Equality Delivery System 2014

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EXECUTIVE SUMMARY

The Equality Delivery System (EDS) was made available to the NHS on 29 July 2011. It was formally launched in November 2011 and is being used by many NHS Organisations.

In November 2013 NHS England launched EDS2 which was developed as a more streamlined and simpler to use framework for the assurance of the delivery of Equality throughout the service.

EDS2 is the framework by which all NHS organisations implement the Equality Act 2010. It aims to improve performance in relation to quality at work, and to embed equality into mainstream NHS organisations.

The new EDS2 contains 18 desired outcomes, against which NHS organisations are asked to assess and grade themselves. They are grouped under four goals, as detailed din the following pages.

Although EDS2 is not mandatory it is supported and championed by the Chief Executive of the NHS as well as other senior NHS professionals.   Submission of the EDS2 can help NHS organisations:-

- meet the public sector Equality Duty
- deliver on the NHS Outcomes Framework and the NHS Constitution
- meet the Care Quality Commission's "Essential Standards of Quality and Safety"

Mid Cheshire's local health services are committed to ensuring that everyone has an equal chance to live a long and healthy life, regardless of age, disability, gender identity, marital / civil partnership status, pregnancy / maternity, race, religion or belief, sex, or sexual orientation.

We see the Equality Delivery System as an opportunity to look at how well we are doing in our endeavours to eliminate discrimination and make plans to improve equality in Mid Cheshire.

LEGISLATIVE CONTEXT

The Equality Act 2010, which received royal assent on 8 April 2010, was implemented on 1st October 2010. It replaced several pieces of previous legislation relating to discrimination (for example, the race relations Act of 1976 and the Sex Discrimination Act of 1975) with the intention of updating, strengthening and simplifying equality law.

The Equality Act 2010 cover the same protected characteristics that were covered by existing equality legislation but it also extends protections to some groups not previously covered. The list of protected characteristics now covered reads as follows: - sex; race; disability; pregnancy & maternity; age; religion or belief; sexual orientation; marriage & civil partnership and gender reassignment.

The act also created the public sector equality duty (PSED), which requires all publicly funded organisations to take further steps towards ensuring equality in the workplace. The public sector equality duty contains two parts: - the general duty and the specific duty. Public sector organisations must meet both.

The general duty requires that organisations have due regard to the need to:-

- Eliminate unlawful discrimination, harassment & victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

The specific duty requires the publication of : -

- Equality objectives, at least every four years
- Information to demonstrate compliance with the equality duty, at least annually

The use of EDS2, and the use of evidence and insight to assess and grade their equality performance, helps NHS organisations respond to but the general and the specific duties of the PSED.

INTRODUCTION

At the heart of the EDS is a set of 18 outcomes, as detailed in the following pages. . The outcomes cover the issues of most concern to patients, communities, NHS staff and Boards. Using these, NHS performance is analysed and graded by NHS organisations working with local patients, community groups, staff, staff-side and voluntary organisations.

These outcomes are grouped into four goals as follows:-

EDS2 GOALS	Better Health Outcomes
	Improved patient access and experience
	A representative and supported workforce
	Inclusive leadership

These four goals encapsulate a set of 18 outcomes that lie at the heart of the EDS. These outcomes focus on the issues that are the most pertinent to patients, carers, communities, NHS staff and Boards. Performance is analysed and graded against these outcomes, the results of which are fed into action plans. Patients and communities have an important role to play in grading performance against those outcomes. For each outcome, there are four grades:-

EDS2 GRADING OF OUTCOMES	Undeveloped	staff members or people from all protected groups fare poorly compared staff members or people overall
	Developing	staff members or people from only some protected groups fare as well as staff members or people overall
	Achieving	staff members or people from most protected groups fare as well as staff members or people overall
	Excelling	staff members or people from all protected groups fare as well as staff members or people overall

The following sections show how we believe we have performed against each of the outcomes as at October 2014.

MCHT SUBMISSION SUMMARY

The table below shows the Trust's self scores againtst the four outcomes and the 18 factors within each of the outcomes.

Goal	No	Description of outcome	undeveloped	developing	achieving	excelling
MCHFT performance against outcomes summary						
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities			■	
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways			■	
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed			■	
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse			■	
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities			■	
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 access on unreasonable grounds			■	
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care			■	
	2.3	People report positive experiences of the NHS			■	
	2.4	People's complaints about services are handed respectfully and efficiently			■	
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels		■		
	3.2	The NHS is committed to equal value and expects employers to use equal pay audits to help fulfil their legal obligations		■		
	3.3	Training and development opportunities are taken up and positively evaluated by all staff			■	
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source		■		
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives			■	
	3.6	Staff report positive experiences of their membership of the workforce			■	
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations			■	
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed		■		
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free of discrimination			■	

FULL SUBMISSION

Reference No.	1.1 – Better Health Outcomes
Outcome	Services are commissioned, procured, designed and delivered to meet the health needs of local communities

The Trust ensures its obligations in relation to commissioning of services are met in the following ways:-

- Services are commissioned by the CCGs with consideration to health needs related to cultural issues, beliefs, race, gender, disability, sexual orientation, pregnancy and maternity. Compliance with Equality and Diversity requirements was also an explicit part of discussions with Commissioners for the current contract
- The Trust links equality issues to its public consultation on its Quality accounts.
- Where the Trust consults with the local population it services, such as was undertaken in framing its response to the second Francis Report, it does so in ways that maximise access (physically and geographically) for local communities
- The Trust is developing a Health Promotion Strategy. This considers, Eating for Health, Becoming more active, Smoking, Drugs & Alcohol, Sexual Health, Positive Mental Health, Bone Health, Diagnostic Screening
- Services, business cases and tender specifications are subject to equality impact assessment. All equality impact assessments are published on the Trust's website. Assessments consider all protected characteristics and low income
- The Trust's membership is routinely reported and monitored to the Governors' Membership and Communications Committee. Membership is broadly comparable with the local population based on gender and ethnicity. Women and black and minority ethnic people are slightly over represented in the local population.

Evidence
- Health promotion strategy
- Living well in Cheshire East
- Living well in Cheshire East statement
- Public engagement event locations
- Equality Impact Assessment Policy & Procedure
- Patient Placement Policy
- Equality & Diversity Strategy
- Single Equality Scheme
- E & D annual report

The Trust is a signatory to Living Well in Cheshire East. This commits the Trust to working with others to address health inequalities in the area. That commitment will be developed through the work of the shadow and substantive Health and Wellbeing Boards.

We encourage the use of patient/staff and carer feedback for all service changes. Every patient and carer has one of these to complete or is given help to complete it where required. The feedback is used as part of continual improvement to ensure the service meets the needs of the patients and carers in the community.

The health needs of the community are assessed through the Joint Strategic Needs Assessment and in the Director of public health's annual report. Arrangements are in place for the Trust's Chief Executive to meet on a regular basis with the Health and Wellbeing Boards. The community demonstrates considerable health inequalities related to deprivation which will be considered through these arrangements

The organisation has been working with diverse groups to create patient passports which help to inform carers and professionals of the normal range for patients that may use the service in an attempt to make the experience as seamless as possible for the patients and the carers.

Each division has an involvement programme monitored by the Action Group for Patient

Experience and the Patient Experience and Quality Committee. The diversity of both groups will be monitored.

The Trust maintains a list of stakeholder groups used for communication and consultation and has increased its range of communication media, now additionally making use of social media which can ease awareness for those with differing access needs and from differing demographic segments These groups cover a wide range of interests and many of the protected groups.

The Trust has a Youth Council which has been involved with survey work for young patients.

The Trust holds Public Board meetings.

Grading	Achieving

Reference No.	1.2 – Better Health Outcomes
Outcome	Individual people's health needs are assessed and met in appropriate and effective ways.

The Trust ensures its obligations in relation to assessing people's health needs in the following ways:-

- Undertake individual care assessments and implement individualised treatment plans.
- As far as possible, assess patients in their own environment.
- Implement the principles of the Mental Capacity Act.
- Undertake best interests meetings where appropriate.
- Ensure the right patient is in the right place at the right time.

Evidence
- Translation Policy
- Electronic guidelines on the Intranet
  - Long Term Conditions
  - Learning Disability
  - Dementia
  - End of Life Care (e-paige)
- Unified DNAR policy and lilac form
- Patient Placement Policy
- Agenda from Learning Disability Meeting
- Care Indicator Results
- Advancing Quality Report, Privacy & Dignity Policy and Adult Safeguarding Policy
- Dementia Care Bundle
- Patient Passports
- Changing Places
- Training records for MCA and DOLS
- Easy Read Patient Information and appointment letters eg Breast Screening Services
- Internet Site – Patient Information
- Carers Survey (Dementia)

All patients are assessed as they are admitted to hospital and many pathways now exist to help ensure patients receive the correct care at the appropriate time. This can be seen through the advancing quality report. Care indicators are completed each month to ensure assessments are conducted effectively.

A variety of guidelines are available electronically for staff to ensure they follow the correct pathway for the patient's condition, such as learning disability or dementia. The unified do not resuscitate policy and lilac form has been launched in the Trust.

The patient placement policy guides staff to ensure inpatients are cared for in the right location according to their needs. The Trust has a range of patient information literature which is available on the intranet and internet. Easy read patient information leaflets have also been developed which track patient journeys through the hospital. All information is approved by the Patient Information Group and there is also a reader's panel with patient representatives who approve all patient information before it is printed.

Trust staff receive training on induction and mandatory training about safeguarding; the Mental Capacity Act, and deprivation of liberty. A new e-learning programme about MCA has been launched.

The Trust holds best interest meetings for patients who lack capacity and involves carers. These can take place at a patient's home, although they mostly take place on the ward where the patient is an inpatient.

The translation / interpreter service is well utilised to ensure staff can communicate effectively with patients and their carers. The same principle applies to use of the deafness support network. Patient passports are used to help staff to get to know patients, their carers and are helpful in communicating with patients and ensuring they are treated as individuals.

Grading	Achieving

Reference No.	1.3 – Better Health Outcomes
Outcome	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.

The Trust's intention is to:
- Ensure consistent approach to the transition between services internal and external to the Trust.
- Ensure patients' experiences in the Trust reflect fair and equal access to services.
- Undertake individual care assessments and implement individualised treatment plans in collaboration with patients and / or carers.
- Undertake best interests meetings where appropriate for protected groups.
- Ensure fair and equal access to patient support mechanisms including PALS, Key Workers and appropriate agencies.

Evidence
- Access management policy
- Interpreting and translation policy
- Patient placement policy
- Eliminating mixed sex accommodation policy
- Easy read version of the quality account
- Travel and associated expenses policy
- Procedure for identifying, recording and managing equality, diversity and human rights actions
- Patient Passports
- Advancing Quality Report
- Easy read patient information leaflets
- Training plan for dementia
- Terms of reference for learning disability development group
- Guidance on religions
- Changes places facility
- Electronic guidelines on the Intranet
    - Long Term Conditions
    - Learning Disability
    - Dementia
    - End of Life Care (e-page)
- Unified DNAR policy and lilac form
- Privacy & Dignity Policy
- Adult Safeguarding Policy
- Advancing Quality Report
- Dementia Care Bundle
- Training records for MCA and DOLS
- Internet Site – Patient Information
- Equality Impact Assessments for Services within the Trust (for e.g. Cancer Services)

All policies have equality impact assessments undertaken prior to approval. No issues have been identified in relation to the protected groups as a result of these policies.

All patients are assessed as they are admitted to hospital and many pathways now exist to help ensure patients receive the correct care at the appropriate time. This can be seen through the advancing quality report.

A variety of guidelines are available electronically for staff to ensure they follow the correct pathway for the patient's condition, such as learning disability or dementia.

The patient placement policy guides staff to ensure inpatients are cared for in the right location according to their needs.

The Trust has a range of patient information literature which is available on the intranet and internet.

All information is approved by the Patient Information Group and there is also a reader's panel with patient representatives who approve all patient information before it is printed.

The Trust has a contract with EIDO who provide the majority of treatment information, so this is always clinically up to date.

Easy read patient information leaflets have also been developed which track patient journeys through the hospital.

Trust staff receive training on induction and mandatory training about safeguarding; the Mental Capacity Act, and deprivation of liberty. A new e-learning programme about MCA has been launched.

The Trust holds best interest meetings for patients who lack capacity and involves carers. These can take place at a patient's home, although they mostly take place on the ward where the patient is an inpatient.

The unified "Do Not Resuscitate" policy and lilac form has been launched in the Trust.

The translation / interpreter service is well utilised to ensure staff can communicate effectively with patients and their carers. The same principle applies to use of the deafness support network.

Patient passports are used to help staff to get to know patients, their carers and are helpful in communicating with patients and ensuring they are treated as individuals.

For example: There are Operational Policies for each tumour group within the Trust (Cancer Peer Review), which details specific care pathways.

Grading	Achieving

Reference No.	1.4 – Better Health Outcomes
Outcome	When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse

The Trusts intention is to:

- Manage and store all incidents via the electronic Ulysses system
- Identify key objectives for the Integrated Governance team via the Assurance Frameworks
- Monitor and action relevant safety alerts issued from the DH Central Alert System
- Provide assurance against published NICE and National guidance
- Ensure a robust process for the Safeguarding of Adults and Children.

Evidence:
- Incident Investigation, Learning and Improving Procedure
- Incident Reporting Procedure
- Central Alerting System Procedure and Management
- Policy for the Management of National Clinical and Health and Safety Guidance
- Integrated Governance Monthly Exception Report
- 'No Secrets' Adult Protection – Flowchart
- "Safety Experience" August 2014

The Trust has an Incident reporting and an Incident Investigation, Learning and Improving Policy. These policies outline to staff how and when they should report any type of incident. These processes enable Trust staff to put controls in place to prevent a recurrence of incidents and share lessons learnt. The National Reporting and Learning System recognises the Trust as having a 'risk aware and positive safety culture' as the Trust is among one of the highest reporters of patient safety incidents, this is viewed as a positive step.

The Trust uses Safeguard (Ulysses) risk management software to store all incidents. This system allows staff to report incidents electronically. The patient demographics are automatically updated from the Patient Administration System (PAS) and contain the patient's age, religion and ethnic group; although it must be pointed out that the latter two fields are hidden from staff due to information governance restrictions. The system was fully implemented in October 2011 and is now embedded.

The Patient Safety Work stream of Integrated Governance has an approved Patient Safety Assurance Framework this framework identifies the key objectives for patient safety within the Trust. The Framework is monitored at the Quality Effectiveness and Safety Committee (QuESt) on a bi-monthly basis. The Chief Executive for the Trust is the chair of this committee.

The Board of Directors hold monthly meetings to discuss among other things the Trust performance, patient safety forms part of this report. In addition to this the Medical Director and Deputy Chief Executive delivers a verbal account of any serious incidents that have occurred since the last meeting. Ensuring Board level engagement in patient safety is a priority for the Trust to ensure that initiatives are in place and monitored to prevent avoidable harm to patients.

The Trust receives safety alerts via the Department of Health's Central Alert System (CAS). This alerts the trust to any safety issues in relation to medicines and medical equipment. The Trust has a robust policy in place to ensure that there is a system in place to ensure that the necessary actions are carried out and completed to ensure the safety of patients. The Trust uses Safeguard (Ulysses) Risk Management software to manage the CAS alerts.

The Trust receives NICE guidance on a monthly basis. These are monitored on a monthly basis in the Integrated Governance Monthly Exception report. In addition to this the Trust also has a system in place for ensuring that high level reports or other national guidance is reviewed and actioned to ensure patients safety and that best practice and guidance is being adhered to. Part of the process for NICE and national guidance requires the identified leads for the guidance to carry out a gap analysis to demonstrate compliance. This is monitored via the Trust governance structures.

The Trust is signed up to the Safeguarding Adults in Cheshire East "There can be No Secrets" Inter

Agency Policy, Procedure and Guidance, which protects vulnerable adults from the following types of abuse. Physical, neglect, sexual, emotional, psychological, discriminatory, institutional and financial. The definition of a vulnerable adult that the policy refers to is someone who is or in need of community care services by reason of mental or other disability, age or illness and is unable to take care of him or herself, or unable to protect him or herself form significant harm or exploitation.

The Director of Nursing sits on the Safeguarding Adults Board for East Cheshire to ensure that the needs of our client group are represented with regard to future developments within the safeguarding adult's arena. The Trust also has a Domestic Abuse Policy and is signed up to both East and West Cheshire Multi Agency Risk Assessment Conferencing (MARAC), with a dedicated representative attending monthly meetings to share information. MARAC is about reducing the risk of death for victims of domestic abuse and promoting their safety. While the majority of victims referred are women in heterosexual relationships this is not exclusive and in partnership with the Domestic Abuse Family Safety Units (DAFSU) we can refer and offer a specialist service through ARCH in East Cheshire and Barnyards in West Cheshire, for men who are experiencing domestic abuse in both heterosexual and same sex relationships. Outrite offer services for gay and bisexual people living in Central and Eastern Cheshire. The DAFSU in East Cheshire also have a full time dedicated Polish worker. Using the Trust ICS system victims who disclose current domestic abuse or are subject to MARAC including any children of the victim are highlighted to staff via a risk code to ensure that their safety is addressed while receiving care

Safeguarding arrangements are also in place for children.

The Trust uses patients' passports for patients with learning disabilities which add to safety.

The Trust identifies patients requiring close observation for any reason, including likelihood of falls, capacity issues, mental health and dementia.

The Ulysses system allows reports to be generated on any selected field; these reports are then presented to the relevant committees for monitoring

The gap analyses that are required to provide evidence for any NICE and external guidance address those specific issues that are highlighted in the reports. Some of these are specifically for certain cohorts of patient's example, maternity which is related to pregnant females.

As part of the Trust process for Safeguarding Adults, staff when completing a Safeguarding Adults Trigger also completes an electronic incident report via the Ulysses system.

Grading	Achieving

Reference No.	1.5 – Better Health Outcomes
Outcome	Screening, vaccination and other health promotion services reach and benefit all local communities

The Trust's provides or supports national screening programmes including:

- Breast Cancer
- Bowel Cancer
- Cytology Screening
- Sexual Health Screening (BASHH Guidelines)
- Blood Borne Virus Screening

The Trust provides vaccination programmes that include:

- Influenza for all staff groups
- Influenza vaccine for MSM (men who have sex with men)
- Hep B Vaccine for MSM, sex workers, victims of assault, occupational risk
- HPV vaccine for females under 18

The Trusts caters for special dietary requirements and offers healthy options

The Trust complies with recommendations from NICE Smoking Cessation in Secondary Care Public Health Guidance

The Trust implements memory screening for all emergency admissions over 75 years of age with a follow up referral to GP if appropriate

The Trust has an alcohol screening programme for emergency admissions

Evidence

- The Trust Breast Screening programme forms part of the national programme and is externally accredited
- The Breast Care Unit have developed a picture pathways to support those patients coming for screening who have learning disabilities
- The Trusts Bowel Screening Programme forms part of the national programme and is externally accredited
- Specialist Nurses from the Bowel Screening programme attend local nursing homes to support participation from this patient group
- Admission to hospital is arranged for frail people undergoing Bowel Screening
- Patient undergoing Bowel screening who have special needs are supported utilising visual tools, picture/ story books, Braille and foreign language support
- Screening undertaken by the Sexual Health Centre complies with national guidelines
- The Sexual Health Centre takes part in National Health Promotion Hospitals Audit (NHPH) an online data base which includes data by gender
- The Sexual Health Centre sees under 16 year olds and completes a written risk assessment, all under 16's have the same right to confidentially as adults
- All patients attending the Sexual Health Centre have confidentiality maintained under the 1974 VD Act
- Screening and vaccination providers in the Trust utilise the translation/

- interpreter service and the deafness support network if required
- The Centre for Sexual Health have staff representatives on the following groups:

    o MCHFT Lesbian, Bi, Gay Transgender Group
    o Sexual Health Management Group (with community CASH clinic)
    o MCHFT Safeguarding Children Group

The Bowel Screening team are currently working with the Quality Assurance (QA) team to enable referral onto the screening programme from Styal Prison, very low numbers are anticipated in the age

group that participate in bowel screening (60-74 year olds) and the Bowel Screening team target GP practices with low up take

Services provided to support smoking cessation or temporary abstinence from smoking include:

- Helping people admitted to secondary care to abstain temporarily if they do not want to stop completely
- Providing information and advice for carers, family, other household members and hospital visitors
- Providing and advising on stop smoking pharmacotherapies
- Providing leadership on stop smoking support
- Referral systems for people who smoke
- Smokefree policies
- Provide everyone with verbal and written information about the hospital's smokefree policy before their stay
- For people admitted to secondary care services who are only prepared to abstain temporarily, encourage use of combination NRT to help reduce cravings to smoke during their stay
- When people are discharged from hospital ensure they have sufficient stop smoking pharmacotherapy to last until their next contact with a stop smoking service
- Identifying staff who smoke and providing stop smoking interventions
- Stop smoking training for healthcare staff
- Brief intervention training for all staff levels on the referral pathway

Alcohol services: patients are referred either from A&E and if not seen there, will be seen on the ward. If the patient should be discharged prior to seeing alcohol services, they are followed up in the community.

Grading	Achieving

Reference No.	2.1 – Improved Patient Access and Experience
Outcome	People, carers and communities can readily access hospital services and should not be denied access on unreasonable grounds.

The Trust's intention is to:

- Ensure consistent and equitable access to services by patients referred to hospital
- Ensure that patients on elective, outpatient and diagnostic waiting lists are treated in chronological order taking account of their clinical priority.
- Establish a consistent approach in the management of referral to treatment pathways and service specific waiting lists across the Trust.
- Ensure national and local waiting time standards are met

Evidence
- Access management policy
- Interpreting and translation policy
- Patient placement policy
- Eliminating mixed sex accommodation policy
- Easy read version of the quality account
- Travel and associated expenses policy
- Procedure for identifying, recording and managing equality, diversity and human rights actions
- Patient Passports
- Easy read patient information leaflets
- Map of accessible car parking spaces
- Easy read quality account
- Agenda from Long Term Conditions event
- Training plan for dementia
- Terms of reference for learning disability development group
- Guidance on religions
- Changes places facility

All policies have equality impact assessments undertaken prior to approval. No issues have been identified in relation to the protected groups as a result of these policies.

All services, business cases and tender specifications are also subject to equality impact assessments.

The equality impact assessments consider all protected groups.

The Trust has interpreting and translation services provided by the Big Word and the Deafness Support Network.

The Trust has patient passports (Information about ME to Help YOU), and easy read patient information leaflets to help improve patients' experiences.

The Trust will reimburse car parking fees for those on defined benefits.

A map of accessible car parking spaces is available.

To ensure all patients are aware of Trust quality priorities and achievements, an easy read quality account is available. This can be used to help patients and carers decide that they want to be treated at Mid Cheshire Hospitals NHS Foundation Trust.

The Trust is keep to support patients and carers with long term conditions (LTC). A LTC training day was held on 25 June 2014 which was supported by a variety of external agencies. The event was well attended by Trust staff and well evaluated.

A mandatory training plan is in place to ensure staff are able to care appropriately for patients with dementia and their carers.

The Dignity Matron supports patients with learning disabilities and making reasonable adjustments. The Dignity Matron is supported by the learning disability team from Cheshire and Wirral Partnership NHS Foundation Trust. Both Trusts meet at the learning disability development group which is chaired by the Deputy Director of Nursing & Quality from Mid Cheshire Hospitals NHS Foundation Trust.

The Trust now has a changing places facility which is ideally located to allow access to patients who require such a facility. It is near the outpatients department and the hospital's main entrance.

The Trust has undertaken a disability access audit of all its sites. Disability access risks have been added to other estate related risks so that all risk may be managed in a comprehensive way. This is managed by the Trust's infrastructure committee.

The Trust provides appropriate food choices, support and religious facilities.

Grading	Achieving

reference No.	2.2 - Improved Patient Access and Experience
Outcome	People are informed and supported to be as involved as they wish to be in decisions about their care.

The Trust's intention is to:
- Provide information through a range of literature, including easy read and large print.
- Provide information electronically or paper based.
- Involve people who lack capacity and their carers in their treatment / care through the use of best interest meetings and IMCAS (Independent Mental Capacity Advocate).
- Train our staff to understand the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DOLS).
- Ensure staff understand individual patient's needs and involve them and their carers in their care.

Evidence
- Bedside Folders
- Privacy & Dignity Policy and Translation Service / Policy
- Adult Safeguarding Policy
- Dementia Care Bundle
- Patient Passports
- Quality Account (Easy Read)
- Changing Places
- Easy Read Patient Information
- Training records for MCA and DOLS
- Easy Read appointment letters, eg Breast Screening Services
- Internet Site – Patient Information
- Reasonable Adjustment Care Plan
- Ophthalmology Patient Story
- Independent Domestic Violence Advocate Posters
- Minutes from Patient Information Group
- National Inpatient Survey Results
- Carers Survey (Dementia)
- Best Interests Meeting Proforma
- Unified DNAR Policy and lilac form

The Trust has a range of patient information literature which is available on the intranet and internet. All information is approved by the Patient Information Group and there is also a reader's panel with patient representative who approve all patient information before it is printed. Easy read patient information leaflets have also been developed which track patient journeys through the hospital.
Patient passports are used to help staff to get to know patients, their carers and are helpful in communicating with patients and ensuring they are treated as individuals.

The Trust has a contract with EIDO who provide the majority of treatment information, so this is always clinically up to date.

Trust staff receive training on induction and mandatory training about safeguarding; the Mental Capacity Act, and deprivation of liberty. A new e-learning programme about MCA has been launched.

The Trust holds best interest meetings for patients who lack capacity and involves carers. These can take place at a patient's home, although they mostly take place on the ward where the patient is an inpatient. In addition, the long term conditions event held in June 2014 included patients and carers who told their story about involvement.

The translation / interpreter service is well utilised to ensure staff can communicate effectively with patients and their carers. The same principle applies to use of the deafness support network.

A carer's survey is undertaken each month with carers of patients with dementia to ensure they are involved as much as they wish, with the care of the patient.

Grading	Achieving

Reference No.	2.3 - Improved Patient Access and Experience
Outcome	People report positive experiences of the NHS.

The Trust's intention is to:
- Complete national and local surveys and produce action plans to improve services
- Produce a programme of patient satisfaction surveys and use different methods to involve staff, patients and customers.
- Organise working groups with patient representatives to develop action plans and check progress
- Compare our results with other hospitals.

Evidence:-

- Equality and diversity annual report
- National inpatient survey 2013 results (overview)
- National maternity survey 2013 results (overview)
- Annual 2013 complaints, comments, compliments report
- Quality Account 2013-14
- Agenda for patient experience committee
- Agenda for complaints review panel
- Agenda for the patient experience action group
- Agenda for patient register group
- Programme and evaluations from long term conditions event 25 June 2014
- Agenda for the Youth Council
- Board patient experience report
- Feedback from NHS Choices
- Friends and Family Test poster
- Local outpatient survey results 2014
- Divisional patient and public involvement programme
- Open and honest care report

The Trust is currently achieving a five out of five star rating on NHS Choices for Northwich Victoria Infirmary and a 4.5 out of five star rating for Leighton Hospital.

The Board of Directors receives patient stories and the patient experience report at each Board meeting, which are public meetings.

Each division develops a patient and public involvement plan each year which is monitored at the patient experience action group.

Examples of action taken as a result of feedback are shared with staff and the public. This is also made available on the Trust's website.

The complaints review panel is chaired by a Non-Executive Director and has patient representation.

The patient experience committee (PEC) is chaired by a Non-Executive Director and has governor representation. PEC oversees public and patient feedback.

PEC receives reports from a range of sub-committees including the learning disability group; patient information committee; complaints review panel and patient experience action group.

The Trust provides customer care training to promote values and behaviours within the Trust and includes examples of patient feedback. In response to feedback relating to discharge delays, PEC has received updates in relation to event led discharge and pharmacy development which are designed to reduce delays. In addition, posters have been developed to assist patients prepare for their discharge home.

A long term condition event was held in June 2014 with representation from external stakeholders. This has led to additional training for staff from Parkinson UK and the Multiple Sclerosis Society.

Hospital passports for patients are becoming established.

The open and honest care project has been progressed by the Trust. The results are published on the internet site and shared with nurses and the divisions.

A new mosque has been developed and is open on site.

Feedback from patients has been reviewed in relation to equality and diversity. All local surveys are evaluated and this is referenced in the equality and diversity annual report.

Trust staff have attended local interest groups, such as diabetes UK, local churches and the neuromuscular centre to obtain feedback and to promote the Customer Care Team.

The Trust has patient representation on pathway development groups such as the way finding group; glaucoma group and outpatients group.

The Trust has a youth council which meets every other month to receive views / feedback from younger members of the public.

The friends and family test has been fully implemented on inpatient wards, the emergency department and maternity department. Last year, the Trust received nearly 10,000 responses, with 94% of the public saying they would be extremely likely or likely to recommend the Trust. More information is included in the Quality Account.

Following the national inpatient survey results, all wards have committed to implementing the quiet protocol to reduce unnecessary noise at night so that patients have plenty of sleep.

Grading	Achieving

Reference No.	2.4 - Improved Patient Access and Experience
Outcome	People's complaints about services are handled respectfully and efficiently.

The Trust's intention is to:
- Acknowledge and respond to complaints in a timely manner
- Offer all complainants a meeting to discuss their concerns
- Resolve all complaints as early as possible
- Train its staff to respond appropriately to complainants, with respect and compassion
- Review all complaint responses to ensure they are compassionate and all issues are addressed.

Evidence:-

- Complaints policy
- Complaint survey proforma
- Board patient experience report
- Quality Account 2013/14
- Annual 2013 complaints, comments, compliments report
- Complaints review panel agenda
- Customer care and complaints training
- Tell us what you think poster
- Customer care team leaflet
- Complaint response checklist
- You said we did poster

All complaints are acknowledged by a phone call wherever possible and complainants are encouraged to meet to discuss their concerns. A written acknowledgement is then sent with a response deadline. Complaints are then managed within the divisions and responses generated by clinicians/nurses/senior managers.

All complaints are quality checked prior to sending out to ensure all issues are addressed, and receive a customer care leaflet and a healthwatch leaflet. The customer care leaflets are available in other languages and large print. The leaflet advises that nobody will be treated any differently as a result of a complaint. It also contains a sample letter to help people frame their complaint. The leaflets are held on all wards and departments.

All complaint meetings are recorded and a copy of the recording is given to the complainant at the end of the meeting. All complainants are offered the support of an advocate if required.
A complaint response survey commenced in April 2014. This concluded in June 2014 and results are pending. The survey includes a section on demographics.

The complaints review panel undertakes a detailed review of complaints at each meeting using the complaint response checklist.

The Trust has no upheld complaints that relate to discrimination.

Complainants are always offered the opportunity to re-raise ongoing concerns with the Trust and some complainants have been involved with ongoing Trust activities (eg PLACE audit).

The complaints and PALS service have been combined to ensure all concerns are managed effectively and with compassion.

The Trust is committed to developing learning from complaints and has used complainants in patient stories and developed "You said we did" posters.

Training on how to manage complaints is delivered to all new staff on induction.

Grading	Achieving

Reference No.	3.1 – A Representative and Supported Workforce
Outcome	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

The Trust's intention is to:
- Ensure access to vacancies at all levels is fair and inclusive
- Ensure Trust recruitment and selection methods are fair, inclusive and without bias or discrimination
- Ensure staff who undertake selection are trained to design and execute selection methods which reduce bias and are non-discriminatory
- Ensure recruitment and selection practices are fair and legal and meet NHS Employers Recruitment Check Standards
- Monitor recruitment of all recruitment at all levels to assess for bias

The Trust has appropriate policies and training in place yet Trust conversion rate monitoring continues to indicate that the outcome for some protected groups in some areas is better than for others.

Evidence
- Recruitment policy
- Initial and Ongoing Registration Policy
- Guidance for Recruiting Managers
- Reference and Employment History Check Policy
- Disclosure and Barring Policy
- Recruitment Conversion reporting and Analysis 2013/14

Policies and guidance are available for all aspects of the recruitment and selection process providing comprehensive information and guidance for those undertaking recruitment and selection at the Trust.

The Trust continues to see a disproportionate conversion within the gender and ethnicity diversity strands. As in other years the report shows that the number of male applicants and the number of non-British applicants to the Trust are disproportionately converted into successful applicants. To address this the Trust is focusing on increasing employee recruiters awareness of bias when selecting, increasing the diversity of shortlisting and selection panels and ensuring all staff who Chair recruitment and selection panels have attended the Trusts Recruitment and Selection training. Recruitment and selection courses are available and regularly run. Trust policy indicates all panels should have at least one person who has undergone the training. It is under discussion as to whether training should be mandatory for all staff who undertake recruitment and selection activity.

All vacancies are advertised on NHS jobs. Anyone who isn't able to access NHS jobs or is not able to use the internet has the option of getting support to apply for vacancies through the JET library.

Recruitment conversion rate information is published yearly as part of the Trust's Annual Report.

Grading	Developing

Reference No.	3.2 – A Representative and Supported Workforce
Outcome	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 Trust's intention is to:
- Continue to adopt national terms and conditions with AfC job matching in accordance with national guidance.
- Follow the Equal Pay Audit undertaken in 2010/11 with a follow up audit by the end of the financial year ending March 2015.
- Discuss the results of the equal pay audit with all staff representative groups.
- Continue to monitor staff satisfaction in relation to pay equality via the staff survey
- Review policies for maternity pay in line with usual trust timetable
- Consider monitoring increment non progression by protected characteristics
- Review Clinical Excellence Awards by protected characteristics.
- Monitoring to be reported to the Equality and Diversity Committee and JCNC/JLNC as appropriate.

Evidence
- Agenda for Change Job Matching policy
- Training materials used for job matchers
- Staff survey results
- Exit interview forms
- Focus Group Reports
- Equal Pay Audit from 2010/11

Policies are in place for pregnancy and maternity pay (74).

Equal pay claim updates haven been given to Trust Board in the past. Cases discussed in those report linked to the national issue of assimilation to Agenda for Change pay scales and have now closed. There have been no successful or settled discrimination claims.

Only Board Directors are not on national pay scales. Executive pay arrangements discussed and agreed at Trust Remuneration Committee. Benchmarking shows that the Trust is within normal pay ranges for each of the Executive Directors.

An Equal Pay Audit was completed in 2011 in advance of the development by the NHS Staff Council Equality Group of an Equal Pay toolkit. Most differences in average pay by gender and ethnicity were linked to distribution across the pay bands. This will be repeated by March 2015.

The terms of reference for the Clinical Excellence Awards Panel calls for representation from the Patients Forum, and a gender and ethnicity mix in consultant representation. All members are required to have currently valid Equality and Diversity training (71).

The Trust uses national terms and conditions of employment for medical and non-medical. For non-medical staff, these have been subject to review by the NHS Staff Council's Equality Group. The Trust's Head of Equality, Diversity and Human Rights is a member of that group.

Policies are in place for pregnancy and maternity pay.

Equal pay claim updates haven been given to Trust Board in the past. Cases discussed in those report linked to the national issue of assimilation to Agenda for Change pay scales and have now closed. There have been no successful or settled discrimination claims.

Grading	Developing

Reference No.	3.3 – A Representative and Supported Workforce
Outcome	Training and Development opportunities are taken up and positively evaluated by all staff

The Trust's intention is to:
- Identify the learning and development needs of all staff through annual appraisal to ensure they have the necessary knowledge and skills required to undertake their role
- Complete an annual Training Needs Analysis to produce an overall picture of prioritised needs
- Provide in house training courses to meet needs
- Provide training budgets to Divisions and Departments to fund external training
- Maintain training records for each member of staff

Evidence
- Statutory and Mandatory Training Policy
- Vocational Training (including Apprenticeships)Policy and Procedure
- Appraisal Policy and Documentation
- Guidance Document for Managers to Approve Study Leave
- Induction and BEMU presentation on Equality, Diversity and Human Rights
- Equality and Diversity training for Managers Development Programme
- Course Evaluation form
- Spanish Nurses Induction – ESOL training
- Learning and Development Training Bulletin
- Screenshot – Learning Zone Intranet
- CPD Apply E&D Report 2013-2014
- Equality Data training Jul13 to Jun 14 Summary of sample courses
- Induction Programme
- Induction Checklist
- Staff Handbook 2014-2016

All staff are required to undertake statutory and mandatory training and the Trust has a 90% compliance target. This is regularly monitored at Board level and is achieved. All new staff attend a comprehensive induction programme which includes a number of elements of statutory and mandatory training.   In addition, all new staff complete the local induction checklist with their manager. This identifies initial training needs on commencement in post.

All staff are required to have an annual appraisal of which part of it is the completion of a Personal Development Plan. This is regularly reported and monitored at Board level.

The outputs of the Appraisal and PDPs are used to compile the annual Training Needs Analysis which identifies the amount, type and cost of training required over the following year. Training budgets for Departments and Divisions are set in accordance with this, dependent upon overall Trust available resources. Training for appraisers is regularly held in order to help them conduct quality appraisals.

The Trust's internet site has an area called the Learning Zone, which can be accessed by all staff. There is a wealth of information on it about the training courses available and details of how bookings can be made.

We have several training rooms in the Trust. All are located on the ground floor and have easy access.

We are able to refer staff who may have dyslexia to a local college for screening and support.

We have recently recruited a number of nurses from Spain and the help them assimilate have arranged ESOL classes for them with our local college of further education. This has formed part of their Induction programme.

Grading	Achieving

Reference No.	3.4 – A Representative and Supported Workforce
Outcome	When at work, staff are free from abuse, harassment, bullying and violence from any source

The Trust's intention is to:

- Provide easy to read and understand posters describing bullying and harassment and advising action to be taken
- Continue to promote mediation as a means of early resolution of disputes between staff members
- Continue to work with the team of Employee Support Advisers to develop and promote their understanding
- Act upon the information received from the ESA staff questionnaire sent out in February 14
- Revise the dignity at work policy to make it easier to understand and to clarify processes

Evidence
- Mediation Leaflet
- Poster on bullying and harassment
- Staff survey results
- Exit interview forms
- Focus Group Reports
- Mediation report
- ESA audit report

The Trust acknowledges that front-line staff are at increased risk of abuse, harassment, bullying and violence from patients and relatives compared to back office colleague. The Trust has a policy for the management of acute aggressive behaviour. The Employee Support Adviser Service is available to all members of staff wanting to have initial discussions relating to dignity at work issues.

Wherever groups of individuals work together in close confines, the potential exists for relationships to be disrupted from time to time. This can lead to an escalation of bad feeling and isolation. Such soured relationships can be the cause of considerable unhappiness for those concerned.

Any cases of harassment are addressed through the Trust's general procedures. Occupational Health Services, counselling and the Employee Support Adviser Service are available for all staff to access. Trained Mediators are also available to address situations of conflict between employees. Conflict management training is provided and mandatory for specific front line staff groups. The progress of the employee support adviser and mediation services is monitored periodically by the Workforce Assurance Committee.

Grading	Developing

Reference No.	3.5 – A Representative and Supported Workforce
Outcome	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

A suite of policies and procedures are in operation which ensure that provision is made for all staff to enjoy a sensible balance between work and home obligations.

Evidence
- Trust mutually agreed resignation schemes
- Trust mutually agreed flexibility scheme
- Trust flexible working policy

Guidance for managers on requests to retire and return have been produced and are in operation. Equality monitoring of approved requests will be introduced.

Flexible working arrangements are generally considered for staff returning to work after long term absence. The mutually agreed flexibility scheme applies to all, but may be of particular value to certain groups. Where agreed this allows staff to increase time off.

The Trust employs staff across all working ages and has not operated a normal retirement age for some years.

The E&D Annual Report is discussed with Staff Side at JCNC. Data on levels of part time working are available from the E&D annual report but is not specifically highlighted in discussion with Staff Side. Flexible working policies in general are developed with staff side involvement.

12 hour shifts in some areas consulted upon and initially positively received, to be reviewed in light of experience.

The Trust's general flexible working options are available on a general basis. Data is not centrally collected or equality monitored in requests for flexible working and their outcomes. From time to time the Trust offers mutually agreed resignation packages.

There have been no successful or settled discrimination claims.

Disputes relating to discriminatory practice in the handling of requests for flexibility are dealt with via the Trust's normal informal and formal procedures. No disputes have been taken to beyond the informal level.

Grading	Achieving

Reference No.	3.6 – A Representative and Supported Workforce
Outcome	Staff report positive experiences of their membership of the workforce

Reference No.	4.1 - Inclusive Leadership

The Trust ensures its obligations in relation to staff reporting positive experiences of their membership of the workforce are met in the following ways:-

The national staff survey data was shared corporately and to divisions with breakdowns of results and key themes. From the 2013 survey divisions addressing 5 key areas in their action plans, one of which is discrimination.

All divisional action plans are monitored through divisional boards and through Workforce Assurance Committee.

This year's GMC Junior Doctor Survey highlighted one concern on the grounds of race which was dealt with by having a focus group for the Junior Doctors led by the PGMC Manager to ensure staff knew where to access support if such things arose. The local ED team were also asked to be observant for any such behaviour.

In the Staff focus groups that took place in June 2014 discrimination was not raised as a particular issue by attendees. In the case were it was it was felt to be on the grounds of being part time as opposed to full time.

E&D is one of the e-learning modules currently being devised and piloted in the Trust

Staff on internal leadership programmes have the staff survey data shared with them and discussed.

Grading	Achieving

Outcome	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

A range of opportunities are used where Trust Board and senior leaders champion engagment with all our communities, patients and staff, and encourage the 'quieter' voices to be heard.

- Induction, including a short video clip that asks staff to get behing the patient face to understand their needs, hopes and vulnerabilities. This is planned to be introduced for Mandatory training too.
- The Chief Executive regularly holds engagement sessions with staff allowing her to give personal briefings on current issues facing the Trust and the wider health economy, as well as listening to staff concerns.
- Engagement events with public
- Engagement with Governors and members
- A patient/staff story is presetned at the start of every monthly Board meeting. These have included stories/feedback from vulnerable service users, those with disabilities and those from ehnic minorities (Spanish recruits, for example) to ensure a rounded view
- Recruitment monitoring (including that for Board Executive and Non Executive members)

Evidence:

- Induction talks
- Talks to public and events designed to encourage feedback from patients, public
- Friends & Family surveys (patients and staff)
- Staff Opinion Survey results
- Executives talks and presentations especially re welcoming of diversity and zero tollerance of harrassment
- Recruitment monitoring
- ED minitoring reports
- Workforce Plan and workforce monitoring
- Governor Membership composition monitoring and recruitment prioritisation

Grading	Achieving

Reference No.	4.2 – Inclusive Leadership
Outcome	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

The Trust ensures its obligations in relation to ensuring that committee and board papers identify equality related impacts in the following ways:-

- All new and revised trust policies and procedures are accompanied by a bespoke equality impact assessment which is presented to the relevant committee at the time when it is received.

- All equality impact assessments are published on the Trust's website. Assessments consider all protected characteristics and low income

- The trust is in the process of updating its standard PID and Business Case templates to include standard paragraphs covering equality and diversity and a standard equality impact assessment template.

Grading	developing

Reference No.	4.3 – Inclusive Leadership
Outcome	Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free of discrimination

The Trust ensures its obligations in relation to supporting staff to work in culturally competent ways within an environment free of discrimination are met in the following ways:-

- As part of Induction and BEMU the Trust delivers sessions on Equality & Diversity to all staff. Staff attend BEMU every other year.

- An e-learning training programme covering essential elements of equality & diversity and the equality Act 2010 is under development and will be available to all staff before March 2015

- Internal leadership programmes contains a half-day training session on E&D

- Training on the management of sickness absence contains material covering disability discrimination and the requirements of the Equality Act 2010 relating to disability.

- Staff are asked as part of Investors in People interviews whether they feel they are treated equitably in terms of access to development opportunities and had no reported issues in the 2013 report on this matter.

- The Trust attained the Bronze standard Investors In people award.

Evidence

Sickness Absence training material
Leadership Development Training material
2013 staff survey results
Investors in People focus group outcomes

Grading	Achieving