EQUALITY DELIVERY SYSTEM (EDS2) 2017/18

EXECUTIVE SUMMARY

EDS2 is the framework by which all NHS organisations implement the Equality Act 2010. Its main purpose is to help NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010 and to help them deliver on the Public Sector Equality Duty (PSED). It aims to improve performance in relation to equality at work.

EDS2 contains 18 outcomes against which NHS organisations assess and grade themselves. They are grouped into 4 goals which are detailed on the following pages. These outcomes relate to issues that matter to people who use, and work in the NHS.

Mid Cheshire Hospitals NHS Foundation Trust 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.

The Trust see's the Equality Delivery System as an opportunity to look at how well we are doing 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 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 Public Sector Equality Duty.

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 NHS 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

Grading for each of the goals was done at an EDS2 Stakeholder Grading workshop held on 25th April 2018. The event was attended by:

- Body Positive Cheshire and North Wales
- Deafness Support Network
- Staff Side representative (Unison)

The following sections show how we believe we have performed against each of the outcomes.

MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST SUBMISSION 2017/18

The goals and outcomes of EDS2				
Goal	No	Description of Outcome	2016/17 Level	2017/18 Level
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Achieving
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving	Achieving
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving	Developing
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	Achieving	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving
	2.3	People report positive experiences of the NHS	Achieving	Achieving
	2.4	People's complaints about services are handed respectfully and efficiently	Achieving	Achieving
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
	3.2	The NHS is committed to equal value and expects employers to use equal pay audits to fulfil their legal obligations	Achieving	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Excelling	Achieving
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Excelling	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Excelling	Achieving
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	Achieving
	4.2	Papers that come before the Board and other	Achieving	Achieving

		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	Achieving	Achieving

Whilst the above grades appear to show a worsening position in 2017/18 compared to the previous reporting period, this is not strictly the case.

A more robust grading event has taken place this year in comparison to previous years with external stakeholders where the outcomes have been open to more scrutiny and challenge.

Grading evidence

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

Evidence drawn upon for the grading

• Action plan for health and well being
• Living well, working well and dying well in Cheshire East
• Living well in Cheshire East statement
• Public engagement event locations
• Patient Placement Policy
• E & D annual report
• Trust performance reports
• Cheshire East health and well-being board minutes

The Trust is a signatory to living well, working well and dying well in Cheshire East. This commits the Trust to working with others to address health inequalities in the area. That commitment has been progressed through the health and well-being board whose purpose is to make a positive difference to the health and well-being of the residents of East Cheshire through reducing health inequalities. The Trust's Chief Executive is a member of this board, which meets on alternate months.

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.

The organisation continues to work 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 a patient and public involvement programme which is monitored by the Action Group for Patient Experience and the Executive Patient Experience Group. These are reviewed in the quality account and audited by the Trust's external auditors.

The Trust maintains a list of stakeholder groups which cover a wide range of interests and many of the protected groups. The stakeholder list is used for communication and consultation and the Trust has increased its range of communication media. It now regularly makes use of social media and regularly tweets and makes use of the Trust's Facebook page. This can increase awareness for those with differing access needs and from differing demographic segments.

The Trust holds Public Board meetings each month.

The commissioners review progress against health and well-being targets at contract meetings and the joint quality and safety meeting.

Grading	Achieving

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

Evidence drawn upon for the grading

- Translation Policy
- Electronic guidelines on the Intranet
- o Long Term Conditions
- o Learning Disability
- o Dementia
- o End of Life Care
- Unified DNAR policy
- Patient Placement Policy
- Producing and providing patient information policy
- Agenda and minutes from the Learning Disability Meeting
- Care Indicator Results
- Advancing Quality Report
- Privacy & Dignity Policy
- Adult Safeguarding Policy
- Dementia Care Bundle
- Patient Passports
- Changing Places
- Training records for MCA and DOLS
- Easy Read Patient Information and appointment letters
- 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.

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 has been implemented 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. An e-learning programme about the Mental Capacity Act has been implemented.

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.

Evidence drawn upon for the grading

- 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
- Patient Passports
- Advancing Quality Report
- Easy read patient information leaflets
- Terms of reference for learning disability development group
- Guidance on religions
- Changing places facility
- Electronic guidelines on the Intranet
o Long Term Conditions
o Learning Disability
o Dementia
o End of Life Care (e-page)
- Unified DNAR policy
- Privacy & Dignity Policy
- Adult Safeguarding Policy
- Dementia Care Bundle
- Training records for Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS)
- Internet Site – Patient Information including comprehensive Easy Read information
- Equality Impact Assessments for Services within the Trust

All policies have equality impact assessments undertaken prior to approval.

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

All information is approved by the Patient Information Forum 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. An e-learning programme about the Mental Capacity Act has been implemented.

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 has been embedded 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.

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

Evidence drawn upon for the grading

• 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
• Sign up to Safety campaigns
• Quality Account 2016/17
• Quality & Safety Improvement Strategy
• Patient and Public Involvement Strategy 2016 – 2019

The Trust has an Incident reporting system 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 a timely reporter of patient safety incidents, with the type and level of severity of incidents in line with other NHS Acute Hospital Trusts.

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 Ulysses system allows reports to be generated on any selected field; these reports are then presented to the relevant committees for monitoring. The Trust are currently in the process of looking into implementing the Sexual Orientation Standard.

The Trust has a Quality & Improvement Strategy which is monitored by the Quality Governance Committee and its reporting groups and includes safety priorities as defined by the national "Sign up to Safety" campaigns. These review sepsis, falls, pressure ulcers, mortality, Acute Kidney Injury and Never Events.

The Trust has a Patient and Public Involvement Strategy which is monitored by the Executive Patient Experience Group.

The Board of Directors hold monthly meetings to discuss, among other things, patient safety within a safety board report which reviews performance on key issues of safety. In addition to this the Medical Director 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 managed on the Safeguard (Ulysses) Risk Management Alert software and 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 assurance. 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. These are monitored via the Trust governance structures.

Additionally, all Incidents, CAS Alerts, and NICE / National Guidance are monitored in the Integrated Governance Monthly Exception Report via the Risk Management Strategy Alert System.

The Trust has robust safeguarding vulnerable adults' procedures in place, underpinned by the Safeguarding Vulnerable Adults Policy. The Policy guides staff in relation to the definition of a vulnerable adult, the types of abuse they may be exposed to and how to raise a concern.

The Director of Nursing attends the Adult Safeguarding Board for Cheshire East and Cheshire West. This is to ensure that the needs of our client group are represented at a strategic level and that the Trust is represented when future developments and key objectives are set.

The Trust has a Domestic Abuse Policy and has an Independent Domestic Abuse Advisor

(IDVA) who works for MCHFT at Leighton Hospital. Staff are advised to refer all domestic abuse cases or suspected domestic abuse cases to the Hospital IDVA who will assess and attempt safe contact with the victim to offer advice and support. The Hospital IDVA provides domestic abuse training to key departments as part of their mandatory safeguarding training.

The Trust uses patient passports for adults and children where they may have a learning disability or for older adults who may have dementia. Patients with a learning disability or dementia are flagged on the patient admission system, which enables staff to make the necessary reasonable adjustments to their care in a timely manner.

The Trust complies with the Accessible Information Standard and has produced a guide for staff to raise awareness of how to provide information to patients in suitable formats and promote services and facilities available including e-learning.

All Trust employees working in Wards and Departments with direct patient or patient relative contact receive conflict resolution and prevent training. A key measure to protect NHS staff and those who deliver NHS services is conflict resolution training. This preventative tool in tackling violence against staff forms part of a range of measures to make NHS healthcare environments safer. Conflict resolution training provides staff with important de-escalation, communication and calming skills to help them prevent and manage potentially violent situations.

Prevent training, which is part of the national counter terrorism strategy, focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and drawn in to terrorist related activity. It provides processes by which employees who are concerned for vulnerable individuals, being potentially exploited, can raise and share their concerns through the Trusts internal policies and procedures

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
- Sexual Health Screening Blood Borne Virus Screening
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Since 1st October 2015 the HIV treatment and care service has been provided by the Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) in collaboration with Mid-Cheshire Hospitals NHS Foundation Trust (MCHFT). HIV Clinics continue to be provided on a local weekly basis at Leighton Hospital in Crewe.

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.
- The bowel screening team are working with Cheshire and Mersey Fire and Rescue Services, Public Health England (PHE) and Cancer Research UK (CRUK) to develop and implement safe and well checks around key identified health interventions across Cheshire and Merseyside. One of which aims to raise awareness and uptake of screening whom are eligible for routine screening (ages 60 years to 74 years) and those who are 75 years+ whom can opt in to perform the screening test.
- The bowel screening team are working with the local Clinical Commissioning Group (CCG) to address cancer survivorship across Cheshire by raising awareness of the screening programme amongst GP's, practice nurses and non-clinical practice staff.
- The bowel screening team are providing targeted health promotion to GP's surgeries in Cheshire which are identified to have low uptake rates for bowel screening.
- The bowel screening team have developed a GP resource leaflet to support the roll out of bowel scope across Cheshire and provide signposting to resources that practices can utilise to advertise the screening programme to their patients.
- The bowel screening team have developed close partnership working with the local area team supporting patients with learning disabilities and are able to offer easily accessible information to aid with decision making.
- The bowel screening team are working in partnership with Crewe Town Council to address health inequalities within the local community as set out in the Community Plan – A vision for Crewe.
- The bowel screening team have reviewed all patient information in-line with the 2016-17 health CQUIN to ensure all information is fit for purpose and have made alterations to those identified with a positive outcome for their participants.
- 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

The trust offers free flu vaccinations to all employees. This is delivered by a number of trained peer to peer vaccinators and supported by Occupational Health. The trust vaccinated over 76% of front line healthcare workers during the last campaign.

Where appropriate, staff who access Occupational Health are provided with advice on stopping smoking and nicotine replacement therapy.

The trust also has a Staff Health & Wellbeing Strategy that is managed by the Health & Wellbeing Group. The Group aims to help staff maintain or improve their levels of physical

and psychological wellbeing. The trust has re-launched the Green Walking Route around the Trust. This is a 1K walk around the trust premises. Staff are encouraged to walk the route during their breaks. The group have also devised a cookbook with healthy recipes to support the Trust Charity.

The Trust caters for special dietary requirements and offers healthy options.

Grading	Developing

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.

Evidence drawn upon for the grading

• 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
• Patient Passports
• Easy read patient information leaflets
• Map of accessible car parking spaces
• Easy read quality account
• Training plan for dementia
• Changing places facility

All policies have equality impact assessments undertaken prior to approval which consider all protected characteristics. All services, business cases and tender specifications are also subject to equality impact assessments.

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.

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

The Trust provides appropriate food choices, support and religious facilities such as the chapel and the mosque.

To ensure all patients are aware of Trust's 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.

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.

The Trust undertakes 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.

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.

Evidence drawn upon for the grading

• Bedside Folders
• Privacy & Dignity Policy
• Translation Service Policy
• Adult Safeguarding Policy
• Dementia Care Bundle
• Dementia Strategy
• Patient Passports
• Quality Account (Easy Read)
• Changing Places
• Easy Read Patient Information
• Training records for MCA and DOLS
• Easy Read appointment letters, e.g. Breast Screening Services
• Internet Site – Patient Information
• Reasonable Adjustment Care Plan
• Patient Stories

- Independent Domestic Violence Advocate Posters
- Minutes from Patient Information Group
- National Inpatient Survey Results
- Carers Survey (Dementia)
- Best Interests Meeting Pro forma
- Unified DNAR Policy and lilac form
- Minutes from the learning disability group
- Minutes from the dementia group
- Electronic identifier for patients with an LPA for health and welfare / finance

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. More detailed care plans for individual patients are also in use across the organisation. Patients with these care plans in place are identified electronically on admission to the Trust. Staff will then implement the care plans and help to promote seamless transition between wards and departments.

Trust staff receive training on induction and mandatory training about safeguarding; the Mental Capacity Act, and Deprivation of Liberty. E-learning programmes in relation to the Mental Capacity Act, Deprivation of Liberty Safeguards, Adult Safeguarding and Dementia have all been implemented.

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.

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 drawn upon for the grading

• National inpatient survey 2016 results (overview)
• Annual complaints, comments, compliments report
• Quality Account
• Agenda and minutes from executive patient experience group
• Agenda and minutes from complaints review group
• Agenda and minutes from the patient experience action group
• Agenda for patient register group
• Board quality and patient experience report
• Feedback from NHS Choices
• Friends and Family Test results
• Local outpatient survey programme
• Divisional patient and public involvement programme
• Open and honest care reports
• Posters developed to promote examples of 'You Said, We Did' actions

The Trust is currently achieving a 5 out of five star rating on NHS Choices for Northwich Victoria Infirmary and a 4.5 out of five star rating for Leighton Hospital. Some of the comments received include '*overall a very speedy and first class experience*' and '*I felt completely involved in the decisions made*'.

As a Trust we welcome feedback from a range of sources and use it to identify those areas where we are performing positively, as well as those where improvements may be made. On average we receive around 20 complaints a month. Each one is taken seriously and thoroughly reviewed so that we can establish any changes that need to be made. We receive around 200 compliments a month and this does not include feedback such as reviews or posts on our social media pages.

"Everything about this hospital [Leighton] was wonderful and how you hope every NHS hospital should be run. Walking in, staff appear happy and welcoming. Volunteers on the reception are available to help you and a well-run café with reasonable prices helps guests enjoy either waiting or meeting experiences. Hospital staff are so helpful and friendly and appear to genuinely care and appreciate the standard of their work. A clean, modern hospital and a credit to the staff." (NHS Choices review)

"Words can never express my gratitude towards you all in Critical Care at Leighton Hospital. You do a wonder and very difficult and emotional job which deserves so much more than can ever be returned in words" (Email to the Customer Care Team)

"I cannot thank the staff in A&E, Resus and the Major ward enough. The staff, without exception, were just incredible. (Facebook review)

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

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

Examples of actions 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 group is chaired by the Director of Nursing and Quality and has

medical, patient and governor representation.

The executive patient experience group is chaired by the Director of Nursing and Quality and has representation from Healthwatch. The executive patient experience group oversees public and patient feedback.

The executive patient experience group receives reports from a range of sub-committees including the learning disability development group; patient information forum; complaints review group, bereavement and end of life group 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.

Hospital passports for patients are now 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.

Both a mosque and chapel are available on site.

Trust staff have attended local interest groups, such as University of the Third Age (U3A), and local community venues to promote the Customer Care Team.

The Trust has patient representation on divisional boards, the organ donation group, patient information group and the dementia operational group.

The Friends and Family Test has been extended in the Trust to Community Services utilising text messaging. More information is included in the Quality Account.

Following the national inpatient survey results, all wards have continued to promote the quiet protocol to reduce unnecessary noise at night so that patients have plenty of sleep. The wards are now improving information sharing with patients in preparation for their discharge. A guide to discharge has been revised and is now communicated with patients and relatives to help prepare for a safe discharge.

Pets as therapy have become regular weekly visitors to the Trust. Visits are made to a wide variety of wards and patients who enjoy chatting with the volunteers and stroking dogs.

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 drawn upon for the grading

- Complaints policy
- Complaint survey pro forma
- Board patient experience report
- Quality Account 2017/18
- Annual 2017/18 complaints, comments, compliments report
- Complaints review group agenda and minutes
- 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, or alternatively via email or in writing and complainants are encouraged to meet to discuss their concerns; however written reports are produced were complainants do not want a meeting. A written acknowledgement is then sent with a response deadline, a customer care leaflet and a HealthWatch leaflet.

The customer care leaflets are available in other languages, easy read 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 responses are quality checked prior to sending out to ensure all issues are addressed.

Complaints are then managed within the divisions and responses generated by clinicians/nurses/senior managers. All complaint meetings are recorded and a copy of the recording is given to the complainant. All complainants are offered the support of an advocate.

The Trust allows for a continual process for feedback with questionnaires sent to complainants following closure of their case. The questionnaire seeks information regarding the handling of the complaint and the complaint process rather than the outcome of the complaint, and enables the team to initiate changes sooner than using an annual survey.

The complaints review group undertakes a detailed review of complaints at each meeting using the complaint response checklist, where the aim is to review a complaint that has been upheld, one that has not been upheld and a case that has been reopened at the request of the complainant.

Where cases have been reopened and the complainant feels their concerns remain unaddressed, information is provided regarding escalation to the Parliamentary Health Service Ombudsman for independent review.

Complainants are always offered the opportunity to re-raise ongoing concerns with the Trust and some complainants have been involved with on-going Trust activities.

Training on how to manage complaints is delivered to staff.

The Trust is committed to developing learning from complaints. Lessons learned are shared on a monthly basis via "You said we did" posters which are displayed in all ward and outpatient areas and shared a staff team meetings, one to one direct feedback meetings and patient stories at Trust Board meetings.

Themes	Actions taken
It was felt that nursing staff needed some training around assisting bereaved families on the wards	The Bereavement Manager now provides training for ward areas on the bereavement process
Although bed rails are raised when necessary, some patients do try to get out of the bed themselves which could result in the patient falling	High risk patients are highlighted in the nurse handover sheet and further sensor pads have been purchased. A falls focus board has been placed in the staff room to familiarise staff with documentation and prevention strategies
No staff visible in the changing and waiting areas of the treatment centre when patients were waiting for a procedure resulting in poor communication	We have increased staff in these areas and will be allocating a nursing assistant to be based in this area to provide support and communication to patients waiting for procedures
Some patients felt that staff could have better explained procedures and the benefits of sedation	Information leaflets and letters sent to patients undergoing procedures are being reviewed. A questionnaire relating to choosing sedation will now be present in future surveys

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 at all levels to assess that Trust policies and procedures are being adhered to.

Evidence drawn upon for the grading

• Recruitment policy
• Initial and On-going Registration Policy
• Guidance for Recruiting Managers
• Reference and Employment History Check Policy
• Disclosure and Barring Policy
• Recruitment Conversion reporting and Analysis 2016/17
• Workforce Race Equality Standard 2017

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 monitors how successfully it converts protected groups from applicant to employee. Increased training appears to be decreasing inequality seen in most staff groups and the Trust continues to invest in this area. A more comprehensive programme to develop and execute values based recruitment is in progress and more gains should be seen on the back of this.

The Trust monitors and responds to all candidate feedback. This allows us a good perspective on how candidates view our recruitment practices (some forums are anonymous) and how they feel about their recruitment experience. We then incorporate this feedback into the development of our practices. Additionally, we always give candidates the chance to discuss their comments with us in more detail.

The Trust continues to develop and promote routes into employment for people who may have taken career breaks and local people who have left NHS professions. Additionally the Trust is embracing extended roles across its professional and non-professional workforce e.g. TNAs allowing for more internal progression across the board.

The Trust continues to offer work placement schemes and pre-employment support via the inspiring futures team and some of this work focuses specifically on protected characteristics.

The Trust continues to use a multi-media approach to the advertising of vacancies assisting with accessibility.

The Trust continues to attend local jobs and careers fairs on a regular basis, again promoting vacancies to a diverse range of our local population including school children, older people, people with disabilities and those who may have been out of the workforce for a significant period of time.

Grading	Achieving

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 Agenda for Change job matching in accordance with national guidance.
• Conduct equal pay audits/gender pay gap reports
• Discuss the results of the equal pay audit/gender pay gap report with staff representative groups.
• Continue to monitor staff satisfaction in relation to pay equality via the staff survey

 Evidence drawn upon for the grading

- Agenda for Change job matching policy
- Staff survey results
- Equal pay audits

- Gender pay gap report
- Minutes of meetings with E & D group
- Trust policies

All new posts and post updates are subjected to job evaluation panels by trained panellists. Panels consist of appropriately trained members including staff side representatives and undergo a consistency checking process.

Equal pay audits exploring gender and race were completed in both 2015 and 2016 and concluded that the differences in average pay by gender and ethnicity were linked to distribution across the pay bands due to length of service. Further equal pay audits will be completed to continue monitoring.

Only board directors are not on national pay scales. Executive pay arrangements are discussed and agreed at remuneration committee. 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 first Gender Pay Gap report was completed in March 2018 and is available on the Trust website and on a government website. The report showed a gender pay gap and further analysis will be undertaken to explore the detail and action plans will be devised to address the gap.

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.

There have been no successful or settled equal pay or discrimination claims against the Trust from employees or former employees in the last 10 years.

Grading	Achieving

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 continues to:

• Identify learning and development opportunities aligned with the requirements and wishes of all staff and teams using the formal appraisal cycle, team development events and informal discussions as drivers for conversation and reflection.
• Ensure all staff members and groups have every opportunity to develop and refine the necessary knowledge and skills sets required to successfully carry out their role, using a range of methods including shadowing, formal training, coaching, eLearning and mentorship.
• Nurture Learning and Development Forum membership and engagement by widening the terms of reference to include key external stakeholders who can advise, inform and introduce an additional dimension to discussion and debate.
• Think beyond the divisional training needs analyses to offer a portfolio of developmental opportunities that meet the needs of service users.
• Create bespoke opportunities for staff groups to develop their leadership skills and become advocates for Trust values and behaviours
• Support a culture of equality and diversity by celebrating openness and inclusivity and by supporting leaders to role-model positive behaviours and challenge where appropriate.
• Maintain accurate training records for each member of staff.

Evidence drawn upon for the grading

• Staff Survey results 2017
• Statutory and Mandatory Training Policy (updated in 2016)
• Vocational Training and Apprenticeships Policy (updated in 2018)
• Appraisal Policy and Documentation (review took place in 2017 and new processes implemented)
• Guidance Document for Managers to Approve Study Leave
• On boarding training on Equality, Diversity and Human Rights
• Bespoke training and coaching in support of staff members and volunteers
• Good practice training on Management Development Programme
• Level 1 Course Evaluation, level 2 follow up with participants and line managers to assess training impact, and level 3 assessment of behavioural change related to training participation
• International Induction – Language, culture and lifestyle training, and mentor support
• Learning and Development Training Bulletin
• Participation and evaluation data 2017/18
• Local induction pack (updated in 2017)
• On-line learning packages, on boarding and induction materials

The staff survey results from 2017 reviewed staff opinion on the quality of non-mandatory training, learning and development. The Trust score was 4.01% out of 5 which was slightly below the national average which was 4.06 out of 5.

All staff complete equality and diversity training as part of their on boarding programme, they then participate in a face to face induction programme and complete place-based local induction with their manager, which creates an additional opportunity to identify and discuss training needs on commencement in post. This dialogue continues at milestone meeting throughout the new hire probation period.

All staff participate in an annual appraisal process consisting of regular 1 to 1 meetings throughout the year. Emerging development requirements are identified and discussed in a timely fashion and a range of professional development options and support can be accessed throughout the year. A formal annual appraisal meeting takes place once a year, and a personal development plan is one of the key outcomes. Compliance with this element of the appraisal process is tracked and monitored at Board level.

The outputs of appraisal conversations, team meetings and departmental planning activities (such as workforce planning) combine to inform the divisional training needs analysis. The Education department supports and advises throughout the training needs analysis process to ensure that a wide range of options are considered and return on investment is measured.

1 to1 consultations with learning and development specialists are available to every staff member who wishes to explore ways to develop skills or increase proactivity and awareness. Career coaching is available and documentation and research resources are available through the JET Library.

We have a range of training rooms and facilities in the Trust. All are located on the ground floor and have easy access. Staff can also access e-learning programmes and support materials by using PCs situated in learning and development, computer services and the JET Library. Staff can also access the Massive Open Online Course (MOOC). These are open learning training programmes that are developed mainly by higher education institutes and are open and free to anyone. See Future Learn for further information https://www.futurelearn.com. Facilitated support sessions for e-learning users are also

available bi-monthly.

The Trust has named Dyslexia champions, who are able to signpost support for staff members. Access-to-Work applications are encouraged as a mechanism to provide specialist support and advice and to recommend solutions that will better support staff members with disabilities.

The 2017 Workforce Race Equality Standard (WRES) showed that there has been an increase in the likelihood of Black and Minority Ethnic (BME) staff accessing non mandatory training during 2016/17 compared to the previous reporting period.

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:

• 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

Evidence drawn upon for the grading

- Mediation Leaflet
- Staff survey results
- Exit interview forms
- Mediation report
- ESA poster
- Staff Voicemail poster
- Minutes from the Violence and Aggression Group

The staff survey results for 2017 reported that the Trust were slightly better than an average position for staff who have experienced harassment, bullying or abuse from staff or patients and the public and also report better than the national average for staff who report experience of harassment, bullying or abuse. Focus groups take place following the results of the staff survey to further explore the findings and develop action plans. The NHS staff survey is undertaken on an annual basis.

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 colleagues. The Trust has a policy for the management of aggressive behaviour. Conflict management training is provided and mandatory for specific front line staff groups.
The Trust has a Violence and Aggression Forum which met on a quarterly basis.

Any complaints of harassment, bullying or general bad behaviour from others are addressed through the Trust's HR procedures. The emphasis is placed upon resolving the problem and mediation is used to resolve conflict wherever possible. The Trust has a team of trained mediators.

The Employee Support Adviser (ESA) Service is available to all members of staff wanting to

have initial discussions relating to dignity at work issues. The service was refreshed late 2016/early 2017 and new Employee Support Advisors were appointed and trained with representatives from across all divisions. Regular networking sessions are being arranged for the advisers to share learning. A review of service access is undertaken on an annual basis to review effectiveness and utilisation by staff.

A Staff Voicemail Service is available whereby staff can leave a message raising their concerns confidentially.

The Freedom to Speak Up campaign was relaunched early 2018 following the appointment of a new Freedom to Speak Up guardian. This allows staff to raise whistleblowing concerns in a confidential and secure manner. A dedicated email address has been set up to receive concerns and staff are able to access other routes to raise concerns, such as via the Employee Support Advisors and the staff voicemail.

The progress of the employee support adviser and mediation services is monitored and reviewed by the Workforce Assurance Group.

Occupational Health services and the Employee Assistance Programme (via Insight counselling services) are available for all staff to access.

Equality and Diversity /Dignity at Work for Manager sessions are scheduled to take place in 2018

Grading	Achieving

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

The Trust's intention is to:-

• Ensure staff are able to achieve an optimum work life balance throughout their career at the Trust
• Ensure that an appropriate balance between meeting staff requirements for flexibility of working and the Trust requirement for safe staffing levels is achieved

Policies and procedures exist to ensure that provision is made for all staff to enjoy a balance between work and home life.

Evidence drawn upon for the grading

- Mutually Agreed Flexibility Scheme
- Flexible Working Policy
- Career Break and Secondment policy
- Supporting Working Parents Policy
- Special Leave Policy
- Retirement and Long Service Guidelines

The staff survey explores whether staff are satisfied with the opportunities for flexible working patterns. In 2017, the Trust result of 51% was in line with the national average across similar Trusts.

Flexible working arrangements are available to all staff and in addition are also considered for staff returning to work after long term absence. The mutually agreed flexibility scheme applies to all staff. Where agreed, this allows staff to purchase additional annual leave whilst spreading the cost over the year.

The Trust employs staff across all working ages. The retirement and long service guidelines detail the various ways in which individuals can opt for retirement and return to work if this is desired.

The career break policy allows individuals to take time out of the workplace to carry out caring duties whilst preserving employment. The supporting working parents' policy, the special leave policy and the flexible working policy all allow for individuals to plan their working lives around their home lives as much as possible.

Grading	Achieving

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

Evidence drawn upon for the grading

- Staff Survey
- Staff friends and family test
- Vocational Training (including Apprenticeships) Policy and Procedure
- Focus groups
- CEO drop-in schedule
- Leadership development programme schedule
- Workforce Race Equality Standard (WRES)

The Trust collects and considers the perspectives and opinions of all members of its workforce using a range of methods to ensure an accurate picture is gathered.

Every year, the national staff survey data is shared across all divisions of the organisation with supporting analysis including breakdowns of results and key themes. The Trust then develops an action plan to address areas for further development or where there are concerns.

In the 2017 staff survey the results for Mid Cheshire Hospital Trust showed a high level of engagement of staff. The score for 2017 was 3.85 (out of 5) which is above (better than) average when compared with Trusts of a similar type. The national average for combined acute and community trusts was 3.78.

Some other examples of staff reporting positive experiences of their membership of the workforce through the national staff survey include:

• Staff satisfaction with level of responsibility and involvement 3.99 out of 5
• Staff believing that the organisation provides equal opportunities for career progression or promotion 92%
• Organisation and management interest in and action on health and wellbeing 3.73 out of 5
• Staff recommendation of the organisation as a place to work or receive treatment 3.87 out

of 5
• Percentage of staff able to contribute towards improvements at work 72%
• Staff satisfaction with the quality of work and care they are able to deliver 4.03 out of 5
• Percentage of staff agreeing that their role makes a difference to patients/service users 91%

The staff friends and family test is undertaken each year whereby all staff have the opportunity to feedback their views on their organisation. This ensures staff have further opportunity and confidence to speak up, and the views of staff are increasingly heard and are acted upon. 82% of staff would recommend the trust as a provider of care to their family or friends. Some comments from the staff friends and family test include 'My colleagues work incredible hard and efficiently and have the wellbeing of the patient at the forefront of their minds always' and 'I feel that there is a positive culture in my division and in many areas of the trust'

Staff focus groups take place regularly throughout the year, and the CEO invites all staff to speak with her directly through her CEO briefing sessions which are held on a regular basis throughout the year.

Staff on internally and externally facilitated leadership programmes review and discuss staff survey and focus group data.

Grading	**Achieving**

Reference No.	4.1 - Inclusive Leadership
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 engagement with all our communities, patients and staff.

• 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.

• The Trust holds engagement events with the general public

• A patient/staff story is presented at the start of every monthly board meeting. These have included stories/feedback from vulnerable service users, those with disabilities and those from ethnic minorities to ensure a rounded view

• The Trust has an on-going programme of recruitment monitoring (including that for board executive and non-executive members)

• Equality and Diversity training is included on the developing manager programmes offered by the Trust to aspiring managers

• Equality & diversity training is included on mandatory training updates and on induction to the trust, in addition to bespoke, ad-hoc sessions where required. In 2018, equality and diversity training for managers is included on the training programme and includes

unconscious bias awareness.	
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.

- Equality impact assessments for all of the Trusts services are reviewed on a 3 yearly basis. These were reviewed again in late 2017. Each new or changed service will be assessed for the equality impact upon the revision. Assessments consider all protected characteristics and low income.

- All Trust project initiation documents (PID), business case templates and cost improvement plan (CIP) proposal documents require an equality impact assessment to be carried out prior to submission. In this way the Trust is assured that the impact upon all protected groups is taken into consideration when any significant change to service provision is proposed or enacted.

Grading	**Achieving**

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

Evidence drawn upon for the grading

- Statutory and Mandatory Training Policy
- Appraisal Policy and Documentation
- Onboarding training on Equality, Diversity and Human Rights
- Training participation and evaluation data
- Induction participation and evaluation data
- Local induction pack (updated in 2017)
- On-line learning packages, onboarding and induction materials
- Provision of a Coaching and Mentoring Service at MCHFT Policy (New policy in 2018)

The Trust ensures line managers proactively support their staff to work in culturally competent ways within an environment free of discrimination in the following ways:

- All staff must successfully complete the Trust online onboarding package on equality and diversity. The package includes a graded assessment. In addition a new equality and diversity for managers training session has been developed for 2018 which

explores equality and diversity in further detail and address unconscious bias.

- Equality and Diversity forms part of the Trust's statutory training component and refresher training must be completed at least once every three years in line with Skills for Health recommendations. Refresher training is offered online and trained facilitation and support is offered to all participants.

- All leadership and professional development programmes include training on Equality and Diversity rights and responsibilities, including reference to Trust values and behaviours and their role in supporting a culture that is free of discrimination. The Trust values and behaviours were refreshed in early 2018.

- Bespoke Divisional and Team-based sessions are designed and delivered to meet location specific requirements, and to ensure the training is accessible and relevant to all team members.

- All people management skills training, including the management of sickness absence; recruitment and selection and managing performance include comprehensive reviews of employer obligations relating to the Equality Act 2010 and include unconscious bias awareness.

- Supervision and line-manager workshops are offered frequently to support newly promoted managers and new hires who identify training support in their local induction conversations.

- The Trust has an in house cohort of coaches and mentors who are qualified to support line managers individually in developing their cultural competence and a new policy has been developed to support this.

- The 2017 staff survey reported that 10% of staff experienced discrimination at work in the last 12 months, which is in line with the national average for similar trusts. All trust are encouraged to report such incidents and a range of reporting mechanisms are available to staff such as the incident reporting system, staff voicemail and the Freedom to Speak Up Guardian, in addition to the relevant HR policies.

Grading	Achieving