take back to all wards and departments. A carer was invited to talk to the group regarding his experience at the hospital from the perspective of a carer in a same sex relationship.

The Head of Safeguarding and Dementia leads a team of staff to ensure that vulnerable patients, both adult and children, are free from mistreatment and abuse and leads investigations where this is applicable.

EDS  
Grade:



Comments:

Staff Side comments:  
  
1.4    Unsure of this amber rating due to the recent external whistle blowing.  
  
Trust Response:  
There is a lot of work to do and it will be ongoing but processes are in place to highlight issues and learn from the mistakes.

## EDS2 Outcome 1.5 (EDS2 Goal 1 – Better Health Outcomes)

### Screening, vaccination and other health promotion services reach and benefit all local communities

NGH can demonstrate that it actively engages with different protected groups in some of the screening and vaccination programmes it undertakes, eg:- in breast screening where the department requests GPs to inform them of any ladies with disabilities in order that reasonable adjustments can be made, information and letters are available in different languages, easy read and Braille. A health promotion radiographer attends a Bangladeshi Group who do not have a written dialect and health promotion days are held in various locations. Canal boat travellers are sent appointments via contacts with GPs and post box and moorings addresses.

NGH works with the Public Health Department and the local authority to deliver public health, vaccination and screening programmes and is aware that there remains variation in access to these services from different protected groups. An example of good practice at NGH concerns abdominal aortic aneurysm (AAA) screening for men age 65. Since April 2012, we have screened approximately 8000 men with our national data showing an 89% uptake. To promote AAA screening, the team have attended golf and rotary clubs, held a display in the Grovenor Centre as well as displays within the hospital. Posters and information have been sent to all pharmacies and libraries in Northamptonshire and the Maple Access clinic (a clinic with special interest in people who are homeless, travellers, mental illness, asylum seekers, substance abuse and vulnerable people). The group are identifying trends for men who do not attend and will hold clinics in areas identified eg at village halls or working mens' clubs.

The Trust regularly holds education sessions for the public regarding issues relating to diabetes care. NGH also holds a public session regarding dementia care and has utilised the Hospital open day for Health education stands etc.

As part of our Quality Schedule, we record the health status of all our patients regarding their smoking and alcohol habits (Making Every Contact Count). The target is 85% of all patients and for those who smoke and drink, we should then provide appropriate advice regarding the impact that smoking and drinking has on the person's health. This is monitored every quarter and in Q4, 96% were asked about their smoking and alcohol habits and 50% of those requiring 'brief opportunist intervention' were offered ongoing support. This will be an ongoing focus for the Trust in the future.

The Trust' Occupational Health department annually provides staff with the opportunity to have influenza vaccinations. This year there was a proactive campaign to ensure as many staff as possible were vaccinated. Communications took place through the Trust- wide communication channels including screen savers and the weekly bulletin. In addition the uptake was reported in the HR Bulletin. The final percentage rate reported for Northampton was 58%. The national vaccine uptake for healthcare workers from September to January 2014 was 54.8%.

EDS Grade:	
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Comments:

Staff Side comments:

1.5 Agree Green

**EDS2 Outcome 2.1 (EDS2 Goal 2 – Improved Patient Access and Experience)**

People, carers and communities can readily access hospital, community health or primary care services and should not be denied Access on unreasonable grounds There are some physical limitations presented by the older buildings within NGH, e.g. steep ramps in some of the corridors. However, the Trust receives very few complaints regarding its accessibility largely due to the services provided to overcome some of the shortcomings, eg:- electric visitor 'buggy' to transport patients around the hospital. As part of larger scale improvement works, new lifts, ramps, automatic doors and larger bathrooms are generally provided where required. NGH has worked with patient groups to review physical access to services and incorporated their views in capital developments and ongoing programme of dedicated schemes intended to provide equality in access, eg:-following issues highlighted at the NGH Disability Advisory Partnership Group, Deafconnect were commissioned to complete an audit of the audiology department and Northampton Association for the Blind an audit of the Eye department. As a result of the audits, changes have been made both Trust-wide and within the departments.

In order to provide good accessibility information to patients and visitors, the Trust commissioned a comprehensive access survey and its findings are annually updated published on the Trust's website via DisabledGo. The survey identifies areas where there could be improvements and these are being addressed as part of a rolling programme. The introduction of the use of pictorial signage will benefit those with learning disabilities, those confused by illness or effects of their condition and those who do not have English as their first language. As a result of the site wide access survey hearing loops have been installed at all departmental receptions and portable units are available that can be taken into consulting rooms etc.

There are no ceiling track hoist systems in place to help transfer patients to the toilet or bath; access is usually by means of mobile hoist. Specialist equipment is available for Bariatric patients and staff are trained in its use. To further improve facilities for severely disabled adults and their carers, the Trust has installed a specialist toilet / changing facility or 'Changing Place'. This changing facility is accessible to patients and visitors alike and is located on the main hospital corridor. This facility has an electric hoist with track system as well as adjustable height changing table.

In order to maintain patients' and visitors independence, the Trust has developed a Policy for Assistance Dogs on Trust Premises and has installed signage to indicate where Guide dogs are welcomed within the Trust. A Patients' Carers Policy and Carer's Charter has been developed to ensure carers can continue to work with NGH staff to deliver care if they so wish.

Cultural and faith belief information is available on all wards and departments via a Chaplaincy folder. This includes information on spiritual care and health provision, religious and cultural belief systems, NGH calendar of religious festivals and the care of the patient after death. In order to recognise the needs of some religious groups, The Trust has purchased single use 'Religious Consideration' theatre gowns which were developed in conjunction with Muslim women to provide complete body coverage.

The Trust recognises that patients who have a first language which is not spoken English, have the right to professional language support. The contracted supplier to NGH of interpreting and translating services offer services incorporating 24 hour/ day telephone interpreting, face to face interpreting (including sign language) and written translation including Braille. The Trust also has contracted Deafblind UK to provide a communication support service for dual sensory impaired patients at hospital appointments.

In order to communicate effectively with patients with learning disabilities, those whose first language is not English and patients who have communication difficulties caused by medical conditions such as stroke or dementia, the Trust has developed easy read leaflets and pictorial signage. All wards have pictorial communication folders.

The Trust has a robust system for ensuring impact assessments are carried out on all policies before being ratified at the Procedural Document Group. In addition all business cases are required to complete a quality and impact assessment for services and functions.

People from all communities can readily access the hospital. A/E is open 24/7 and is often the area utilised instead of primary care for people from some communities or those who are not registered with a GP. The Trust has worked with the local BME community via the Trust BME User group to try help address this: ensuring that the different ways of accessing healthcare are available. Presentations to the group are available on the BMESRP website for the public to access.

Patients have access to the Choose and Book system for hospital appointments to enable patients to choose convenient appointment times. GPs can directly book appointments for patients where this is appropriate, ie:- where the GP acts as the patient's advocate where a patient is unable to use the 'choose and book' facility.

The Trust access framework for outpatient's appointments and elective admissions is followed in a timely fashion with date order and clinical priority for all patients. This is monitored through the weekly performance framework meetings and is reported to the Trust Board. The Trust abides by the local priority treatment policy which is developed by the commissioners.

The Trust has a texting reminder service regarding outpatient appointments but this is not suitable for all patients and is not used in all departments. The Trust has worked with the Disability Advisory Partnership Group and the BMESRP to produce a clear template for appointment letters which has been introduced as a pilot. Currently, patients are unable to text or e-mail into the hospital regarding appointments due to information governance issues. However, the Trust is aware that the telephone service is not suitable for all patients and is investigating ways to address this.

There is an ongoing problem within the Trust regarding car parking and the lack of parking spaces on some occasions. Patients are advised via their invitation to OPD that there are limited spaces on site and also a map is enclosed to show the nearest car park and the local bus stops. Disabled car parking spaces are available near each entrance and access to all areas is detailed via disabledgo on the hospital website. The hospital buggy is available via the telephone from all entrances to the hospital but this service is not available at weekends.

In addition volunteer driver information leaflets are displayed within the Trust for contact by patients/carers, particularly in areas where patients are requiring frequent attendances and are particularly frail such as in the chemotherapy outpatient areas.

A directorate of services is available for the public via the internet site and there is a pathfinder on the central server for GP access.

EDS Grade:	
Comments:	Staff Side comments: 2.1 Agree Green



## EDS2 Outcome 2.2 (EDS2 Goal 2 – Improved Patient Access and Experience)

### People are informed and supported to be as involved as they wish to be in decisions about their care

The results of the inpatient survey 2013 indicate that NGH did involve patients as much as they wanted to be and there was an improvement from the previous year score regarding this question. The demographics for the survey indicates that the survey responses were received representative of protected groups:-

- 47% male
- 84% age > 50
- 15% deaf or severely hearing impairment
- 6% Blind or partially sighted
- 25% long standing physical condition
- 1% learning disability
- 3% Mental health conditions
- 34% long standing illness
- 58% long standing condition
- 24% problems with physical access
- 1% gay/lesbian
- 1% bisexual
- The 'top 5' faiths were represented other than Muslim

The Patient Information Group ensures that written patient information is produced in an agreed format and EIDO clinical information is readily available for medical staff to give to patients as required. The Trust Interpreting and Translating service is readily available for all patients whose first language is not spoken English. Pictorial communication folders, Makaton cards, NGH developed easy read leaflets and information in alternative formats such as large print are available to aid communication with patients who may have specific communication needs. There is a link on the Trust intranet site to national available easy read leaflets.

The Learning Disability Nurse supports individuals on wards and at some outpatient appointments working with healthcare staff to explain the patient's treatment in easy to understand language. This helps and supports the patient to make informed decisions about their care.

Following involvement from representatives from some protected groups, information and advice folders are available for staff on all the wards regarding the care of patients with disabilities, from different cultural and faith backgrounds and for those patients with dementia. These act as aids to enable staff to help and support patients to make informed decisions.

The Mental Capacity Act puts the patient at the centre of all care and if the person assessed lacks capacity, a best interest decision process involving family and or carers that know the patient well is instigated. If the person has no family or friends to support decision making use of

Independent Mental Capacity Advocate (IMCA). Training in Mental Capacity is mandatory for all clinical staff. This ensures that all staff are aware of the principles of mental capacity regarding patients' decision making concerning their care/ treatment.

The Trust has access to an advocacy service to support complainants, which is funded through the local authority. Details as to how this service can be accessed are included within the 4C's leaflet, on the website and through direct referrals by the complaints team where indicated. Interpreting and translating services are also available for service users should they require support and assistance when raising a complaint or an informal concern about any aspect of their current and future care. This information is also included within the 4C's leaflet and through both the complaints and PALs teams on request.

NGH monitor real time Patient Experience using the Friends and Family test. Wards and departments are able to address wherever possible, the issues which are raised. This will potentially encompass feedback from patients from all protected groups.

The Trust use opportunities to inform and educate patients regarding health issues, treatment and care via displays and presentations, both within departments but also within the Trust such as skin sun damage, the effect of smoking on medication and length of stay. The Trust holds a variety of specialist clinics to enable patients to make informed decisions about their care, for example, Birth after Caesarean Section clinics for consistent advice and evidence based information sharing to increase women's confidence in requesting a vaginal birth after a previous caesarean section.

The important role which carers play is recognised by the Trust and where patients agree, carers are encouraged to be involved in the care of the patient whilst they are in hospital with Carers Policy given full guidance. Carers are signposted to extra support and care, for example the development of the NGH Carers of Patients with Dementia leaflet.

There are a range of diagnosis specific patient support groups active within the Trust. One such example is the 'Haematology Happy Days Support Group'.

EDS Grade:	
Comments:	Staff Side comments:  2.2 Agree amber

## EDS2 Outcome 2.3 (EDS2 Goal 2 – Improved Patient Access and Experience)

### People report positive experiences of the NHS

The Trust has recruited into a new post, Patient Experience Lead who leads on all aspects of the patient experience and reports to the Trust Board via the Director of Nursing and the Patient Experience Board.

The Trust is now compiling quarterly triangulated analysis which includes all aspects of patient experience, looking at compliments such as those received in the complaints dept, PALs, through the Friends and Family Test and those handed in to wards and departments directly. This is currently work in progress but will be fully up and running in the financial year.

The 4C's process is designed to encourage members of the public to raise compliments as well as concerns, comments and complaints. There is a form available on all wards / departments, which staff complete with the public to capture this feedback. The information is then recorded in the complaints & PALs quarterly analysis which is reported to the Clinical Quality Effectiveness Group (CQEG).

The various Trust groups who represent people from different minority groups, (eg:- the Disability Partnership Advisory Group, the BMESRP) are forums for a patient's and public voice to report their experiences of the Trust.

The Matron carries out ward rounds to ask patients and relatives their opinion of the care and any concerns are acted upon and documented in the patient's records. Hourly care rounds have been implemented to ensure nursing staff communicate with patients on at least an hourly basis benefiting patients by involving them in care decisions. Part of the monthly QuEST inspections involves speaking with patients regarding their care and this is reported via the Nursing and Midwifery Dashboard to the Trust Board.

The Trust commits to listening and learning through complaints, comments and surveys and ensures appropriate action is taken. NGH aim to improve patient experience for those in the protected groups through normal learning from the '4Cs' and adverse event processes such as complaints, serious incidents, incidents and claims.

Any equality complaint received would usually be raised through PALs but may be raised directly to the Equality Lead for Patient Services who meets monthly with the PALS and Complaints Lead and any issues or trends raised is through the Director of Nursing. Furthermore these issues are raised with the Equality and Human Rights Steering Group.

The Trust is part of the national Friends and Family Test whereby every patient that is seen within A&E, Maternity services and Inpatient Services is offered the opportunity to feedback on their experiences. The Trust is investigating the introduction of a FFT technology solution to include additional languages.

There are many national surveys which run throughout the Trust. In particular the National Cancer Survey and the National Inpatient Survey

provide an opportunity for patients to feedback on their care. They provide a breakdown of the demographics of patients to ensure all patients are being given an equal opportunity to participate and give their views. For 2014/2015 the Trust has commissioned a number of additional surveys including a National Outpatients Survey, a National Neonatal Survey and we are currently taking part in a pilot study aimed at reviewing the sampling process.

EDS  
Grade:



Comments:

Staff Side comments:  
  
2.3 Agree amber

## EDS2 Outcome 2.4 (EDS2 Goal 2 – Improved Patient Access and Experience)

### People’s complaints about services are handled respectfully and efficiently

Formal and informal complaints that are raised are managed in a way that meets the need of the individual. It is often difficult to ascertain through general communication is a person is from one of the ‘Inclusion Health’ Groups. This is therefore achieved / identified through early contact with the patient / relative and is through a mutual agreement method, either verbally or in writing and including a third party for additional support where this need has been identified. The Trust is often reliant upon the individual being willing to disclose their status, which often they are not willing to do.

Each complainant is given a single point of contact within the complaints team to support and guide them through the process. Meetings are also offered, to take place with service users, where required, as an additional level of support, to their individual and specific needs appropriately. This is for all service users. The Trust aims to ensure that all services users who access complaints and PALs are treated with dignity and respect at all times.

The Trust has developed easy read 4C’s leaflets and is developing an easy read Friends and Family questions so that people with learning disability can give their comments about their care and influence service changes.

The CQC NGH report March 2014 stated that there was a robust process of complaints management but there was no mechanism to ensure that recommended learning and actions resulting from complaints were achieved in an appropriate time frame. The Care Groups are working to address this issue as complaints are dealt with through Governance meetings and reported through Directorate dashboards.

Timescales for complaint responses are agreed with the complainant from the outset, the average being 30 days and where this cannot be achieved, the Trust has to request a time extension. The average compliance with this agreed timescale is 76%. The number of complaints, the response rate and the top 5 subjects of complaints are reported monthly using the corporate and directorate score cards. The information is also reported quarterly via the CQEG and Patient Safety reports, and annually via the Trust Annual Complaints Report, the Quality Account and to the Department of Health (KO41a).

In response to the Patient Survey 2103 question, ‘*Did you see/ were you given any information explaining how to complain about care received*’, scored a low mean rating of 25.

The Equality Lead for patient services meets the Head of Complaints and PALs on a regular basis and raises any issues brought forward regarding the equality agenda.

EDS Grade:	
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Comments:

Staff Side comments:

2.4 Agree amber

## **EDS2 Outcome 3.1 (EDS2 Goal 3 – A Representative and Supported Workforce)**

### **Fair NHS recruitment and selection processes lead to a more representative workforce at all levels**

The Trust's recruitment and selection process is fair, inclusive and transparent in that all posts advertised through NHS jobs2 ensure the anonymity of individuals up to the point of interview. Therefore, appointing managers are not aware of any details regarding the individual applicants or candidates until after the decision has been made to interview them.

NHS jobs2 requests information on the protected characteristics so that monitoring can take place from the data received. The findings from this data are reported in the Equality and Human Rights Annual Report which is also published on the internet.

In addition, the Trust has an Equality and Human Rights Steering Group which oversees the Trust's equality agenda and this group receives sample reports based on the information provided through the recruitment and selection process on randomly selected posts advertised by bandings.

The latest report on the recruitment sampling went to the December 2013 steering group and the subsequent February 2014 meeting. Six recommendations from the report were accepted including; working with universities to encourage a greater gender mix; storing of recruitment data electronically so that reports can be analysed more robustly and taking steps to accurately capture disability monitoring data.

Due to the lack of data on some of the protected characteristics the Trust did carry out a data verification exercise for all staff in 2012 and whilst the response rate was good at approximately 60% there are still limitations to the data as individuals have confirmed that they do not wish to disclose certain protected characteristics.

The Trust does commission Access to Work to support staff when relevant reasonable adjustments are required.

The Trust does engage with Staff Side on many issues and when information is requested from Staff Side regarding any anomalies they may see in relation to recruitment and selection to posts the Trust is transparent in that it either provides the information requested or discusses the issues with the Staff Side.

A new initiative for individuals with learning disabilities is underway with the recruitment to a project worker for Learning Disabilities through a Service User. The initiative uses easy read application forms and job descriptions with support to complete the application if required.

The Trust is committed to supporting disabled people as it has retained the 'Two Ticks' symbol which provides recognition by Job Centre Plus that employers have made certain commitments regarding employment, retention training and career development of disabled people. The Trust believes that its' continued commitment will encourage disabled people to apply for the jobs within the Trust and the evidence from our annual reports suggests that the Trusts' Guaranteed Interview Scheme is being applied.

EDS Grade:	
Comments:	Staff Side comments:  3.1 Agree amber



**EDS2 Outcome 3.2 (EDS2 Goal 3 – A Representative and Supported Workforce)**

**The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations**

The majority of staff in the Trust are on Agenda for Change terms and conditions of service and the medical terms and conditions apply for doctors and dentists. The Trust carries out monitoring of the Agenda for Change bands through the Equality and Human Rights Annual Report.

An equal pay audit is due to be carried out and presented to the Equality and Human Rights Steering Group in June 2014. Depending on the findings an action plan will be drawn up to address any inequalities, where necessary.

The Trust has a job evaluation process for all Agenda for Change posts which is fair and transparent as a panel of both staff side and management representative's band new posts or those where there are significant changes.

The organisation does not carry out positive recruitment for any disadvantaged groups; however, the Trust does adhere to the NHS Employers employment standards.

The Trust is currently harmonising all on-call, stand-by and out of hour's payments and consultation is due to end mid-April 2014. This harmonisation will mean all staff will be paid equitably for being on-call or stand-by and will receive the same pay for the band that the work has been evaluated at.

EDS Grade:	
Comments:	<p>Staff Side comments:</p> <p>3.2 Agree amber</p>

## **EDS2 Outcome 3.3 (EDS2 Goal 3 – A Representative and Supported Workforce)**

### **Training and development opportunities are taken up and positively evaluated by all staff**

All staff regardless of their protected characteristics are expected to have an appraisal and personal development plan (PDP) on an annual basis to support their training and development needs. The Trust has standardised paperwork which all staff will complete to identify their objectives for the coming year and the development needed to carry out their job. The KSF core dimensions are integrated into the appraisal paperwork which includes equality and diversity.

All new staff attend the Trust's induction within 3 months of commencing employment with the Trust and this provides individuals with the opportunity to complete level 1 of the majority of mandatory training subjects. In addition, it provides the individual together with their manager to set three key objectives within the first three to six months of employment. All staff are required to attend equality awareness training on a three yearly cycle.

Several methods of training are in place which include:

- Review of Knowledge – face to face
- Self-directed and workbook completion – individuals reading appropriate material and completing a test in their own time
- E-Learning course
- Cluster days – attendance at face to face teaching sessions

In addition, the Directorates enable staff to attend specialist courses and these are accessed following discussion at the individual's appraisal and through their personal development plan.

There is equity across the Trust in that all new clinical starters attend the clinical skills week. Existing members of the Trust are also able to attend the training.

The process for the evaluation of training and development subjects is as follows:

Corporate Trust Induction is currently evaluated and some subject leads such as Safeguarding evaluate their own specific courses. The Review of Knowledge (RoK) sessions evaluate prior learning. Learning & Development are also recommending a peer review process amongst Mandatory Training Leads, which includes the Learning & Development Manager and Trainer on a 6 monthly basis.

The Trust's Equality and Human Rights Annual Report provides evidence of access to training by protected characteristics and demonstrates that all staff are treated equally with regard to access.

The Trust subscribes to the East Midlands Leadership Academy. Emails are received by the Assistant Director of Workforce and widely

distributed to managers who cascade the information on courses to staff. There are a number of staff who currently access the different levels of the leadership courses provided by the Leadership Academy. One of the courses is via e-learning which is difficult to evaluate. The Trust currently has 5 staff attending the Mary Seacole Leadership Programme, 2 staff attending the Elizabeth Garrett Anderson programme and 2 on the Nye Bevan programme. There are 8 staff on the Nursing & Midwifery Leadership Programme.

The corporate preceptorship programme, which is for newly qualified registered nurses is a 6 month programme for which the ward/Dept sister nominates or even the individual nurse may nominate themselves. The programme is evaluated at the end and is generally evaluated well.

The table below identifies the numbers of apprentices and substantive staff across the different disciplines undertaking a NVQ:

	<b>Clinical Health Care inc Periop and Maternity</b>	<b>Business Admin</b>	<b>Customer Service</b>	<b>Support Service</b>	<b>Pathology</b>	<b>Pharmacy</b>
<b>Apprentice</b>		11	3	2	2	2
<b>Substantive</b>	32	1	2 (Domestic Supervisor and Ward Clerk)	1 (hostess)		3

The staff survey results for the 2013 survey confirm that the Trust is above average for Acute Trusts with 82% of staff receiving job-relevant training, learning or development in the last 12 months. This is a statistically significant improvement since 2012 (74%).

EDS  
Grade:

Comments:



Staff Side comments:  
  
3.3 Unsure if we can agree to amber rating as not all staff have equitable access to mandatory training. I/E A&C staff  
  
Trust Response:  
Currently the Trust's view is that this will continue as it is based on freeing up capacity for mandatory training leads to increase training for clinical staff due to a CQC Warning Notice. Needs to be a review within six months.

**EDS2 Outcome 3.4 (EDS2 Goal 3 – A Representative and Supported Workforce)**

**When at work, staff are free from abuse, harassment, bullying and violence from any source**

The Trust has a Harassment and Bullying Policy which is integrated to the Trust’s Grievance Procedure providing staff with a procedure for raising allegations of harassment and bullying. The HR Department record and monitor all formal harassment and bullying cases and support managers to investigate all of those formal cases. The HR Department has produced detailed equality reports on harassment and bullying cases in relation to some of the protected characteristics to identify if there were areas of concern for disadvantaged groups. These were reported to the Equality and Human Rights Steering Group, however, due to the low numbers of formal cases it was difficult to evaluate statistically.

The Staff Survey results for 2013 placed the Trust in the bottom 20% of Acute Trust’s so work is required to make improvements. In response to the staff survey question: *‘In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers/team leaders or other colleagues’*, 30% of the sample of respondents said they had experienced this in 2013 but 29% confirmed this in 2012. The improvements required will be carried out through the organisational development work that the Trust will be doing in the coming years.

In addition, it must be noted that harassment and bullying awareness is part of the Trust’s induction. At the induction new staff are made aware of the policy and procedures to follow.

It is evident that there has been an increase in the numbers of individuals raising concerns of harassment and bullying, in particular in the medical staff group and in some areas external mediation has been put in place to address the issues that have been raised.

In relation to staff experiencing harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public 37% said they had experienced , whilst in 2012 36% confirmed they had. The Trust has developed a Violence and Aggression Policy and Training Needs Analysis for those staff requiring training but again improvements are required within this area.

EDS Grade:	
Comments:	<p>Staff Side comments:</p> <p>3.4 Agree amber</p>

**EDS2 Outcome 3.5 (EDS2 Goal 3 – A Representative and Supported Workforce)**

**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

The Trust has a Flexible Working Policy which through the consultation mechanism has staff side agreement and involvement. The policy is available for all staff to use regardless of their protected characteristics.

The Trust (at 1 June 2014) has a headcount of 4758 member of staff. 2965 are full time and 1793 are part time which equates to 38% of our staff working on a part time basis.

The types of flexible working options available are as follows:

- Part time working
- Job sharing
- Term time contracts
- Annualised hours
- Variable time working
- Compressed hours
- Career breaks
- Flexible retirement
- Home working
- Flexible working
- Time Off in Lieu

In addition, the Trust has an Annual Leave policy which enables all staff to 'buy-back' an additional week's annual leave through a salary sacrifice scheme.

The Trust does not monitor the number of flexible working requests received by protected characteristics nor does it monitor if there is equal access to flexible working requests but the flexible working policy is in the process of being revised so that this can be captured and future monitoring will take place.

EDS Grade:	
Comments:	Staff Side comments:

3.5 Why do we not monitor requests for flex working and the reasons? Not equitable across the trust.

Trust Response:

The Flexible Working Policy is in the process of being reviewed and will include an element of monitoring by the HR Department.  
Needs to be reviewed once the policy has been embedded.

## EDS2 Outcome 3.6 (EDS2 Goal 3 – A Representative and Supported Workforce)

### Staff report positive experiences of their membership of the work force

Whilst the 2013 Staff Survey results have been disappointing the staff's most positive perceptions report:

- They are trusted to do their job
- Their role makes a difference to patients/service users
- They always know what their work responsibilities are
- Their organisation does not blame or punish people who are involved in errors, misses or incidents
- The Trust encourages them to report errors, near misses and incidents
- They know who the senior managers are here
- They are satisfied with the quality of care they give to patients/service users
- Team members have to communicate closely with each other to achieve the team's objectives
- They are able to do their job to a standard they are personally pleased with
- They have clear, planned goals and objectives for their job.

In addition, in the survey 49% of staff reported that they would recommend the Trust as a place to work which is an improvement on previous year's results.

From 1 April 2014 the Trust is carrying out its staff Friends and Family test. We have designed a very simple online survey, which takes between 1 and 3 minutes to complete. Answers are submitted via the web and will not be identifiable to anyone. We are seeking the views of staff on how well we are doing as an organisation for our staff and for our patients. We will publish the results of the survey on our website. In addition, the Organisational Development team are going around the Trust's site with paper copies of the survey for those staff that do not have access to emails.

The Trust does have an exit interview process in place which is for staff that are leaving the Trust. Whilst the process is robust and designed to provide information on how to make improvements the numbers submitted for monitoring are low so work is required to improve the take up for leavers but in addition monitoring needs to be improved.

In April, we launched our first Friends and Family Test to Staff, concentrating on the non-clinical support areas. When we asked you if you'd recommend us for treatment, 69% of you said it was likely or extremely likely, 25% weren't sure and 6% said it was unlikely or extremely unlikely. As a place to work, it was a similar story with 67% likely or extremely likely, 18% unsure and 15% unlikely or extremely unlikely.

There will be a strong focus on staff engagement across the Trust in the coming months and they will be some workshops to help us all to see how we can bring our values to life in our day to day work and how we can embed them in everything we do, starting with 'walking in the patients shoes'. We are also working on introducing questions around our values at recruitment and exit interview.

The IQE team is a new function within NGH with the responsibility for enabling quality and efficiency improvements and developing the capability of staff to identify and deliver their annual IQE programmes. Tuesday 3 June saw the launch of our 'Making Quality Count' development programme which puts ownership for improving the quality of the care we provide at the front line. Our new improvement methodology will be used within the Making Quality Count programme as well as being available for use by all teams so that, wherever people are working on quality and efficiency improvements, we will all be talking the same language and applying a consistent process of making those changes resulting in clarity and consistency for everyone.

Management and Leadership development will also be a big priority and you'll hear more throughout the summer about the opportunities that will be available.

All of the above and much more is part of our Organisational Development Strategy moving forward.

EDS Grade:	
Comments:	Staff Side comments:  3.6 agree amber



## EDS2 Outcome 4.1 (EDS2 Goal 4 – Inclusive Leadership)

### **Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**

The Trust Board recognises the importance of ensuring that the services it provides are relevant to the diverse communities we serve, and this is stated within our strategy and delivery plans. Examples whereby Executives have been involved or overseen initiatives of relevance are as follows:

Our Director of Facilities has ensured the following:

- Further fire alarm beacons throughout public areas and public WCs and also around Audiology. This helps persons who are hard of hearing know if there is a fire alarm activation
- New DDA standard reception desk to Main Theatres complete with hearing loop
- New DDA standard reception desk to Ophthalmic Department complete with hearing loop
- New DDA standard reception desk to Medical Out Patients complete with hearing loop
- The widening of a door to one of the exam rooms in Medical Out Patients for bariatric patients
- Further corridor upgrades. Colours to walls and floors aid partially sighted persons. Also grab bump rails give assistance to the frail and infirmed
- Decorations to wards to include colours, signage and clocks to help persons with dementia
- New bold signage across site to Eye Casualty
- Raised zebra crossing at the southern entrance to provide level wheelchair access and to slow traffic
- Level access showers, DDA grab rails and contract colour fittings to Shower/WCs to Sturtridge Ward
- Level access showers, DDA grab rails and contract colour fittings to Shower/WCs to Balmoral Ward
- Level access showers, DDA grab rails and contract colour fittings to Shower/WCs to Robert Watson Ward
- White toilet fittings, seats etc in Elderly Wards changed to dark blue to give visual contrast.

The Director of Nursing attends the following committees:

- Equality and Human Rights Steering Group
- NGH BME SRP
- NGH Disability Advisory Partnership Group
- NGH Dementia Care Action Committee
- NGH Dementia Focus Group
- NGH Dignity Forum
- SOVA Group (meeting Jan 8th, unable to access the minutes)

- Patient and Public Involvement Steering Group

In addition NGH are represented at the following external meetings:

- Equality and Inclusion Regional Leads meetings
- Health Equality Group
- NCC & NCG Dementia Strategy Group
- Dementia Action Alliance.

The Director of Workforce and Transformation attends and chairs the Equality and Human Rights Steering Group in the absence of the Chair of the Trust. The Director has revised the Board Paper and other document templates to address equality impact assessments. Furthermore the Director has developed values with the staff, one of which is regarding respect and support for others. This year the Director has commenced a programme of staff engagement which will encompass the development of a leadership framework. Oversees recruitment, in particular for nurses and doctors has been a feature in the recruitment activity across the Trust and an apprenticeship scheme is being rolled out.

The Trust's Equality and Human Rights Steering Group reports directly to the Board. Its membership includes executive directors, patient and public engagement representation, governors, senior managers and operational staff. The Board has adopted the Equality Delivery System 2 as its main tool to review its equality performance and to identify future priorities and actions.

The Board has a history over several years of requiring reports on progress towards its equality and diversity objectives, initially identified through the three original equality strands, subsequently against the single equality scheme, and now using the Equality Delivery System 2.

The Trust's annual report contains a section each year reporting on the Trust's commitment to equality and diversity, and listing the systems in place and progress towards its equality objectives during the year.

EDS Grade:	
Comments:	Staff Side comments: 4.1 Agree

**EDS2 Outcome 4.2 (EDS2 Goal 4 – Inclusive Leadership)**

**Papers that come from the Board and other major Committees identify equality related impacts including risks and say how these risks are to be managed**

All Trust Board papers and other Committees such as the Integrated Healthcare Governance Committee and the Clinical Effectiveness and Efficiency Group are required to have an assessment identifying equality related impacts and how the risks will be managed. This was revised by the Director of Workforce and Transformation. In addition, Quality Impact Assessments (QIA) are carried out on all new change programmes and this is monitored through the Improving Quality and Efficiency Group. Escalation mechanisms for QIAs is through the Integrated Healthcare Governance Committee.

The Trust has an electronic system for carrying out equality assessments on all policies. There is a system in place through the Business Planning cycle to carry out equality assessments on functions but the Trust recognises that this is not as robust as the electronic system and therefore improvements do need to be made in this area.

The Trust has a robust Risk Group through its Governance arrangements and individual departments risks are monitored through the Directorate Governance meetings and escalated to the Risk Group and Executives when appropriate.

EDS Grade:	
Comments:	
Comments:	<p>Staff Side comments:</p> <p>4.2 The sharing of information does not always happen. Changes not always impact assessed</p> <p>Agree Amber</p> <p>Trust Response: Need to develop better monitoring of equality related impacts on functions.</p>

**EDS2 Outcome 4.3 (EDS2 Goal 4 – Inclusive Leadership)**

**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

The Trust recognises that the staff survey results of 2013 have identified that support from line managers as very low. To address this issue the Director of Workforce and Transformation has developed an Organisational Development Strategy which incorporates a new leadership framework which is integrated into the Trust's appraisal process.

The Trust has in recent years had a good response rate to equality and diversity training through the Staff Survey results with the Trust rating in the top 20% of Trust's for carrying out the training for staff within the last 12 months. For the Financial year 2013/2104 the average percentage of staff having received equality and diversity training is 80.9%. This exceeds the yearend target of 75%. In addition, in February 2014 the Learning and Development department ensured that all staff received an equality and diversity awareness leaflet. This was attached to payslips.

In the last 12 months the Trust has carried out a number of international nursing recruitment campaigns which has given rise to the implementation of cultural programmes for international staff recruited. Both Spanish and Portuguese nurses have been provided this programme through their induction

With the increase of international recruitment taking place in the hospital, training programmes are being delivered to the cohort of staff coming into the Trust in large groups such as the recent recruitment to 30 Spanish nurses. This programme provides cultural awareness and support.

EDS  
Grade:

Comments:

Staff Side comments:

4.3 agree amber