

Service Equality Delivery System (EDS2)

Assessment and Plan

2017-2021

Final

Service Equality Delivery System (EDS2)

Introduction:

As part of the Trusts compliance with the Public Sector Equality Duty we have a 4 year Equality Delivery System known as EDS2 for short.

The EDS2 provides a framework for the Trust to improve upon four key objectives:

- Better health outcomes
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

This document demonstrates the Trusts approach to the first two national Equality Duties (better health outcomes and improved patient access and experience). The second two Equality Duties are covered by the Trust Equality and Human Rights Strategy.

The first section of this report expresses our ED2S plan in 'easy-read' text, followed by a detailed self-assessment plan.

The progress of each improvement standard will be monitored through the Trust Patient Equality & Diversity Steering Group.

Our plan is to make health services fairer for everyone



Who are we?



We are called **Northampton General Hospital NHS Trust**.



We are in the East Midlands. We are a hospital who looks after people in Northampton.



We want our health service to be good and fair to everyone.



This is our plan of what we are going to do to make our services better.

We need to do 3 main things

In our plan, there are 3 things that we need to do.



1. Make everyone's health better



2. Make sure health services are good and fair



3. Make sure different people are helping us make decisions



Our plan tells you how we will work on these 3 things

Our Plan

How will we check how we have done?



We will work on these 3 things in our plan over the next 4 years, finishing in 2021.



There will be a special group that will be checking on how we are doing and anything we can change.



This will be called the Patient Equality and Diversity Strategy Group

Our Plan

Some of the work we are going to do.



We are going to find out more about the people in Northampton. This will tell us what they want from our services.



This will help us to make sure our services are better for everyone.



We are going to work with lots of different people to make important decisions.

For example, people of different ages and religions.



We are going to make easy read leaflets

This means more people will be able to read our information.

Our Plan

Some of the work we are going to do.



We will make sure all our staff get the right training so they can do their jobs well.



The people in charge will have training on how to make our services fair for everyone.



We will give our staff good training and support so that they can support you in the best way.

Pictures by Photosymbols

1.0 Summary

1.1 The table below shows the summary of the current self-assessment against the EDS 2 2017/2021.

Goal	Outcome	Current Self-Assessment
1. Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the needs of local communities	Developed
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
	1.3 Transitions from one service to another, for people on care pathways are made smoothly with everyone well informed	Developed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developed
2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds	Achieving
	2.2 People are informed and supported to be as involved as they wish in decisions about their care	Achieving
	2.3 People report positive experiences of the NHS	Developed
	2.4 People's complaints about services are handled respectfully and efficiently	Achieving

The following pages present the Trust EDS2 for 2017/18 as our Improvement Plan.

2.0 Improvement Plan

Goal One: Better Health Outcomes

Outcome	Current Position
1.1 Services are commissioned, procured, designed and delivered to meet the needs of local communities	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.
Actions	
Review and refresh contact methods of engaging hard-to reach and minority groups, with particular focus on: <ul style="list-style-type: none"> • Sexual orientation • Gender re-assignment 	
Establish full baseline data for protected characteristics through implementation of new patient electronic database (CAMIS)	
Ensure business case process includes engagement with service users	
Review protected characteristics via FFT feedback	

Outcome	Current Position
<p>1.2 Individual people's health needs are assessed and met in appropriate and effective ways</p>	<p>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.</p> <p>The Trust has a 'flagging' system in place to highlight patients who may require extra support, eg:- safeguarding, Butterfly profile, learning disability. This enables reasonable adjustments to be made from the first contact with the hospital in the Out Patient Department to Pre Operation Assessment, 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 learning disabilities, 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 implement personalised/individualised care. The Trust has developed and introduced a pain assessment tool which is suitable for people with learning disabilities or patients with communication issues.</p>
Actions	
Re-provision Interpreting and Translation Services with a focus on developing and delivering 24hr telephone translation services	
Enable electronic flagging via CAMIS for all protected characteristics	
Embed AIS within standard patient contact process for all patients	
Further develop volunteer roles for those hard to reach or marginalised groups within the hospital setting	
Expand Frail Elderly / Dementia care bundle from Urgent Care to encompass all ward areas	
Establish a Disability and Sensory Impairment Working group for the Trust	

Outcome	Current Position
<p>1.3 Transitions from one service to another, for people on care pathways are made smoothly with everyone well informed</p>	<p>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.</p> <p>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.</p> <p>The Trust utilises beds provided by other agencies such as Avery Healthcare and AGE Nursing Homes to provide appropriate provision of services for those who do not require acute inpatient provision, but are not ready to go home or require further rehabilitation services.</p> <p>Mental Health Liaison Services are in place for both adult and older peoples services, with the addition of a dementia home team to support successful transition back to home</p>
Actions	
<p>In concert with other partners, review the transition points between child and adult services to ensure strong and effective pathways are in place for these groups</p>	
<p>Establish a mental health working group to strengthen arrangements with mental health services to ensure robust pathways for mental health service users are in place with swift and effective transitions in and out of services, in line with <i>Treat as One</i></p>	
<p>Once baseline data established, develop initial responses to appropriate support and care requirements of individuals who are transitioning, or who have transitioned</p>	
<p>Strengthen transitional arrangements for children with complex needs to adult services within the Trust</p>	

Outcome	Current Position
<p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p>	<p>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 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. 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.</p> <p>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.</p>
<p>Actions</p>	
<p>Review serious incidents, Datix and security incidents in line with protected characteristics for themes and priorities for improvement.</p>	
<p>Establish a Safeguarding Operational Group which will report to the Safeguarding Assurance group to ensure Safeguarding is embedded within the Trust</p>	
<p>Publish Safeguarding Annual report highlighting priorities for 2017/18</p>	

Outcome	Current Position
<p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Actions</p>	
<p>Establish full baseline data for protected characteristics through implementation of new patient electronic database (CAMIS)</p>	
<p>Once baseline data established, review impact of service delivery for protected characteristics</p>	

Goal Two: Improved Patient Access and Experience

Outcome	Current Position
<p>2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds</p>	<p>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.</p> <p>A comprehensive estates plan supports the access to, and redevelopment of, the older parts of the Trust estate, supporting access to all areas. This has included the re-provisioning of car parking facilities, with a focus on the placement and number of accessible and disabled spaces within the site.</p> <p>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. 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, i.e.:- where the GP acts as the patient’s advocate where a patient is unable to use the ‘choose and book’ facility.</p> <p>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</p>

	and is reported to the Trust Board. The Trust abides by the local priority treatment policy which is developed by the commissioners. 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
Actions	
Carry out signage and wayfinding audit of the hospital site to identify gaps for patients who cannot understand standard English language.	
Review outpatient letters to ensure that interpreting and translation Services are promoted and reasonable adjustments for vulnerable groups are provided.	

Outcome	Current Position
<p>2.2 People are informed and supported to be as involved as they wish in decisions about their care</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>The Mental Capacity Act (2005) 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 an 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.</p> <p>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.</p>
<p>Actions</p>	
<p>Develop easy read leaflets for:</p>	

Bi-Annual spot check on Accessible Information Standard compliance

Outcome	Current Position
<p>2.3 People report positive experiences of the NHS</p>	<p>Within NGH one of the key ways in which we collect patient satisfaction is through the Friends & Family Test. In 2015 NHS England released Guidance on Inclusivity, this was specifically based around ensuring everyone is given an equal opportunity to respond. Ensuring inclusivity also enables the organisation to be able to identify recommendation rates broken down into the protected characteristics. This includes;</p> <ul style="list-style-type: none"> • All FFT postcards for different services include demographic questions including, age, gender, sexuality, disability and ethnicity. • Any information that pulls through from the Patient Administration System (PAS) into the system which issues SMS messages and Interactive Voice Messages (IVM) also sends information relating to patient demographics. This enables the data to be analysed in accordance with age and gender. • Specific postcards have been designed in Easy Read to ensure inclusivity. • Ward areas are encouraged to support patients with dementia with completing postcards in line with guidance. • An online system has been developed with over 50 languages available, this is promoted in the 2 most spoken languages excluding English, within the county. • An online system specifically for children has been created and is sent out to parents via SMS. This has 3 different surveys for different age ranges. • Within the FFT Comment Theming process for all negative comments received, a theme for Equality & Diversity is applied for any issues relating to the 9 protected characteristics.
<p>Actions</p>	
<p>Quarterly review of all FFT from protected characteristics to consider opportunities for improvements</p>	
<p>Bi-annual review of all comments from protected characteristics to identify themes and future opportunities for improvement</p>	

Outcome	Current Position
<p>2.4 People’s complaints about services are handled respectfully and efficiently</p>	<p>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.</p> <p>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. 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</p>
<p>Actions</p>	
<p>Develop a baseline understanding of the protected characteristics of complainants to identify trends and themes</p>	
<p>Develop a baseline understanding of the protected characteristics of concerns via PALS to identify trends and themes</p>	
<p>Review bi-annual complaints and concerned raised (including all protected characteristics) for themes that can be addressed.</p>	

3. Reporting Process

Our Improvement Plan will be shared with the Equality & Diversity group on a quarterly basis to monitor our progress. We will also provide a highlight report to the Patient & Carer, engagement & experience group on a quarterly basis.