

## **The Equality Delivery System (EDS2)**

### **Assessment Document – Goals 1 and 2**

**March 2015**

## EDS Review Assessment 2015 – Scores Summary

<b>Goal 1: Better Health Outcomes for All</b>		<b>Assessment</b>
<b>1.1</b>	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	<b><i>CCG &amp; Public Health</i></b>
<b>1.2</b>	Individual people's health needs are assessed and met in appropriate and effective ways.	<b><i>CCG &amp; Public Health</i></b>
<b>1.3</b>	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	<b><i>Developing</i></b>
<b>1.4</b>	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<b><i>Developing</i></b>
<b>1.5</b>	Screening, vaccination and other health promotion services reach and benefit all local communities.	<b><i>CCG &amp; Public Health</i></b>


<b>Goal 2: Improved Patient Access and Experience</b>		<b>Assessment</b>
<b>2.1</b>	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	<b><i>Developing</i></b>
<b>2.2</b>	People are informed and supported to be as involved as they wish to be in decisions about their care.	<b><i>Developing</i></b>
<b>2.3</b>	People report positive experiences of the NHS.	<b><i>Achieving</i></b>
<b>2.4</b>	People's complaints about services are handled respectfully and efficiently.	<b><i>Developing</i></b>

<b>GOAL 1</b>	<b>Better Health Outcomes for All</b>
<b>OUTCOME 1.3</b>	<b>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</b>
<b>CRITERIA</b>	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge when people transit from one service to another.</p> <p>For all protected groups assess and grade how well transitions are made, including how well patients, carers and professionals are kept informed of what is happening.</p> <p>Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
<b>EDS Grade 2013/14</b>	<b>DEVELOPING</b>
<b>EDS2 Grade 2014/15</b>	<b>DEVELOPING</b>
<b>Reasons for Rating</b>	<p><b>OUTCOME:</b> The Trust is able to demonstrate, using best available evidence, that service changes are discussed with patients and that these services changes are made smoothly. However, there is a lack of evidence that the specific needs of <b>all</b> or <b>most</b> protected groups are always considered.</p>
	<p><b>MAINSTREAM PROCESSES:</b> The management and governance structure of the Trust allows service changes and transition arrangements to be managed through mainstream processes, but there is lack of evidence that the needs of all protected groups are explicitly considered.</p>
<b>Key Gaps</b>	<p><b>PATIENT EQUALITY MONITORING DATA</b> Equality monitoring of religion, sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
<b>Plans to Address Key Gaps</b>	<p>Project Team established in 2013 to review equality monitoring of sexual orientation; transgender; disability and marriage &amp; civil partnership within hospital activity.</p> <p>Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p><b>Pilot 1:</b> All new out-patients given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics).</p> <p><b>Pilot 2:</b> All new Choose and Book Out-patients sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend.</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2015/16.</p> <p><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2015/16 currently being developed).</p>

<p><b>Examples of Equality Progress -</b> <i>Transitions / care pathways made smoothly and all well informed</i></p> <p>Dementia</p>	<p><b>DEMENTIA INITIATIVES</b></p> <p>In March 2014, the Trust achieved over 90% for the national commissioning for Quality and Innovation (CQUIN) goal introduced to improve the identification of patients with dementia. The CQUIN Goal incorporated the following stages: Find; Assess; Investigate and Refer (FAIR) for all non-elective patients aged 75 and over.</p> <p>During 2014/15, the Trust continued to strengthen collaboration within the community to provide a shared vision of change for people living with dementia. The Trust has undertaken a nurse exchange scheme with 5 Borough Partnership NHS Foundation Trust. Volunteers have been knitting twiddlemuffs, a knitted band that can be attached to items for patients with dementia to twiddle in their hands on the wards. They help stimulation whilst on the wards. The Trust continues to improve meal-time experience for patients. The catering department are aiming to provide more finger food options and the Trust has introduced a mealtime co-ordinator, responsible for ensuring that meal-time care is provided. A drinks round has been introduced offering milkshakes with 'complan' to increase patients calcium intake.</p> <p>The Trust has introduced a delirium care pathway in the Accident and Emergency Department, Clinical Decision Ward and Medical Assessment Units and has introduced pre-operative screening for dementia and delirium at Wrightington Hospital.</p> <p>The Trust now has 63 Dementia Champions and a further 20 due to attend the two day training course. A mandatory e-learning module has been developed and will go live during 2014. Dementia awareness pocket cards have been introduced.</p>
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## EVIDENCE

<p><b>Policies and Procedures</b></p>	<p>The Trust continues to have several policies in place to ensure that patients, relatives and carers are informed and involved in the planning of their care and subsequent discharge / transfer.</p> <p>Some of these include:</p> <ul style="list-style-type: none"> <li>• <b>Discharge Policy</b> &amp; Standard Operating Procedure</li> <li>• <b>Handover of Patient Policy (Adults)</b> &amp; Standard Operating Procedure</li> <li>• <b>Professional Paid Carers Policy</b> &amp; Standard Operating Procedure</li> <li>• <b>Patient Experience Strategy</b> and Consultation Policy</li> <li>• <b>Interpreter and Translation Policy</b> &amp; Standard Operating Procedure</li> </ul> <p>The Trust has adequate procedures in place to prevent the breakdown of care pathways for patients from protected groups when transferring across services. Protected groups are specifically represented within the following areas:</p> <ul style="list-style-type: none"> <li>• Direct access to Learning Disabilities Liaison Team</li> <li>• Access to Psychiatric Liaison Team</li> <li>• Access to Age Concern</li> <li>• Elderly care plans</li> <li>• Vulnerable adults and children's pathways</li> <li>• Access to carer support</li> <li>• Access to interpreter and translation services</li> <li>• Accessible information in alternative formats</li> <li>• Same sex accommodation monitoring and management</li> <li>• Provision of appropriate equipment / beds / hearing loops etc. for disabled patients</li> <li>• Access to multi-faith chaplaincy services</li> <li>• Access to breast feeding facilities and maternity service protocols.</li> <li>• Guidance on caring for transgender patients.</li> </ul>
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<p><b>Patient Information</b></p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>Patient Information on discharge (Discharge Lounge – Guide) is available and can be made available in alternative formats on request.</p>
<p><b>Engagement</b></p>	<p><b>Below summary of all engagement in relation to inclusion and diversity (encompassing service transitions) during the last 12 months:</b></p> <ul style="list-style-type: none"> <li>• A survey was sent to a random sample of 230 patients of <b>Black or Minority Ethnic</b> origin who were in-patients during April to June 2014 to assess progress against Goals 1 and 2 (as above). Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.</li> <li>• The Trust’s Head of Engagement and Inclusion and Diversity Project Lead attended an <b>Asylum Seekers and Refugees</b> Group Drop-in Session (LASARS) at Leigh to ascertain their views about Trust services. Overall positive feedback was obtained - everyone had received a positive experience of using the hospital services.</li> <li>• The Trust’s Head of Engagement and the Inclusion and Diversity Project Lead visited the <b>Gypsies and Travellers</b> Community at Little Lane, Goose Green in Wigan to ascertain their views about Trust services. Overall positive feedback was obtained.</li> <li>• The Trust’s Head of Engagement and Inclusion &amp; Diversity Project Lead (Services) visited the <b>BRICK Homeless Shelter</b> in Wigan to engage with the homeless people of Wigan about hospital services. Overall positive feedback was obtained.</li> </ul>
<p><b>Equality Monitoring</b></p>	<p>All policies and changes across services are <b>Equality Impact Assessed</b> across all 9 protected characteristics and monitored by the Trust’s Inclusion and Diversity Project Lead (services).</p> <p><b>Annual Inclusion and Diversity Service Monitoring Report</b>  The Trust produces an Inclusion and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust’s Annual Inclusion and Diversity Service Monitoring Report 2013/14.</p>  <p>I&amp;D Annual Service Report 2013-14.doc.t</p> <p><b>Equality monitoring (encompassing all 9 protected characteristics) are now included in Hospital Patient Surveys</b> (overseen by the Trust’s Patient and Public Engagement Department).</p> <p><b>Equality analysis within routine divisional activity reports can now be reviewed via the Trust’s On-line Business Intelligence System.</b> Out-patient attendances / In-patient admissions / A&amp;E attendances / Out-patient DNAs &amp; cancellations / total time in A&amp;E / In-Patient length of stay and cancelled operations can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity &amp; religion. Plans are currently in place to include equality analysis within in-patient readmission reports.</p>

<p><b>National Patient Surveys</b></p>	<p><b>IN-PATIENT SURVEY 2014 (Picker)</b></p> <p>Results obtained from the National In-Patient Survey 2014 showed that:</p> <p><b>92%</b> of patients surveyed stated that they were involved as much as they wanted to in decisions about their care and treatment (<i>88% recorded in 2013</i>).</p> <p><b>83%</b> of patients surveyed stated that they were given the right amount of information about their condition or treatment (<i>80% recorded in 2013</i>).</p> <p><b>80%</b> of patients surveyed felt that they were involved in decisions about their discharge from hospital (<i>80% recorded in 2013</i>).</p> <p>Of the 814 patients eligible to complete the survey, 365 completed questionnaires were received. Of the 365 in-patients who responded to the survey: 46% were male / 54% were female. 6% were aged 16-39; 21% were aged 40-59; 26% were aged 60-69 and 48% were aged 70+. 61% had a long-standing condition / disability. 98% were of British White Ethnicity and 89% of Christian belief. 96% of patients were heterosexual.</p> <p><b>FRIENDS AND FAMILY TEST:</b></p> <p>The friends and Family Test requires all patients, after discharge, to be asked: <b>How likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?</b></p> <p>The results for January 2015, showed that 96% of patients (A&amp;E / In-patients &amp; maternity combined) would recommend the Trust's wards / departments to friends and family.</p> <p>Of the 1312 responses in January 2015, 56% were female / 44% were male. 45% were aged 65 years and over.</p>
<p><b>Trust Surveys</b></p>	<p>Feedback from patient surveys is analysed and discussion forums encouraged to, determine whether service changes and transitions are equitable across all patient groups.</p> <p><b>REAL TIME PATIENT SURVEY RESULTS – JANUARY 2015</b></p> <p>Real Time Patient Surveys are conducted monthly by the Trust in all in-patient areas and undertaken by volunteers / hospital governors.</p> <p>During January 2015, the Trust scored an average of 91.02% an improvement on January 2014 scores of 85.75%. The Trust measures progress against an internal bench mark of 90%.</p> <p><b>BME EDS SURVEY 2014 – HAVE YOUR SAY ON EQUALITY IN THE NHS</b></p> <p>During October 2014 a survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014. 51 surveys were returned (a response rate of 22%).</p> <p><b>The following responses were received to the following questions:</b></p> <p><b><u>When you had important questions to ask staff did you get the answers from the nurse that you could understand?</u></b></p> <p><b>Of the 51 patients who replied:</b></p> <p><b>83%</b> of patients said that when they had important questions to ask staff they always got answers that they could understand</p> <p><b>17%</b> of patients said that when they had important questions to ask staff they sometimes got answers that they could understand</p>

**When you had important questions to ask staff did you get the answers from the doctor that you could understand?**

**Of the 51 patients who replied:**

**83%** of patients said that they were always involved in decisions about their care and treatment

**13%** of patients said that they were sometimes involved in decisions about their care and treatment

**2%** of patients said that they were not involved in decisions about their care and treatment

**2%** of patients said they never had important questions to ask the doctor.

**Of the 2% (1 patient) who said no:**

This patient was male / aged 70-79 / of British white ethnicity / of Christian belief / was heterosexual and married.

**On equality data analysis, no significant trends in equality data were noted in relation to the reasons given above.**

<b>GOAL 1</b>	<b>Better Health Outcomes for All</b>
<b>OUTCOME 1.4</b>	<b>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</b>
<b>CRITERIA</b>	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge for people's safety.</p> <p>For all protected groups assess and grade how well aspects of safety are prioritised and managed</p> <p>Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
<b>EDS Grade 2013/14</b>	<b>DEVELOPING</b>
<b>EDS2 Grade 2014/15</b>	<b>DEVELOPING</b>
<b>Reasons for Rating</b>	<p><b>OUTCOME:</b></p> <p>The Trust is able to demonstrate, using best available evidence, that patients have their safety prioritised and assured and are just as safe as patients as a whole. However, there is a lack of evidence that the specific needs of <b>all</b> or <b>most</b> protected groups are always considered.</p>
	<p><b>MAINSTREAM PROCESSES:</b></p> <p>The Trust aims to improve the safety of all patients through mainstream processes, e.g. action plans arising from incident reporting, but this is less focussed on any issues relating to specific protected groups.</p>
<b>Key Gaps</b>	<p><b>PATIENT EQUALITY MONITORING DATA</b></p> <p>Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
<b>Plans to Address Key Gaps</b>	<p>Project Team established in 2013 to review equality monitoring of sexual orientation; transgender; disability and marriage &amp; civil partnership within hospital activity.</p> <p>Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p><b>Pilot 1:</b> All new out-patients given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics).</p> <p><b>Pilot 2:</b> All new Choose and Book Out-patients sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend.</p> <p>Proposal for equality data collection including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2015/16.</p> <p><b>Goal:</b></p> <p>Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2015/16 currently being developed).</p>



<p><b>Examples of Equality Progress – Patient Safety prioritised</b></p>	<p><b>DEMENTIA TRAINING</b>  During 2014/15 staff from the Trust’s Estates and Facilities Department attended a number of workshops and awareness training sessions of which the main focus was on creating a dementia friendly environment. The Associate Director of Estates and Facilities currently chairs the Dementia Friendly Steering Group.</p> <p><b>10 ALWAYS EVENTS</b>  The Trust introduced a new approach to improving the experience of patients in our care during January 2014 – the ‘10 Always Events’. These are being embedded into the positive culture of the Trust and are a driver in delivering safe, quality care.</p> <p>The always events are:</p> <ul style="list-style-type: none"> <li>• Patients will always be addressed by their preferred name.</li> <li>• Staff always introduce themselves when meeting a patient for the first time.</li> <li>• Staff treat patients and their families with the level of respect they would expect for themselves or a member of their own family.</li> <li>• Staff keep patients informed about their care in a way they can understand and find acceptable.</li> <li>• Staff assist patients to the toilet immediately when requested.</li> <li>• Patients always have access to appropriate food and drink.</li> <li>• Patients are always told on admission what their expected date of discharge is and what this means.</li> <li>• Medications are always administered correctly.</li> <li>• All patients who die in our care will be treated with dignity and respect.</li> <li>• Staff will always challenge colleagues if they are not doing the right thing.</li> </ul>
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## EVIDENCE

<p><b>Policies / Procedures</b></p>	<p>The care and treatment of patients continues to be supported by an array of policies and procedures each which have had an Equality Impact Assessment undertaken (covering all 9 protected characteristics). Complaints and comments from patient feedback / surveys are taken very seriously and actions are taken to address problems identified.</p> <p>Protected groups are specifically represented within the following areas:</p> <ul style="list-style-type: none"> <li>• Safeguarding vulnerable adults and children/young people pathways</li> <li>• Falls strategies</li> <li>• Same sex accommodation monitoring and management</li> <li>• Maternity services risk management practice</li> <li>• Elderly care plans and dementia care plans</li> <li>• Individualised risk assessments are completed on admission and at predetermined intervals throughout inpatient stay to mitigate the risk from falls, malnourishment, pressure ulcers, moving and handling, VTE etc.</li> </ul> <p>The Trust has direct access to the Learning Disabilities Liaison Team / Carer Support Team.</p>
<p><b>Current Practice</b></p>	<p>The Trust is committed to delivering high quality care and a safe environment to all service users. Hospital staff, take their responsibilities for patient safety very seriously and the Trust is always seeking to improve their experience within the hospital environment. The Trust is committed to making the safety of patients and the quality of their care its highest priority. To do this, we promote and support patient safety in the following ways:</p> <p><b><u>REDUCING HARM:</u></b>  In January 2011, the Trust joined up to a National Patient Safety Improvement Programme known as ‘Safety Express’. The shared aim of the NHS organisations that joined Safety Express was to eliminate harm from pressure ulcers, falls, catheter associated urinary tract infection and venous thromboembolism (VTE). In order to achieve this goal the Trust has developed a harm-free ward programme, developing the</p>

role of ward leaders and getting them to work together and with their teams to undertake changes which result in improved safety for patients. 38 wards and departments throughout the Trust have participated in this programme. Harm is measured by the NHS Safety Thermometer on a monthly basis. The Safety Thermometer is a tool which has been developed nationally to measure the level of harm in care settings from pressure ulcers, falls, urinary tract infection in patients with an indwelling urethral catheter and venous thromboembolism.

On one day each month the Trust checks a sample of patients to ascertain if they have suffered certain types of harm whilst in our care.

In January 2015, 99.3% of patients did not experience any of the four harms.

The Trust undertook a significant improvement programme in 2011, which was successful in reducing falls in hospital. Data shows that this improvement is being sustained, however the Trust is mindful that further improvement is needed. A comprehensive improvement plan is in place and a multi-disciplinary team, for all areas of the Trust are leading the implementation. The work is closely monitored by the Trust's Harm Free Care Committee – A Hospital Governor / Patient Representative sits on this committee.

### **INCIDENT REPORTING AND MONITORING:**

The Trust knows that to continue to improve patient safety we must learn from any incident, no matter how small, so encourage all our staff to report these. Strong reporting is a sign that a Trust takes patient safety and learning seriously. The Trust's reporting system enables it to see if there are any recurring trends which we need to be prioritised. Incident reporting enables the Trust to manage performance and assure staff, patients and the public that systems for managing risk are robust and effective. Where an incident has been more serious the Trust we carries out thorough investigations.

The Trust's Quality and Safety Committee meet on a monthly basis and is chaired by a Non-Executive Director. Reports are sent on to the Board on items relating to patient safety and quality. Divisional Quality Executive Committee Meetings are held monthly and chaired by Divisional Managers. Patient Safety is always the first agenda item on the Divisional Quality Executive Committee Agenda. An Executive Scrutiny Committee, chaired by the Trust's Medical or Nurse Director meet on a weekly basis. At the meeting new coroners, litigation, incidents and complaints are presented and discussed. Progress reports are given on on-going investigations. Completed incident investigations are presented by the investigators and sign off by an Executive is sought. This will only be given if the Committee are satisfied that there has been a level of investigation completed which is appropriate to the nature and sensitivity of resultant harm and that lessons have been learned and that an appropriate achievable action plan to reduce the risk of recurrence has been developed and commenced.

The Trust has also introduced a daily teleconference to facilitate the early escalation of serious incidents or concerns and enable early decision making on the appropriate level of investigation and appointment of the investigating officer. Feedback is provided to all the Divisions and Executive Team daily.

The Trust has also introduced a Serious Incident Review and Investigation (SIRI) Panel which is held monthly in conjunction with stakeholders from the CCG and Area Safeguarding Committee. This panel receives investigation reports and action plans relating to StEIS reportable incidents, monitors the quality and consistency of the investigation and approves and then monitors completion of the action plans.

The Trust has also launched a newsletter which is compiled by staff experts within the organisation in relation to emerging themes and trends describing actions required to mitigate harm and support shared organisational learning.

All incidents impacting on patient safety are uploaded to the National Reporting and Learning System (NRLS) which enables the identification of national incident themes and trends and the introduction of remedial action to mitigate the risk or potential for harm.

### **TRANSPARENCY:**

During 2012/13, the Trust participated in a Transparency Pilot Project. Monthly Reports were produced on the numbers of falls and pressure sores that occurred in its hospitals, as well as providing patient and staff feedback on the quality of care on wards. The reports are available on the Trust website. The work from this pilot transformed into the Open and Honest Programme and transparent reporting below:

### **OPEN AND HONEST REPORTS:**

The Trust is one of a number of NHS organisations who want to be open and honest with patients. This is how a modern NHS hospital should be – open and accountable to the public and patients and always driving improvements in care. As a member of the 'Open and honest care: driving improvement' programme, the Trust continues to work with patients and staff to provide open and honest care, and through implementing quality improvements, further reduce the harm that patients sometimes experience when they are in care.

The Trust has made a commitment to publish a set of patient outcomes, patient experience and staff experience measures so that patients and the public can see how we are performing in these areas. Each month the Trust collaborates with other care providers to share what we have learned and to use this information to identify where changes can be made to improve care.

Copy of January 2015 and December's 2014 Open and Honest Reports attached below:



Open and Honest  
Report Dec 2014.pdf



Open and Honest  
Report Jan 2015.pdf

Link to Trust Web Pages below:

[https://www.wvl.nhs.uk/about\\_us/open\\_and\\_honest\\_care.aspx](https://www.wvl.nhs.uk/about_us/open_and_honest_care.aspx)

### **INFECTION CONTROL:**

The Trust takes a zero tolerance approach to infections and does everything possible to prevent healthcare associated infections such as MRSA and clostridium difficile (C.diff). During January 2015, 5 C.difficile cases was reported. There were no MRSA cases reported.

### **SAFEGUARDING CONCERNS:**

The Trust takes safeguarding responsibilities very seriously and has dedicated leads to ensure that adults and children who use our services receive safe care and work closely with other agencies in order to provide appropriate support where this is required. All staff undertake mandatory safeguarding training and adult safeguarding training is delivered to all volunteers.

### **QUALITY CHAMPIONS:**

The Trust's Quality Faculty has continued to grow during 2014/15 and there are now approximately 230 Quality Champions representing a wide range of disciplines and departments, working on approximately 78 live improvement projects. Two courses of training in quality improvement methods have been delivered during 2014 and approximately 60 quality champions have attended these.

All Quality Champions who complete the training programme and commence an improvement project are awarded a bronze badge. Silver and gold badges are awarded to those Champions who sustain their improvements and disseminate them to other organisations. In 2014, 13 silver and 1 gold awards were made.

The Quality Champions' programme has received national recognition and was successful in winning the Health Service Journal Award for Patient Safety in 2014.

Plans are in place to continue to sustain and build the quality Faculty in 2015/16 by offering a broader range of training programmes with the aim of involving more junior staff.

### **SAFE PRACTICE ON THE WARDS:**

The Trust's Nursing Management Team undertake 'safety walkabouts' where they visit wards and talk to patients and employees - at all levels so they hear their views on patient safety and their ideas about what can be done to keep improving things. Strong communication between clinical staff is crucial to the safety of patients. Throughout the year the Trust hosts a number of events to provide focus on specific safety issues that we are looking to improve.

The Trust introduced twice yearly internal inspections in December 2013 to inspect and review compliance with the CQC Essential Standards utilising key lines of enquiry. The inspection team members are varied including governors and stakeholders .

The Trust has also implemented a monthly inspection programme to inspect wards and departments on a monthly basis to review standards of care delivery and quality, engaging with the teams and identifying good practice and areas that may require some improvement.

Internal Patient Safety Notices are issued where internal concerns have been escalated and immediate action has been taken or is required to mitigate risk across the organisation.

Feedback Newsletters and internal Patient Safety Notices are circulated for action throughout the Trust then posted on the Trust's Intranet Quality and Safety Web Pages. These are developed directly from the review of reported patient safety incidents, coroners and complaints cases.

### **STAFFING LEVELS:**

Having the correct staffing levels and skill mix is vital to ensuring the Trust delivers quality patient care and patient safety. The Trust is committed to a quality workforce to deliver the care we want for patients. Every ward has an agreed skill mix / number of staff per shift that reflects the varying workload of the areas and will be agreed in conjunction with the Matron. All wards and departments have white boards which are maintained and updated daily. Staffing levels are displayed. From April 2014, this information is now accessible to the public via the Trust Internet web page.

Recruitment of nurses from overseas has been a successful initiative and this continues.

### **HOSPITAL ESCALATION LINE FOR PATIENTS (HELPLine)**

This dedicated HELPLine is available to all inpatients and their families (after discharge the Patient Relations Team would address any concerns in the usual way). Families are able to discuss concerns not resolved at a local level when those concerns arise. Families and carers can be assured that the Trust is committed to listening to the concerns of patients and their loved one. The HELPLine provides relatives and carers with access to a Matron or Senior Nurse 24 hours a day. The Matron or Senior Nurse will endeavour to resolve issues or concerns that have not been addressed at ward level. It is hoped that this simple solution will help to deal with problems quickly, reducing any potential further distress for families and patients.

### **CLINICAL TRIALS:**

Clinical trials and research are an everyday part of work done in the NHS. The vast majority are carried out by doctors, nurses and other healthcare professionals who treat patients all the time. The aims of clinical trials are to find better ways of looking after patients, helping patients recover more quickly and keeping people healthy.

### **AQuA (the Advancing Quality Alliance):**

The Trust is a member of AQuA – the North West's Improvement Agency – which aims to promote best quality care across the region.

	<p><b><u>SIGN UP TO SAFETY</u></b></p> <p>‘Sign up to Safety’ is a new national patient safety campaign that was announced in March 2014 by the Secretary of State for Health. It launched on 24th June 2014 with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. This is supported by a campaign that aims to listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patient’s safety helping to ensure patients get harm free care every time, everywhere.</p> <p>The Trust ‘signed up’ to this campaign in August 2014, setting out our actions in response to the Trust’s five Sign up to Safety pledges:</p> <ol style="list-style-type: none"> <li>1. Put patients first</li> <li>2. Continually learn</li> <li>3. Honesty</li> <li>4. Collaboration</li> <li>5. Support</li> </ol> <p>We are committed to turning these actions into a safety improvement plan which will show how the Trust intends to save lives and reduce harm for patients over the next 3 years.</p>
<p><b>Patient Information</b></p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>The Patient Safety Web Page is available on the Trust Website for patients, to promote plans to improve patient safety.</p> <p><a href="http://www.wvl.nhs.uk/patient_relations/patient_safety.aspx">http://www.wvl.nhs.uk/patient_relations/patient_safety.aspx</a></p>
<p><b>Engagement</b></p>	<p><b>Below summary of all engagement in relation to inclusion and diversity (encompassing patient safety) during the last 12 months:</b></p> <p>A survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014 to assess progress against Goals 1 and 2 (as above). Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.</p> <p>The Trust’s Head of Engagement and Inclusion and Diversity Project Lead attended the Leigh Asylum Seekers and Refugees Group Drop-in Session (LASARS) to ascertain their views about Trust services. Overall positive feedback was obtained - everyone had received a positive experience of using the hospital services.</p> <p>The Trust’s Head of Engagement and the Inclusion and Diversity Project Lead visited the Gypsies and Travellers Community at Little Lane, Goose Green in Wigan to ascertain their views about Trust services. Overall positive feedback was obtained.</p> <p>The Trust’s Head of Engagement and Inclusion &amp; Diversity Project Lead (Services) visited the <b>BRICK Homeless Shelter</b> in Wigan to engage with the homeless people of Wigan about hospital services. Overall positive feedback was obtained.</p>
<p><b>Equality Monitoring</b></p>	<p>All policies and changes across services are <b>Equality Impact Assessed</b> across all 9 protected characteristics and monitored by the Trust’s Inclusion and Diversity Project Lead (services).</p> <p><b>Annual Inclusion and Diversity Service Monitoring Report</b></p> <p>The Trust produces an Inclusion and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently</p>

collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring Report 2013/14.



I&D Annual Service  
Report 2013-14.doc.t

**Equality monitoring (encompassing all 9 protected characteristics) are now included in Hospital Patient Surveys** (overseen by the Trust's Patient and Public Engagement Department).

**Equality analysis within routine divisional activity reports can now be reviewed via the Trust's On-line Business Intelligence System.** Out-patient attendances / In-patient admissions / A&E attendances / Out-patient DNAs & cancellations / total time in A&E / In-Patient length of stay and cancelled operations can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion. Plans are currently in place to include equality analysis within in-patient readmission reports.

### National Patient Surveys

#### **FRIENDS AND FAMILY TEST:**

The friends and Family Test requires all patients, after discharge, to be asked: **How likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?**

The results for January 2015, showed that 96% of patients (A&E / In-patients & maternity combined) would recommend the Trust's wards / departments to friends and family.

Of the 1312 responses in January 2015, 56% were female / 44% were male. 45% were aged 65 years and over.

#### **IN-PATIENT SURVEY 2014 (PICKER):**

Results obtained from the National In-Patient Survey 2014 showed that:

**98%** of patients surveyed stated that they did not feel threatened during their stay in hospital by other patients or visitors.

Of the 814 patients eligible to complete the survey, 365 completed questionnaires were received. Of the 365 in-patients who responded to the survey: 46% were male / 54% were female. 6% were aged 16-39; 21% were aged 40-59; 26% were aged 60-69 and 48% were aged 70+. 61% had a long-standing condition / disability. 98% were of British White Ethnicity and 89% of Christian belief. 96% of patients were heterosexual.

### Trust Surveys

#### **BME EDS SURVEY 2014 – HAVE YOUR SAY ON EQUALITY IN THE NHS**

During October 2014 a survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014. 51 surveys were returned (a response rate of 22%).

**The following responses were received to the following question:**

#### **Do you understand the importance of patient safety in a hospital setting?**

**82%** of patients said that they did understand the importance of patient safety.

**12%** of patients said that they were not sure that they understood the importance of patient safety in a hospital setting.

**6%** of patients said that they did not understand the importance of patient safety.

**Of the 18% (8 patients) who did not understand / were not sure of the importance of patient safety:**

6 patients were female / 2 patients were male

2 patients of Indian ethnicity / 1 patient stated White British / 1 patient stated White Irish / 1 patient of White and Black Caribbean Ethnicity / 1 patient of Polish Ethnicity / 1 patient of Arab Ethnicity / 1 patient of Estonian Ethnicity.

1 patient had a disability.

4 patients aged 60 years and over / 1 patient aged 30-39 years / 1 patient aged 40-59 years / 2 patients did not state.

3 patients were of the Christian belief / 2 patients of Hindu religion / 1 patient of Islam faith / 2 patients did not state.

7 patients were heterosexual / 1 patient did not state.

**Where you given enough privacy when being examined / treated?**

**94%** of patients said that they were always given enough privacy when being examined.

**4%** of patients said that they were sometimes given enough privacy when being examined.

**2%** of patients said that they were not given enough privacy when being examined.

**Of the 2% (1 patient) who said no they were not given enough privacy:**

The patient was female, aged 30-39, of black African ethnicity and Christian religion, was heterosexual and married and had a disability (type of disability not stated). No comments were provided from this patient.

**On equality data analysis, no significant trends in equality data were noted in relation to the reasons given above.**

<b>GOAL 2</b>	<b>Improved Patient Access and Experience</b>
<b>OUTCOME 2.1</b>	<b>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.</b>
<b>CRITERIA</b>	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge for people when they try to access services.</p> <p>For all protected groups assess and grade how well the service is assessed, taking into account the fairness of reasons when access is denied.</p> <p>Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
<b>EDS Grade 2013 /14</b>	<b>DEVELOPING</b>
<b>EDS2 Grade 2014/15</b>	<b>DEVELOPING</b>
<b>Reasons for Rating</b>	<b>OUTCOME:</b> The Trust provides some evidence that patients, carers and communities from protected groups readily access services and feedback on access is generally good.
	<b>MAINSTREAM PROCESSES:</b> The Trust uses mainstream processes to make progress on this outcome.
<b>Key Gaps</b>	<b>PATIENT EQUALITY MONITORING DATA</b> Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.
<b>Plans to Address Key Gaps</b>	<p>Project Team established in 2013 to review equality monitoring of sexual orientation; transgender; disability and marriage &amp; civil partnership within hospital activity.</p> <p>Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p><b>Pilot 1:</b> All new out-patients given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics).</p> <p><b>Pilot 2:</b> All new Choose and Book Out-patients sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend.</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2015/16.</p> <p><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2015/16 currently being developed).</p>
<b>Examples of Equality Progress - Patient Access</b>	<b>RAMPED ACCESS TO BREAST FEEDING ROOM - WRIGHTINGTON</b> In response to patient feedback, funding was secured for the provision of ramped access to the Breast Feeding Room at Wrightington Hospital. Building work commenced during 2014/15 and ramped access made available. The Breast Feeding Room can now be accessed easily by wheel chair users and breast feeding mums with their pushchairs.



### **DISABILITY AWARENESS TRAINING FILM FOR STAFF**

During 2013 work commenced on the production of a short disability awareness training film. The training film features a number of short scenes which shows some of the barriers people with disabilities face when accessing healthcare. Feedback was obtained from a number of disabled patients with regard to the content and structure of this film. The training film was launched in December 2014 in conjunction with International Day of Persons with Disabilities and is now included in the Inclusion & Diversity Module Mandatory E-Learning Module which all staff must complete on a 3 yearly basis.

### **NEW ACCESSIBILITY WEB PAGE ON TRUST WEBSITE**

In April 2014 a new 'Accessibility' Web Page Menu was added to the Trust Website Home Page. Information is now available about browser settings, what facilities/provisions are available for people with mobility needs and people with hearing and visual impairments. Patients are encouraged to notify hospital staff about their special needs/requirements, so the necessary provisions can be put in place.

### **REVISED EQUALITY IMPACT ASSESSMENT TOOLKIT AND FORMS**

During 2014/15 the Trust's Equality Impact Assessment Toolkit and Forms were reviewed. A section on equality data was included. Staff undertaking assessments are now prompted to review what equality data is available and whether any trends can be identified. Staff are signposted to the Trust's on-line reporting tool (ORBIT) where equality data on age, sex, ethnicity and religion can be viewed at service level. 5 half day Equality Impact Assessment Training Workshops were delivered during 2014/15.

### **DEMENTIA PODS**

During 2014/15 the 'dementia pod' initiative was introduced on Standish Ward at the Royal Albert Edward Infirmary to help and stimulate patients on the ward who are living with dementia. Dementia pods are an innovative approach which uses pop-up rooms designed to be reminiscent of a bygone era and will help to reassure patients with dementia. They are set up like rooms from past decades and are used to help calm patients in hospitals and care homes by taking them back to more familiar times. Designed in retro themes they are filled with authentic furniture and memorabilia which is hoped to get patients living with dementia to talk about the memories they still retain. Plans are currently being reviewed to introduce more of the dementia pods on Shevington Ward and in other appropriate wards in WWL.

## **EVIDENCE**

### **Policies / Procedures**

The Trust can demonstrate that patients, carers and communities from protected groups can readily access services, and are not denied access on unreasonable grounds. The Trust provides services to all patients based on clinical need, and no groups are positively discriminated against.

The Trust continues to have a number of policies and practices in place to ensure services are accessible to all. These include:

- **Access Policy** and Standard Operating Procedure
- **Safeguarding Vulnerable Adults Policy**
- **Safeguarding Child/Protection Children and Young people Policy** and Standard Operating procedure
- **Discharge Policy** and Standard Operating Procedure
- **Handover of Patient Policy (Adults)**
- **Same Sex Accommodation Policy**
- **Interpreter and Translation Services Policy** and Standard Operating Procedure
- **Transgender Patient Guidance for Staff**
- Direct access to **Learning Disabilities Liaison Team**
- Access to **carer support** (close links with Wigan Council)
- **Age Concern** based on main hospital site
- Provision of appropriate equipment / beds / hearing loops etc. for disabled patients

	<ul style="list-style-type: none"> <li>• Provision of <b>breast feeding facilities</b> for service users</li> <li>• Access to <b>multi-faith chaplaincy services</b></li> <li>• All the Trust's new work schemes are designed and constructed in accordance with Disability Legislation and the building Regulations Part M Standards.</li> </ul>
<p><b>Patient Information</b></p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>Further Easy Read Patient Information is being developed. An easy read patient information document on 'going to A&amp;E' and 'how to make a complaint' were published on the Trust Website in May 2013. The content for an easy read In-patient and Out-patient patient information document has been reviewed. Feedback is currently being sought from patients &amp; staff. An Easy Read Web page has been set up on the Trust Website.</p>
<p><b>Engagement</b></p>	<p><b>Below summary of all engagement in relation to inclusion and diversity (encompassing access) during the last 12 months:</b></p> <p>Accident and Emergency Tours and Surgical Admission Tours are held on a bi-monthly basis for <b>patients with learning disabilities</b>. Patients with learning disabilities are encouraged to give feedback on service accessibility. Tours were rolled out to Out-Patients at Thomas Linacre Out-Patient Centre from April 2014 and are now held on a bi-monthly basis.</p> <p>A staff survey was circulated to all wards and departments to ascertain staff's current awareness of how to access <b>interpreter and translation services</b>. Survey results was shared with Inclusion &amp; Diversity Operational Group and I&amp;D Champions. Interpreter and Translation Services Awareness Campaign initiated during January 2015. Further Awareness Campaign planned for 2015/16 to ensure all staff are aware how to access these services if required.</p> <p>Comment Boxes are now located in the <b>Breast Feeding Rooms</b> at Leigh Infirmary, Wrightington Hospital and the Royal Albert Edward Infirmary to encourage breast feeding mums to give us feedback on the provision of our Breast Feeding Room facilities. One comment card received to date on the Breast Feeding Room at Leigh – Feedback received: "Breastfeeding Room is perfect and comfortable for mums.</p> <p>Healthwatch Trustee and current service user met with the Trust's Inclusion &amp; Diversity Project Lead (Services), Head of Unscheduled Care and Patient Information Officer to discuss how current practice within <b>A&amp;E could be improved for hearing impaired patients</b>. She is culturally deaf and communicates via British Sign Language. She is an active member of the Deaf Community. As a Wigan resident with hearing and sight impairment, she can provide a different perspective to service access. An action plan was agreed, which included raising awareness about interpreter services and providing deaf awareness training for staff. She has agreed to deliver some deaf awareness training sessions to staff during 2015/16. A pilot training session will be held initially with A&amp;E Staff. A two hour programme has been drafted and training dates are currently being arranged.</p> <p>The Trust's Head of Engagement and Inclusion &amp; Diversity Project Lead (Services) attended an <b>Gypsy and Traveller Event</b> (Hidden Ethnic Minority Information Day) organised by Wigan Council to learn more about the local gypsy and traveller communities. Feedback was shared with the Trust's Inclusion and Diversity Steering Group, Operational Group and Champions.</p> <p>A survey was sent to a random sample of 230 patients of <b>Black or Minority Ethnic origin</b> who were in-patients during April to June 2014 to assess progress against Goals 1 and 2 (as above). Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.</p>

	<p>The Trust's Head of Engagement and Inclusion &amp; Diversity Project Lead (Services) engaged with a <b>transgender service user</b> about hospital services. She attended a Trust Inclusion &amp; Diversity Champion Meeting and shared with the group her experiences of being transgender. A Written summary outlining some of the key facts about transgender people was shared with the group.</p> <p>The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the <b>Leigh Asylum Seekers and Refugees</b> Group Drop-in Session (LASARS) to ascertain their views about Trust services. Overall positive feedback was obtained - everyone had received a positive experience of using the hospital services.</p> <p>The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the <b>Gypsies and Travellers Community</b> at Little Lane, Goose Green in Wigan to ascertain their views about Trust services. Overall positive feedback was obtained.</p> <p>The Trust's Facilities Manager, Inclusion &amp; Diversity Project Lead (Services) met with a <b>registered severely sight impaired service user</b>, who had been approached by RNIB to take part in a PLACE (<b>Patient Led Assessment of the Care Environment</b>) Inspection at the Royal Albert Edward Infirmary. She was asked to report back to the RNIB on the accessibility and signage at the Infirmary for the visually impaired. The Patient Chairman of PLACE accompanied her on the PLACE Inspection. She was given a tour of the Wigan Site and shared with the group her feedback on how accessibility and signage could be further improved. Further inspection of other hospital sites was requested and will be arranged during 2015/16.</p> <p>An article was featured on the Trust Website to encourage lesbian, gay, bisexual and transgender (LGBT) service users to participate in an <b>LGBT Focus Group</b>.</p> <p>The Trust's Head of Engagement and Inclusion &amp; Diversity Project Lead (Services) visited the <b>BRICK Homeless Shelter</b> in Wigan to engage with the homeless people of Wigan about hospital services. Overall positive feedback was obtained.</p> <p>The Trust's Inclusion &amp; Diversity Project Lead (Services) is a Committee Member of the <b>Wigan Access Committee Meeting</b> and attends on an ad hoc basis to engage / ascertain views about hospital services.</p> <p>The Chair of DPN (Disabled Parents Network) and active member of the Wigan Access Group regularly liaises with the Trust's Inclusion &amp; Diversity Project Lead (Services) about <b>access for the visually impaired</b> and recent developments within the RNID. During 2014, she delivered a disability awareness session to Out-Patient Staff at Thomas Linacre Centre Out-Patient Centre and attended an Inclusion and Diversity Champion Meeting to raise awareness about some of the barriers the visually impaired encounter when accessing healthcare.</p> <p>The Trust collects and obtains feedback from patients through its PALs processes and patient surveys which are reported to the Trust Board of Directors (Real-Time Survey; Patient opinion; Comment Cards; Picker National In-Patient &amp; Out-Patient Surveys and Family and Friends Test).</p> <p>Patient feedback is encouraged on an on-going basis and is used as a driver to improve accessibility / hospital environment.</p>
<p><b>Equality Monitoring</b></p>	<p>All policies and changes across services are <b>Equality Impact Assessed</b> across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (Services).</p> <p><b>Annual Inclusion and Diversity Service Monitoring Report</b>  The Trust produces an Inclusion and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring</p>

Report 2013/14.



I&D Annual Service  
Report 2013-14.doc.1

**All 9 protected characteristics are now included in Hospital Patient Surveys** (overseen by the Trust's Patient and Public Engagement Department).

**From September 2013, Foundation Trust Membership Welcome Packs** were updated to include all 9 protected characteristics.

**Equality analysis within routine divisional activity reports can now be reviewed via the Trust's On-line Business Intelligence System.** Out-patient attendances / In-patient admissions / A&E attendances / Out-patient DNAs & cancellations / total time in A&E / In-Patient length of stay and cancelled operations can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion. Plans are currently in place to include equality analysis within in-patient readmission reports.

**National Patient Surveys**

**FRIENDS AND FAMILY TEST (Accident & Emergency):**

The friends and Family Test requires all patients, after discharge, to be asked: **How likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?**

The results for January 2015 showed that 95% of patients would recommend the Trust's A&E Department to friends and family.

Of the 400 responses in January 2015, 56% were male / 44% were female.

22% were aged 25-34 years; 35% were aged 35-54 years and 43% were aged 55 years and over.

**Trust Surveys**

Feedback from patient surveys is analysed and discussion forums encouraged to, determine whether services can be accessed across all patient groups.

**BME EDS SURVEY 2014 – HAVE YOUR SAY ON EQUALITY IN THE NHS**

During October 2014 a survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014. 51 surveys were returned (a response rate of 22%).

**The following responses were received to the following question:**

**How easy was it for you to access the hospital services?**

- **54%** of patients said that they thought it was **easy** to access the hospital services.
- **42%** of patients said that they thought it was **very easy** to access the hospital services.
- **2%** of patients said that they thought it was difficult to access the hospital services.
- **2%** of patients said that they thought it was very difficult to access the hospital services.

Of the 2 patients who stated that they thought it was difficult / very difficult to access hospital services, reasons for access issues were themed as follows:

*Car parking issues and Difficulty obtaining an appointment.*

**Of the 2 patients who said that they thought it was difficult / very difficult to access hospital; services:**

- 2 patients were female
- 2 patients were of Other White Background ethnicity
- No patients had a disability

- 1 patient aged 16-29 years / 1 patient aged 50-59 years
- 1 patient was of the Christian belief / 1 patient stated that they were an aethiest.
- 2 patients were heterosexual

**On equality data analysis, no significant trends in equality data were noted in relation to the reasons given above.**

**During your visit to hospital did you feel you were treated unfairly because of a protected characteristic you had?**

- **94-98% said that they were not unfairly treated due to a protected characteristic that they had.**

Of the 2 patients who stated 'yes' to gender; age; religion; and sexual orientation and the 1 patient who stated 'yes' to disability and other reason, on reviewing their answers / feedback, it is apparent that this question was answered incorrectly.

**98% of patients said that they were treated fairly at all times. 1 Patient said no they were not treated fairly at all times – no reason was given for this.**

Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive response was received in relation to the survey questions asked.

This Inclusion and Diversity Questionnaire Report was discussed as an agenda item at the Inclusion & Diversity Operational Group Meeting on 28<sup>th</sup> January 2015 and a summary report presented to the Engagement Committee Meeting on 10<sup>th</sup> March 2015. Survey results were shared with the Trust's Inclusion and Diversity Champions.

<b>GOAL 2</b>	<b>Improved Patient Access and Experience</b>
<b>OUTCOME 2.2</b>	<b>People are informed and supported to be as involved as they wish to be in decisions about their care.</b>
<b>CRITERIA</b>	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge in relation to information and support people receive, so they can be involved in decisions about them.</p> <p>For all protected groups assess and grade how well people are informed and supported.</p> <p>Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
<b>EDS Grade 2013/14</b>	<b>DEVELOPING</b>
<b>EDS2 Grade 2014/15</b>	<b>DEVELOPING</b>
<b>Reasons for Rating</b>	<p><b>OUTCOME:</b> The Trust can demonstrate that support to patients involved in care decisions and treatment choices is good, but there is less good evidence to compare every protected group to that of patients as a whole.</p>
	<p><b>MAINSTREAM PROCESSES:</b> The Trust uses mainstream processes to make progress on this outcome.</p>
<b>Key Gaps</b>	<p><b>PATIENT EQUALITY MONITORING DATA</b> Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
<b>Plans to Address Key Gaps</b>	<p>Project Team established in 2013 to review equality monitoring of sexual orientation; transgender; disability and marriage &amp; civil partnership within hospital activity.</p> <p>Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p><b>Pilot 1:</b> All new out-patients given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics).</p> <p><b>Pilot 2:</b> All new Choose and Book Out-patients sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend.</p> <p>Proposal for future roll out including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2015/16.</p> <p><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2015/16 currently being developed).</p>
<b>Examples of Equality Progress - Patients informed / Supported</b>	<p><b>MACMILLAN INFORMATION CENTRES</b> During 2014/15 two new Macmillan Information Centres were opened at the Royal Albert Edward Infirmary and Thomas Linacre Centre Out-Patient Centre.</p> <p><b>BEREAVEMENT VIDEO</b> A Bereavement Video was produced in collaboration with The Royal's Alliance Bereavement Service. Their purpose is to provide excellent end of life care for all. They have dramatically improved practice and successfully promoted patient choice and dignity in bereavement. This video is used extensively in staff training.</p>

## EVIDENCE

<p><b>Policies / Procedures</b></p>	<p>The Trust has a number of policies / protocols in place to ensure patients are informed and supported. These include:</p> <ul style="list-style-type: none"> <li>• Consent to Examination or Treatment Policy</li> <li>• Use, Consent and Disclosure of Information Policy</li> <li>• Access Policy and Standard Operating Procedure</li> <li>• Safeguarding Vulnerable Adults Policy</li> <li>• Safeguarding Child/Protection Children &amp; Young People Policy and Standard Operating Procedure</li> <li>• Interpreter and Translation Services Policy and Standard Operating Procedure</li> <li>• Trust's Patient Information Policy.</li> <li>• Discharge Policy</li> <li>• The '10 ALWAYS Events'</li> </ul> <p>There is significant evidence that patients are well supported and informed in decisions about their care. Examples include a choice of where to have their out-patient appointment and operation. Patients who undergo an operational procedure have to sign a detailed consent form agreeing that they have understood the nature of the procedure they are about to have.</p>
<p><b>Patient Information</b></p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>Further Easy Read Patient Information is being developed. An easy read patient information document on 'going to A&amp;E' and 'how to make a complaint' were published on the Trust Website in May 2013. The content for an easy read In-patient and Out-patient patient information document has been reviewed. Feedback is currently being sought from patients &amp; staff.</p> <p>All new / reviewed patient information is sent to lay readers for comments, before being proof read and presented at the relevant Divisional Quality and Safety Committee, before being published on the Trust Website. All patient information is produced in written, audio and large print format. All three versions of a patient information leaflet are published on the Trust Website.</p> <p><a href="http://www.wvl.nhs.uk/patient_information/leaflets/default.aspx">http://www.wvl.nhs.uk/patient_information/leaflets/default.aspx</a></p>
<p><b>Engagement</b></p>	<p><b>Same as Outcome 2.1</b></p> <p><b>Below summary of all engagement in relation to inclusion and diversity (encompassing people being informed and supported to be as involved as they wish in decisions about their care) during the last 12 months:</b></p> <p>Accident and Emergency Tours and Surgical Admission Tours are held on a bi-monthly basis for <b>patients with learning disabilities</b>. Patients with learning disabilities are encouraged to give feedback on service accessibility. Tours were rolled out to Out-Patients at Thomas Linacre Out-Patient Centre from April 2014 and are now held on a bi-monthly basis.</p> <p>A staff survey was circulated to all wards and departments to ascertain staff's current awareness of how to access <b>interpreter and translation services</b>. Survey results was shared with Inclusion &amp; Diversity Operational Group and I&amp;D Champions. Interpreter and Translation Services Awareness Campaign initiated during January 2015. Further Awareness Campaign planned for 2015/16 to ensure all staff are aware how to access these services if required.</p> <p>Comment Boxes are now located in the <b>Breast Feeding Rooms</b> at Leigh Infirmary, Wrightington Hospital and the Royal Albert Edward Infirmary to encourage breast feeding mums to give us feedback on the provision of our Breast Feeding Room facilities. One comment card received to date on the Breast Feeding Room at Leigh – Feedback received: "Breastfeeding Room is perfect and comfortable for mums.</p>

Healthwatch Trustee and current service user met with the Trust's Inclusion & Diversity Project Lead (Services), Head of Unscheduled Care and Patient Information Officer to discuss how current practice within **A&E could be improved for hearing impaired patients**. She is culturally deaf and communicates via British Sign Language. She is an active member of the Deaf Community. As a Wigan resident with hearing and sight impairment, she can provide a different perspective to service access. An action plan was agreed, which included raising awareness about interpreter services and providing deaf awareness training for staff. She has agreed to deliver some deaf awareness training sessions to staff during 2015/16. A pilot training session will be held initially with A&E Staff. A two hour programme has been drafted and training dates are currently being arranged.

The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) attended an **Gypsy and Traveller Event** (Hidden Ethnic Minority Information Day) organised by Wigan Council to learn more about the local gypsy and traveller communities. Feedback was shared with the Trust's Inclusion and Diversity Steering Group, Operational Group and Champions.

A survey was sent to a random sample of 230 patients of **Black or Minority Ethnic origin** who were in-patients during April to June 2014 to assess progress against Goals 1 and 2 (as above). Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.

The Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) engaged with a **transgender service user** about hospital services. She attended a Trust Inclusion & Diversity Champion Meeting and shared with the group her experiences of being transgender. A Written summary outlining some of the key facts about transgender people was shared with the group.

The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the **Leigh Asylum Seekers and Refugees** Group Drop-in Session (LASARS) to ascertain their views about Trust services. Overall positive feedback was obtained - everyone had received a positive experience of using the hospital services.

The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the **Gypsies and Travellers Community** at Little Lane, Goose Green in Wigan to ascertain their views about Trust services. Overall positive feedback was obtained.

The Trust's Facilities Manager, Inclusion & Diversity Project Lead (Services) met with a **registered severely sight impaired service user**, who had been approached by RNIB to take part in a PLACE (**Patient Led Assessment of the Care Environment**) Inspection at the Royal Albert Edward Infirmary. She was asked to report back to the RNIB on the accessibility and signage at the Infirmary for the visually impaired. The Patient Chairman of PLACE accompanied her on the PLACE Inspection. She was given a tour of the Wigan Site and shared with the group her feedback on how accessibility and signage could be further improved. Further inspection of other hospital sites was requested and will be arranged during 2015/16.


An article was featured on the Trust Website to encourage lesbian, gay, bisexual and transgender (LGBT) service users to participate in an **LGBT Focus Group**.

On 16<sup>th</sup> March 2015, the Trust's Head of Engagement and Inclusion & Diversity Project Lead (Services) visited the **BRICK Homeless Shelter** in Wigan to engage with the homeless people of Wigan about hospital services. Overall positive feedback was obtained.

The Trust's Inclusion & Diversity Project Lead (Services) is a Committee Member of the **Wigan Access Committee Meeting** and attends on an ad hoc basis to engage / ascertain views about hospital services.

The Chair of DPN (Disabled Parents Network) and active member of the Wigan Access Group regularly liaises with the Trust's Inclusion & Diversity Project Lead (Services)



	<p>about <b>access for the visually impaired</b> and recent developments within the RNID. During 2014, she delivered a disability awareness session to Out-Patient Staff at Thomas Linacre Centre Out-Patient Centre and attended an Inclusion and Diversity Champion Meeting to raise awareness about some of the barriers the visually impaired encounter when accessing healthcare.</p> <p>The Trust collects and obtains feedback from patients through its PALs processes and patient surveys which are reported to the Trust Board of Directors (Real-Time Survey; Patient opinion; Comment Cards; Picker National In-Patient &amp; Out-Patient Surveys and Family and Friends Test).</p> <p>Patient feedback is encouraged on an on-going basis and is used as a driver to improve accessibility / hospital environment.</p>
<p><b>Equality Monitoring</b></p>	<p>All policies and changes across services are <b>Equality Impact Assessed</b> across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (Services).</p> <p><b>All 9 protected groups are now included in Hospital Patient Surveys</b> (overseen by the Trust's Patient and Public Engagement Department).</p> <p><b>From September 2013, Foundation Trust Membership Welcome Packs</b> were updated to include all 9 protected characteristics.</p> <p><b>Annual Inclusion and Diversity Service Monitoring Report</b>  The Trust produces an Inclusion and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring Report 2013/14.</p> <p>  I&amp;D Annual Service Report 2013-14.doc.t</p> <p><b>Equality analysis within routine divisional activity reports can now be reviewed via the Trust's On-line Business Intelligence System.</b> Out-patient attendances / In-patient admissions / A&amp;E attendances / Out-patient DNAs &amp; cancellations / total time in A&amp;E / In-Patient length of stay and cancelled operations can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity &amp; religion. Plans are currently in place to include equality analysis within in-patient readmission reports.</p>
<p><b>National Patient Surveys</b></p>	<p><b>IN-PATIENT SURVEY 2014 (Picker)</b></p> <p>Results obtained from the National In-Patient Survey 2014 showed that:</p> <p><b>92%</b> of patients surveyed stated that they were involved as much as they wanted to in decisions about their care and treatment (<i>88% recorded in 2013</i>).</p> <p><b>83%</b> of patients surveyed stated that they were given the right amount of information about their condition or treatment (<i>80% recorded in 2013</i>).</p> <p><b>80%</b> of patients surveyed felt that they were involved in decisions about their discharge from hospital (<i>80% recorded in 2013</i>).</p> <p>Of the 814 patients eligible to complete the survey, 365 completed questionnaires were received. Of the 365 in-patients who responded to the survey: 46% were male / 54% were female. 6% were aged 16-39; 21% were aged 40-59; 26% were aged 60-69 and 48% were aged 70+. 61% had a long-standing condition / disability. 98% were of British White Ethnicity and 89% of Christian belief. 96% of patients were heterosexual.</p>

**Patient Surveys**

Feedback from patient surveys is analysed and discussion forums encouraged to, determine whether patients are informed and supported across all patient groups.

**REAL TIME PATIENT SURVEY RESULTS – JANUARY 2015**

Real Time Patient Surveys are conducted monthly by the Trust in all in-patient areas and undertaken by volunteers / hospital governors.

During January 2015, the Trust scored an average of 91.02% an improvement on January 2014 scores of 85.75%. The Trust measures progress against an internal bench mark of 90%.

When asked '**Have you been involved as much as you wanted to be in decisions about your care and treatment?**' The Trust scored 93.05% at the end of January 2015. A score of 79.7% was obtained at the end of January 2014.

**BME EDS SURVEY 2014 – HAVE YOUR SAY ON EQUALITY IN THE NHS**

During October 2014 a survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014. 51 surveys were returned (a response rate of 22%).

**The following responses were received to the following questions:**

**Where you involved in decisions about your care and treatment?**

**Of the 51 patients who replied:**

**70%** of patients said that they were always involved in decisions about their care and treatment.

**20%** of patients said that they were sometimes involved in decisions about their care and treatment.

**10%** of patients said that they were not involved in decisions about their care and treatment.

**Of the 10% (5 patients) who said no:**

4 patients were Male / 1 patient was Female

2 patients were of White Irish Ethnicity / 1 patient of British White Ethnicity/ 1 patient of Indian Ethnicity / 1 patient of Other White Background

2 patients had a disability

4 patients aged 70-79 years / 1 patient aged 50-59 years.

2 Patients were of the Christian Belief / 1 patient was a roman catholic / 1 patient was an athiest / and 1 patient was of Hindu Belief.

All 5 patients were heterosexual.

**The comments stated were not in relation to an equality issue. Comments included poor pain management / treatment was required to treat their condition.**

**When attending hospital, were you given any written / printed information about your condition / procedure?**

64% of patients said 'always'.

19% of patients said 'sometimes'.

17% of patients said 'not given'.

**Of the 17% (8 patients) who said that they were not given any written / printed information about their condition / procedure:**

- 4 patients were Female / 3 patients were Male / 1 did not state
- 2 patients were of Black African Ethnicity / 1 patient was of British White Ethnicity / 1 patient White & Black Caribbean / 1 patient was of Hungarian Ethnicity / 1 patient was of Arab Ethnicity / 1 Patient of Indian Ethnicity / 1 patient did not state.
- 1 patient had a disability (type of disability not stated)
- 3 patients aged 30-39 years / 1 patient aged 40-49 years / 1 patients aged 70-79 years / 2 patients did not state.
- 4 patients were of the Christian Belief / 1 patients had no religion / 1 patient was

of Islam faith / 1 patient was of Hindu faith / 1 patient did not state.

- 7 patients were heterosexual / 1 patient did not state.

**The comments stated were not in relation to an equality issue.**

<b>GOAL 2</b>	<b>Improved Patient Access and Experience</b>
<b>OUTCOME 2.3</b>	<b>People report positive experiences of the NHS</b>
<b>CRITERIA</b>	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge for people in relation to people's experiences of services.</p> <p>For all protected groups assess and grade how well the service is experienced.</p> <p>Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
<b>EDS Grade 2013/14</b>	<b>ACHIEVING</b>
<b>EDS2 Grade 2014/15</b>	<b>ACHIEVING</b>
<b>Reasons for Rating</b>	<p><b>OUTCOME:</b> The Trust can demonstrate that patients and carers report overall positive experiences, but further evidence of patient experience by <b>all</b> protected groups is required to achieve higher grading.</p>
	<p><b>MAINSTREAM PROCESSES:</b> The Trust uses mainstream processes to make progress on this outcome.</p>
<b>Key Gaps</b>	<p><b>PATIENT EQUALITY MONITORING DATA</b> Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
<b>Plans to Address Key Gaps</b>	<p>Project Team established in 2013 to review equality monitoring of sexual orientation; transgender; disability and marriage &amp; civil partnership within hospital activity.</p> <p>Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p><b>Pilot 1:</b> All new out-patients given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics).</p> <p><b>Pilot 2:</b> All new Choose and Book Out-patients sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend.</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2015/16.</p> <p><b>GOAL:</b> Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Excelling), with milestones (EDS Action Plan 2015/16 currently being developed).</p>
<b>Examples of Equality Progress - Positive Experiences</b>	<p><b>LEARNING DISABILITY TOURS</b> During 2014/15, A&amp;E and Surgical Admission Tours for patients with learning disabilities continued to be undertaken in order to obtain feedback about service accessibility. Tours took place on a bi-monthly basis and patients encouraged to converse with nursing, portering and x-ray staff. The feedback received has enabled pathways to be reviewed and processes have now been put in place to ensure patients with learning disabilities are fast-tracked through A&amp;E. Patients with learning disabilities are now seen quicker to reduce unnecessary anxiety / agitation. From April 2014, tours</p>

	<p>were rolled out to Out-Patients at Thomas Linacre Centre.</p> <p><b>TRANSGENDER PATIENT FEEDBACK</b></p> <p>A transgender service user agreed to attend a Trust Inclusion &amp; Diversity Champion Meeting in December 2014 and share with the group her experiences of being transgender. Positive feedback about Trust hospital services was received. The champion's level of awareness of transgender issues was raised.</p> <p><b>PATIENT FEEDBACK</b></p> <p>Overall positive feedback received from the following protected groups:</p> <ul style="list-style-type: none"> <li>• Black &amp; Minority Ethnic Groups</li> <li>• Gypsies and Travellers</li> <li>• Homeless</li> <li>• Transgender</li> <li>• Breast Feeding Mothers</li> </ul> <p><b>See Engagement Summary below for full summary of engagement activity.</b></p>
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## EVIDENCE

<b>Policies / Procedures</b>	<p>The Trust has a Patient Experience Strategy and a Consultation Policy which outlines the Trust's values and objectives in relation to community engagement and acts as a mechanism for driving corporate consultation and the coordination of patient engagement across the Trust.</p> <p>The Trust has a clear approach in engaging with patients, carers and communities about the services it provides. Through the monitoring of real-time surveying of in-patients, the use of comment cards, patient opinion surveys, national in-patient and out-patient surveys the Trust can demonstrate that many groups of patients have been listened to and service changes made accordingly.</p> <p>The Trust has been recognised both regionally and nationally for its innovative approach to engaging with patients both in service redesign and patient experience across all protected characteristics.</p> <p>Engagement may take a range of forms, such as:</p> <ul style="list-style-type: none"> <li>• Patient and Staff Surveys</li> <li>• Written Documents</li> <li>• Video Diaries</li> <li>• Experience Based Design Focus Group Meetings</li> <li>• Trust Membership and Engagement Events</li> <li>• Attendance at other planned community events.</li> </ul> <p>The Trust has a very active Engagement Committee which meets quarterly. Members include Council of Governors (these include representatives from Local Authority, Healthwatch and Age Concern) and Overview and Scrutiny Representatives. This forum is used to consult on service changes / re-designs and equality and diversity.</p> <p>Complaints and comments from patient feedback / surveys are taken very seriously and actions are taken to address any access problems identified. Results of patient experience are considered quarterly to the Trust Board in the patient experience report and this report is used as evidence for the CQC</p>
<b>Patient Information</b>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>Further Easy Read Patient Information is being developed. An easy read patient information document on 'going to A&amp;E' and 'how to make a complaint' were published on the Trust Website in May 2013. An easy read In-patient and Out-patient patient information document is under review.</p>

**Engagement****Same as Outcome 2.1& 2.2****Below summary of all engagement in relation to inclusion and diversity (encompassing positive experiences) during the last 12 months:**

Accident and Emergency Tours and Surgical Admission Tours are held on a bi-monthly basis for **patients with learning disabilities**. Patients with learning disabilities are encouraged to give feedback on service accessibility. Tours were rolled out to Out-Patients at Thomas Linacre Out-Patient Centre from April 2014 and are now held on a bi-monthly basis.

A staff survey was circulated to all wards and departments to ascertain staff's current awareness of how to access **interpreter and translation services**. Survey results was shared with Inclusion & Diversity Operational Group and I&D Champions. Interpreter and Translation Services Awareness Campaign initiated during January 2015. Further Awareness Campaign planned for 2015/16 to ensure all staff are aware how to access these services if required.

Comment Boxes are now located in the **Breast Feeding Rooms** at Leigh Infirmary, Wrightington Hospital and the Royal Albert Edward Infirmary to encourage breast feeding mums to give us feedback on the provision of our Breast Feeding Room facilities. One comment card received to date on the Breast Feeding Room at Leigh – Feedback received: "Breastfeeding Room is perfect and comfortable for mums.

Healthwatch Trustee and current service user met with the Trust's Inclusion & Diversity Project Lead (Services), Head of Unscheduled Care and Patient Information Officer to discuss how current practice within **A&E could be improved for hearing impaired patients**. She is culturally deaf and communicates via British Sign Language. She is an active member of the Deaf Community. As a Wigan resident with hearing and sight impairment, she can provide a different perspective to service access. An action plan was agreed, which included raising awareness about interpreter services and providing deaf awareness training for staff. She has agreed to deliver some deaf awareness training sessions to staff during 2015/16. A pilot training session will be held initially with A&E Staff. A two hour programme has been drafted and training dates are currently being arranged.

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A survey was sent to a random sample of 230 patients of **Black or Minority Ethnic origin** who were in-patients during April to June 2014 to assess progress against Goals 1 and 2 (as above). Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.

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The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the **Leigh Asylum Seekers and Refugees** Group Drop-in Session (LASARS) to ascertain their views about Trust services. Overall positive feedback was obtained - everyone had received a positive experience of using the hospital services.

The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the **Gypsies and Travellers Community** at Little Lane, Goose Green in Wigan to ascertain their views about Trust services. Overall positive feedback was obtained.

The Trust's Facilities Manager, Inclusion & Diversity Project Lead (Services) met with a **registered severely sight impaired service user**, who had been approached by RNIB to take part in a PLACE (**Patient Led Assessment of the Care Environment**) Inspection at the Royal Albert Edward Infirmary. She was asked to report back to the RNIB on the accessibility and signage at the Infirmary for the visually impaired. The Patient Chairman of PLACE accompanied her on the PLACE Inspection. She was given a tour of the Wigan Site and shared with the group her feedback on how accessibility and signage could be further improved. Further inspection of other hospital sites was requested and will be arranged during 2015/16.

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The Trust's Inclusion & Diversity Project Lead (Services) is a Committee Member of the **Wigan Access Committee Meeting** and attends on an ad hoc basis to engage / ascertain views about hospital services.

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The Trust collects and obtains feedback from patients through its PALs processes and patient surveys which are reported to the Trust Board of Directors (Real-Time Survey; Patient opinion; Comment Cards; Picker National In-Patient & Out-Patient Surveys and Family and Friends Test).

Patient feedback is encouraged on an on-going basis and is used as a driver to improve accessibility / hospital environment.

## Equality Monitoring

All policies and changes across services are **Equality Impact Assessed** across all 9 protected characteristics and monitored by the Trust's Equality and Diversity Project Lead (Services).

**All 9 protected groups are now included in Hospital Patient Surveys** (overseen by the Trust's Patient and Public Engagement Department).

**From September 2013, Foundation Trust Membership Welcome Packs** were updated to include all 9 protected characteristics.

### Annual Inclusion and Diversity Service Monitoring Report

The Trust produces an Inclusion and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring Report 2013/14.



I&D Annual Service  
Report 2013-14.doc.1

**Equality analysis within routine divisional activity reports can now be reviewed via the Trust's On-line Business Intelligence System.** Out-patient attendances / In-

	<p>patient admissions / A&amp;E attendances / Out-patient DNAs &amp; cancellations / total time in A&amp;E / In-Patient length of stay and cancelled operations can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity &amp; religion. Plans are currently in place to include equality analysis within in-patient readmission reports.</p>
<p><b>National Patient Surveys</b></p>	<p><b>IN-PATIENT SURVEY 2014 (Picker)</b></p> <p>Results obtained from the National In-Patient Survey 2014 showed that:</p> <p><b>99%</b> of patients surveyed stated 'Yes' they felt that they were always / sometimes treated with respect and dignity whilst being examined and treated in hospital (97.8% recorded in 2013).</p> <p><b>85%</b> of patients surveyed, rated 7 and above as having a good experience. (80% recorded in 2013).</p> <p>Of the 814 patients eligible to complete the survey, 365 completed questionnaires were received. Of the 365 in-patients who responded to the survey: 46% were male / 54% were female. 6% were aged 16-39; 21% were aged 40-59; 26% were aged 60-69 and 48% were aged 70+. 61% had a long-standing condition / disability. 98% were of British White Ethnicity and 89% of Christian belief. 96% of patients were heterosexual.</p>
<p><b>Trust Surveys</b></p>	<p>Feedback from patient surveys is analysed to monitor patient experience.</p> <p><b>COMMENT CARDS</b></p> <p>During the last 12 months (1<sup>st</sup> February 2014 until 31<sup>st</sup> January 2015) 3356 Comment Cards were received from patients / carers / relatives (2557 comment cards received during 2013/14). Positive comments were received in 3177 of the Comment Cards (95%). Only 5% (179) negative comment cards were received.</p> <p>Comments from patient feedback are taken very seriously and actions are taken to address any issues identified.</p> <p><b>REAL TIME PATIENT SURVEY RESULTS – JANUARY 2015</b></p> <p>Real Time Patient Surveys are conducted monthly by the Trust in all in-patient areas and undertaken by volunteers / hospital governors.</p> <p>During January 2015, the Trust scored an average of 91.02% an improvement on January 2014 scores of 85.75%. The Trust measures progress against an internal bench mark of 90%.</p> <p><b>BME EDS SURVEY 2014 – HAVE YOUR SAY ON EQUALITY IN THE NHS</b></p> <p>During October 2014 a survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014. 51 surveys were returned (a response rate of 22%).</p> <p><b>The following responses were received to the following questions:</b></p> <p><b><u>Overall how would you rate your experience of using hospital services?</u></b></p> <p><b>Of the 51 patients who replied:</b></p> <p>82% of patients scored the Trust's hospital services between 8-10 marks out of 10. Only 3 patients scored the Trust's hospital services between 1-5 marks out of 10. Of these 3 patients no trends in equality data were noted in relation to the reasons stated. These 3 patients were the same 3 patients who felt that their complaint/concern was not dealt with to their satisfaction, reasons for this were related to an administration issue, staff attitudes and not responding to pain control.</p> <p>Of the 3 patients who gave a score of less than 5/10.</p> <ul style="list-style-type: none"> <li>• All 3 patients were female</li> <li>• 2 patients were of Other White Background / 1 patient of Black African Ethnicity</li> <li>• 1 patient had a disability (physical disability including sensory impairment)</li> <li>• 1 patient aged 16-29 years / 1 patient aged 30-49 years / 1 patient aged 50-59 years</li> </ul>



- 2 patients were of the Christian belief / 1 patient was an atheist.
- All 3 patients were heterosexual

**During your visit to hospital did you feel you were treated unfairly for any reasons related to a protected characteristic you have?**

**Of the 51 patients who replied:**

94-98% said that they were not unfairly treated due to a protected characteristic that they had.





Of the 2 patients who stated 'yes' to gender; age; religion; and sexual orientation and the 1 patient who stated 'yes' to disability and other reason, on reviewing their answers / feedback, it is apparent that this question was answered incorrectly.

**98% of patients said that they were treated fairly at all times. Only 1 Patient said no they were not treated fairly at all times – however no reasons were given for this.**

<b>GOAL 2</b>	<b>Improved Patient Access and Experience</b>
<b>OUTCOME 2.4</b>	<b>People's complaints about services are handled respectfully and efficiently</b>
<b>CRITERIA</b>	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge in the handling of complaints.</p> <p>For all protected groups assess and grade how well complaints are handled. Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
<b>EDS2 Grade 2013/14</b>	<b>DEVELOPING</b>
<b>EDS2 Grade 2014/15</b>	<b>DEVELOPING</b>
<b>Reasons for Rating</b>	<p><b>OUTCOME:</b> The Trust takes complaints about services very seriously and has good processes for considering and responding to them. The Trust has information to demonstrate how effectively it responds to complaints by patients and carers and does analyse information by some, but not yet all 9 protected characteristics.</p>
	<p><b>MAINSTREAM PROCESSES:</b> The Trust seeks to achieve improvements in handling patient and carer complaints about its services using mainstream processes through its Patient Relations Department and Public and Patient Engagement Department. The Trust is compliant with Outcome 17 of the CQC review of compliance.</p>
<b>Key Gaps</b>	<p><b>PATIENT EQUALITY MONITORING DATA</b> Equality monitoring of religion, sexual orientation; transgender; disability, and marriage and civil partnership within complaints analysis.</p>
<b>Plans to Address Key Gaps</b>	<p>Project Team established in 2013 to review equality monitoring of sexual orientation; transgender; disability and marriage &amp; civil partnership within hospital activity.</p> <p>Method of collecting data via patient equality monitoring form reviewed. Two 6 week equality monitoring pilots were undertaken during 2014 in specific clinics at Thomas Linacre Centre Out-Patient Centre and Dermatology Out-Patients at Leigh.</p> <p><b>Pilot 1:</b> All new out-patients given an equality monitoring form to complete on arrival (encompassing all 9 protected characteristics).</p> <p><b>Pilot 2:</b> All new Choose and Book Out-patients sent an equality monitoring form prior to their appointment, and asked to complete and bring with them when they attend.</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2015/16.</p> <p><b>Goal:</b> Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within complaints analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Wigan Borough Clinical Commissioning Group, Wigan Council and other local providers to share equality data and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2015/16 currently being developed).</p>
<b>Examples of Equality Progress - Complaints handled respectfully &amp; efficiently</b>	<p>During 2014/15 the Patient Relations/PALS Team joined with the Training Department to promote the need to understand how complaints can be used in a positive manner. Senior members of the department use their knowledge and skills to assist with the 'Caring for our Customers' training that has replaced the IMPACT training. To achieve this a board game is used which asks for personal interaction in thought promoting situations and in a more relaxed environment. It is hoped that the 'back off' label from a complaint or concern is given a more positive one and give the staff the confidence to take forward and resolve concerns more. The game was successfully introduced with positive feedback at the Professional Development Day.</p>

## EVIDENCE

<p><b>Policies / Procedures</b></p>	<p>The Trust continues to have an effective Complaints Handling Policy and Procedure. Details of how to complain / raise concerns are clearly specified on the Trust Website and via Patient Information available in all wards and departments. All material involved in all complaints is handled confidentially. Patients and carers are informed of their entitlement to refer complaints and concerns to other external bodies if they feel they have not been fairly heard or dealt with. All policies are equality impact assessed across all 9 protected groups.</p> <p>Patients can raise their concerns in a number of ways. By: e-mail; on-line; in person; in writing and via telephone (text phone facility available); by accessing Patient Opinion or NHS Choices - Sharing their experiences (both good and bad). Patients and carers can share their stories anonymously in order to improve health services in the future. These comments are recorded externally by 'Patient Opinion' and NHS Choices and then sent on to the Trust. The Trust responds accordingly and makes the necessary changes of improvement where applicable. Comment cards are available on all wards and departments and a dedicated Trust Hospital Escalation Line (HELPLine) - providing in-patients and their relatives and carers with access to a Matron or Senior Nurse 24 hours a day. The Matron or Senior Nurse will endeavour to resolve issues or concerns that have not been addressed at ward level. It is hoped that this simple solution will help to deal with problems quickly, reducing any potential further distress for families and patients.</p> <p>The Trust's Policy on handling concerns, complaints, comments and compliments continues to hold the patient at the centre of the process and follows the Parliamentary and Health Service Ombudsman's six principles for good complaint handling. The Trust is never complacent and is constantly looking how to improve the process. The new guidelines for complainants issued by the PHSO 'My expectations for raising concerns and complaints' will also be used in conjunction with the information provided on how to raise a complaint.</p>
<p><b>Patient Information</b></p>	<p>The Trust is committed to making its complaints procedure as easily accessible as possible for everyone. Complaints information and correspondence can be translated into any language as necessary, as well as other formats, such as audio, large print and braille. Written statements will also be taken by Patient Relations Staff. The Trust has access to interpreter services if required.</p> <p>Easy Read Patient Information is being developed within the Trust. An easy read patient information document on 'how to make a complaint' was produced and published on the Trust Website in May 2013.</p>
<p><b>Engagement</b></p>	<p><b>Below summary of all engagement in relation to inclusion and diversity (encompassing complaints) during the last 12 months:</b></p> <p>A survey was sent to a random sample of 230 patients of <b>Black or Minority Ethnic origin</b> who were in-patients during April to June 2014 to assess progress against Goals 1 and 2 (as above). Of the 51 patients who participated within this survey and completed the equality monitoring data form, analysis showed that there were no specific trends / concerns in relation to equality related issues. An overall positive experience was reported.</p> <p>The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the <b>Leigh Asylum Seekers and Refugees</b> Group Drop-in Session (LASARS) to ascertain their views about Trust services. Overall positive feedback was obtained - everyone had received a positive experience of using the hospital services.</p> <p>The Trust's Head of Engagement and the Inclusion and Diversity Project Lead visited the <b>Gypsies and Travellers Community</b> at Little Lane, Goose Green in Wigan to ascertain their views about Trust services. Overall positive feedback was obtained.</p> <p>The Trust's Head of Engagement and Inclusion &amp; Diversity Project Lead (Services) will be visited the <b>BRICK Homeless Shelter</b> in Wigan to engage with the homeless people of Wigan about hospital services. Overall positive feedback was obtained.</p>

<p><b>Equality Monitoring</b></p>	<p>All policies and changes across services are <b>Equality Impact Assessed</b> across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (Services).</p> <p><b>Quarterly and Annual Complaints Reports</b> which are submitted to the Trust's Engagement Committee and Corporate Safe Effective Care (SEC) Committee now include equality analysis on age, gender and ethnicity. Please find below a copy of the Trust's most recent Patient Relations/PALS Service Report, including equality analysis for the last two quarters during 2014.</p> <div style="text-align: center;">    </div> <p>Q2 2014 to 2015.doc Q3 2014 to 2015.doc Complaints Annual Report 2013 to 2014.</p> <p><b>Annual Inclusion and Diversity Service Monitoring Report</b>  The Trust produces an Inclusion and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring Report 2013/14.</p> <p><b>Please refer to Chapter 3, Section 3.10 for an equality analysis of complaints received during 2013/14.</b></p> <div style="text-align: center;">  </div> <p>I&amp;D Annual Service Report 2013-14.doc</p> <p><b>Equality analysis within routine divisional activity reports can now be reviewed via the Trust's On-line Business Intelligence System.</b> Out-patient attendances / In-patient admissions / A&amp;E attendances / Out-patient DNAs &amp; cancellations / total time in A&amp;E / In-Patient length of stay and cancelled operations can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity &amp; religion. Plans are currently in place to include equality analysis within in-patient readmission reports.</p>
<p><b>National Patient Surveys</b></p>	<p><b>IN-PATIENT SURVEY 2013 and 2014 (Picker)</b></p> <p>Results obtained from the National In-Patient Survey 2013 showed that:</p> <p><b>90.2%</b> of patients surveyed did not want to complain about the care they received in hospital.</p> <p>This question was removed from the In-Patient Survey 2014 – therefore a national comparative score is unable to be measured this year.</p>
<p><b>Trust Surveys</b></p>	<p><b>BME EDS SURVEY 2014 – HAVE YOUR SAY ON EQUALITY IN THE NHS</b></p> <p>During October 2014 a survey was sent to a random sample of 230 patients of Black or Minority Ethnic origin who were in-patients during April to June 2014. 51 surveys were returned (a response rate of 22%).</p> <p><b>The following responses were received to the following question:</b></p> <p><b><u>If you had a complaint / concern was it dealt with to your satisfaction?</u></b></p> <p><b>Of the 51 patients who replied:</b></p> <ul style="list-style-type: none"> <li>• <b>49%</b> of patient did not have a complaint / concern.</li> <li>• <b>35%</b> of patients said it was always dealt with to their satisfaction</li> <li>• <b>16%</b> of patients said it was sometimes dealt with to their satisfaction</li> <li>• <b>6%</b> of patients said it was not dealt with to their satisfaction</li> </ul>

**Of the 6% (3 patients) that said their complaint/concern was not dealt with to their satisfaction:**

- 1 patient was female / 2 patients were male
- 1 patient was of British white ethnicity / 1 patient of White Irish ethnicity and 1 patient of Other White Background.
- No patients had a disability (physical disability including sensory impairment)
- 1 patient aged 50-59 years and 2 patients aged 70-79 years.
- 11 patient was of the Christian belief / 1 patient was Roman Catholic and 1 patients was an atheist.
- 2 patients were heterosexual / 1 patient did not state.

Of the 3 patients who stated that when they had a complaint it was not dealt with to their satisfaction, reasons for this were related to an administration issue, staff attitudes and not responding to pain control. No trends in equality data analysis were identified. Demographics were overall reflective of the local population served.

Of these 3 patients, all stated that they were treated fairly at all times and did not feel that they were treated unfairly because of a protected characteristic they have.