

The Equality Delivery System (EDS2)

Assessment Document – Goals 1 and 2

March 2016

EDS Review Assessment 2016 – Scores Summary

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


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

GOAL 1	Better Health Outcomes for All
OUTCOME 1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
CRITERIA	<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>
EDS Grade 2014/15	DEVELOPING
EDS2 Grade 2015/16	DEVELOPING
Reasons for Rating	<p>OUTCOME: 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 all or most protected groups are always considered.</p> <p>MAINSTREAM PROCESSES: 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>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of religion, sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
Plans to Address Key Gaps	<p>Method of collecting equality data via patient equality monitoring form reviewed. All new patients to be given equality monitoring form to complete on arrival at their out-patient appointment. Data to be recorded on PAS.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going.</p> <p>Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust (standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, where those needs relate to a disability, impairment or sensory loss).</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&D Project Leads are active members of:</p> <ul style="list-style-type: none"> • E&D Wigan Borough Collaborative • Greater Manchester E&D provider Leads Forum • North West NHS E&D Network Forum <p>working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>

<p>Examples of Equality Progress - <i>Transitions / care pathways made smoothly and all well informed</i></p>	<p>DEMENTIA INITIATIVES</p> <p>A bespoke discharge package is currently being piloted on Shevington Ward at the Royal Albert Edward Infirmary. A multi-disciplinary team (MDT) meet each Tuesday afternoon to discuss patients with dementia. This MDT comprises of Consultant Geriatricians, Psychiatrist, RAID, Pharmacist, the Lead Nurse for Elderly Care and family or carer. If they are unable to attend the meeting the outcome discussion and decision will be provided to them.</p> <p>A carers contract between Wrightington, Wigan and Leigh NHS FT Trust and carers for patients with dementia is currently in the developmental stage and this is being completed by the WWL Dementia Carers Strategy Group. This will include how much the carer wants to be involved and agreement between the ward staff and carers regarding care planning and decision making and discharge planning. This is being done as part of the Quality Champions Programme.</p> <p>A Pilot Care Pathway Working Group has been established, involving 5 Boroughs Care Home Liaison Team for patients who will be transferred into Elderly Mentally Inform (EMI) Care Homes. This will allow for improved information to care home staff and the Care Home Liaison Team. The Team will also visit the patient in the care home within a specified period. This could be between 48 hours and 10 days, depending on whether the patient is a new placement or whether they are returning to the home following admission</p> <p>The Trust is currently conducting a 3 month audit of readmissions to review if any lessons can be learned to improve safe and effective discharge.</p> <p>WWL is also a partner with the Borough Wide Strategic Pathway Group.</p>
--	---

EVIDENCE

<p>Policies and Procedures</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"> • Discharge Policy & Standard Operating Procedure • Handover of Patient Policy (Adults) & Standard Operating Procedure • Professional Paid Carers Policy & Standard Operating Procedure • Patient Experience Strategy and Consultation Policy • Interpreter and Translation Policy & Standard Operating Procedure <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"> • Direct access to Learning Disabilities Liaison Team • Access to Psychiatric Liaison Team • Access to Age Concern • Elderly care plans • Vulnerable adults and children's pathways • Access to carer support • Access to interpreter and translation services • Accessible information in alternative formats • Same sex accommodation monitoring and management • Provision of appropriate equipment / beds / hearing loops etc. for disabled patients
---------------------------------------	--

	<ul style="list-style-type: none"> • Access to multi-faith chaplaincy services • Access to breast feeding facilities and maternity service protocols. • Guidance on caring for transgender patients.
Patient Information	<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>
Engagement	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing patient safety) during the last 12 months:</p> <ol style="list-style-type: none"> 1. During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 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. 2. The Trust’s Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained.
Equality Monitoring	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust’s Inclusion and Diversity Project Lead (services).</p> <p>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 Monitoring Report 2014/15.</p>  <p>Combined ID Annual Report 2014-15 V2.ppt</p> <p>Equality monitoring (encompassing all 9 protected characteristics) are now included in Hospital Patient Surveys (overseen by the Trust’s Patient and Public Engagement Department).</p> <p>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 can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion.</p>
National Patient Surveys	<p>IN-PATIENT SURVEY 2015 (Picker)</p> <p>Results obtained from the National In-Patient Survey 2015 showed that:</p> <p>92% of patients surveyed stated that they were involved as much as they wanted to in decisions about their care and treatment (92% 2014 / 88% 2013).</p> <p>83% of patients surveyed stated that they were given the right amount of information about their condition or treatment (83% 2014 / 80% 2013).</p> <p>82% of patients surveyed felt that they were involved in decisions about their discharge from hospital (80% 2014 / 80% 2013).</p>

	<p>Of the 1,189 patients eligible to complete the survey, 569 completed questionnaires were received. Of the 569 in-patients who responded to the survey: 48% were male / 52% were female. 5% were aged 16-39; 18% were aged 40-59; 28% were aged 60-69 and 49% were aged 70+. 59% had a long-standing condition / disability. 98% were of British White Ethnicity and 90% of Christian belief. 95% of patients were heterosexual.</p> <p>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?</p> <p>The results for January 2016, showed that 97% of patients (A&E / In-patients & maternity combined) would recommend the Trust's wards / departments to friends and family. 96% recorded 2015.</p> <p>Of the total responses in January 2016, 60% were female / 40% were male. 37% were aged 65 years and over.</p>
<p>Trust Surveys</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>REAL TIME PATIENT SURVEY RESULTS – JANUARY 2016 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 2016, the Trust scored an average of 92.21% an improvement on January 2015 scores of 91.02% and January 2014 scores of 85.75%. The Trust measures progress against an internal bench mark of 90%.</p> <p>EDS PATIENT SURVEY 2015 – HAVE YOUR SAY ON EQUALITY IN THE NHS During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. 76 surveys were returned (a response rate of 25%).</p> <p>The following responses were received to the following questions:</p> <p><u>When you had important questions to ask staff did you get the answers from the nurse that you could understand?</u></p> <p>Of the 76 patients who replied:</p> <p>74% of patients said that when they had important questions to ask staff they always got answers that they could understand</p> <p>19% of patients said that when they had important questions to ask staff they sometimes got answers that they could understand.</p> <p>1% of patients said that they were not involved in decisions about their care and treatment</p> <p>5% of patients said they never had important questions to ask the doctor.</p> <p><u>When you had important questions to ask staff did you get the answers from the doctor that you could understand?</u></p> <p>Of the 76 patients who replied:</p> <p>68% of patients said that they were always involved in decisions about their care and treatment</p> <p>25% of patients said that they were sometimes involved in decisions about their care and treatment</p>

1% of patients said that they were not involved in decisions about their care and treatment

5% of patients said they never had important questions to ask the doctor.

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

This patient was female / aged 40-49 / of British white ethnicity / of Christian belief / was heterosexual and single. This patient had a physical disability. This patient felt that she never got answers to the questions she had.

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

GOAL 1	Better Health Outcomes for All
OUTCOME 1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
CRITERIA	<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>
EDS Grade 2014/15	DEVELOPING
EDS2 Grade 2015/16	DEVELOPING
Reasons for Rating	<p>OUTCOME: 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 all or most protected groups are always considered.</p> <p>MAINSTREAM PROCESSES: 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>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of disability, sexual orientation; transgender; and marital status within in-patient and out-patient activity.</p>
Plans to Address Key Gaps	<p>Method of collecting equality data via patient equality monitoring form reviewed. All new patients to be given equality monitoring form to complete on arrival at their out-patient appointment. Data to be recorded on PAS.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going.</p> <p>Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust (standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, where those needs relate to a disability, impairment or sensory loss).</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&D Project Leads are active members of:</p> <ul style="list-style-type: none"> • E&D Wigan Borough Collaborative • Greater Manchester E&D provider Leads Forum • North West NHS E&D Network Forum <p>working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>

<p>Examples of Equality Progress</p>	<p>DEMENTIA</p> <p>The Trust has an electronic flagging system for people with dementia. They are flagged up in the A&E department via a mandatory field on the MSS system. The patients and carers are asked if they have a diagnosis of dementia or any history of memory problems. If A&E has seen a patient previously, then they are coded as “dementia” with the date and this is an alert on the EPR system. The Trust also has a Lead Nurse and a Specialist Nurse for dementia who have access to the live MSS system in A&E and pull off all admissions that are positive screening or know dementia. This is then cross checked with 5 Borough Partnership’s database to confirm the diagnosis.</p> <p>Patients with dementia or probable dementia are screened in A&E at the time of admission. Further screening and assessment takes place with colleagues from 5 Borough Partnership. For diagnostic purposes, the patients are referred to the Later Life and Memory Service on discharge for a formal diagnosis and support. This will be after other causes of confusion are excluded. The Trust has nearly 200 dementia champions in every area of the Trust who have undergone further dementia training. A large proportion of these have completed or are completing an NVQ in Dementia Care.</p> <p>Patients with dementia are identified in A&E and a “forget me not” sticker is attached to their notes. This information is handed over to ward staff, who use a “forget me not” magnet over the patient’s bedside. This is also identified on the ward’s whiteboard, so as to act as a visual identifier. The “forget me not” document is given to the patient and their carer to complete, and adjustments may be made, for example, the cognitive impairment pain assessment tool (abbey pain tool) used to assess pain.</p> <p>10 ALWAYS EVENTS</p> <p>The Always Events are embedded within our Safe, Effective, Caring culture. The regular weekly snap shot audits and the quarterly whole hospital sites audits have continued to demonstrate stability and improvement.</p> <p>As a result of feedback from our most recent Picker Survey we have introduced 10 new “Good Night” Always Events which will address the noise at night issues identified by the survey. These too are now audited weekly and there has already been a steady improvement.</p> <p>Always Events work for our staff: they know why we have them and what they mean. They have proved to be a great tool for contributing towards safe, effective care.</p>
---	---

EVIDENCE

<p>Policies / Procedures</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"> • Safeguarding vulnerable adults and children/young people pathways • Falls strategies • Same sex accommodation monitoring and management • Maternity services risk management practice • Elderly care plans and dementia care plans • 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. <p>The Trust has direct access to the Learning Disabilities Liaison Team / Carer Support Team.</p>
-------------------------------------	--

Current Practice

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:

REDUCING HARM:

TalkSafe is a programme that is focused on changing the safety culture of an organisation through structured conversations. TalkSafe has a 20 year proven history within the aviation, chemical engineering and engineering sectors.

The conversations focus on safety, both safe and unsafe practice and the potential consequences of these actions. TalkSafe uses a coaching style focused on behaviour, actions and consequences. It is designed to act at the level prior to incidents or near misses and focuses on organisational and system factors in addition to individual behaviours. The programme is a gateway to human factors and is focused at all levels of staff.

TalkSafe was introduced into WWL in October 2014. MAU and Lowton wards were chosen as the pilot areas. The programme has trained over 80 staff in awareness and 32 TalkSafe champions.

A number of resources have been developed to support champions in their roles, including technology solutions as well as one to one support for champions.

There is evidence on MAU and Lowton that the safety culture is changing and that there is a reduction in moderate/severe harm incidents and an increase in no/low harm incidents, indicative of a more mature safety culture.

The programme has taken off in places that were not included in the pilot areas, pharmacy and critical care outreach team and various specialist nurses and other staff groups. The movement is towards a social movement as people are requesting to be the next development area.

Maternity and theatres at RAEI and Wrightington are the next pilot areas currently in progress. Pharmacy is training its entire staff to become champions. These programmes will look different than those on MAU and Lowton as the resources are now developed and there has been much more preparatory work to provide a good foundation from which to work from proactively rather than reactively.

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.

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, meets 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 any urgent actions required and referral to the Executive Scrutiny Committee to identify the appropriate level of investigation and appointment of the investigating officer. A daily log is circulated to the divisional Governance, Management, Nursing and Medical teams, as well as Corporate Teams, on a daily basis.

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. These are attended by divisional staff involved in the incident and/or delivering the action plans. There are a number of multi-disciplinary specialist themed panels each year to enhance and enable greater organisational learning.

A number of divisions and services within the Trust issue monthly or quarterly newsletters communicating patient safety issues, identified learning and actions required in relation to emerging themes and trends describing actions required to mitigate harm and support shared organisational learning.

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:

On 9 March 2016, Health Secretary Jeremy Hunt announced ambitious plans to improve safety and transparency within the NHS – to help build a safer service for patients seven days a week at the first ministerial-level Global Patient Safety Summit.

He will set out a range of new measures including an independent Healthcare Safety Investigation Branch and legal protection for anyone giving information following a hospital mistake.

These 'safe spaces' will protect those co-operating with investigations in a move to help clinicians to speak up and bring new openness to the NHS' response to tragic mistakes. Families will get the full truth faster, staff the support and protection to speak out and the NHS will become better at learning when things go wrong and acting upon it.

As part of the package, NHS Improvement will publish the first annual 'Learning from Mistakes League'. Drawing on a range of data this will identify the level of openness and transparency in NHS provider organisations for the first time:

This year's League shows that 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture.

WWL was 6th out of 230 organisations and received "Outstanding Levels" in relation to openness and transparency.



2905154 League
Table A4 v0.2.pdf

OPEN AND HONEST

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.

Link to Trust Web Pages below:

https://www.wvl.nhs.uk/about_us/open_and_honest_care.aspx

In December 2015, the Trust's Quality and Safety Committee received a compliance report in relation to the CQC's Fundamental Standard: Regulation 20: Duty of Candour. The Regulation came into effect from 27 November 2014. The CQC can take regulatory action in response to breaches of this regulation.

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong, including informing people about the incident, providing reasonable support, providing truthful information and an apology. The Trust has also set a corporate objective in relation to Duty of Candour compliance for 2016/17. The compliance report is attached:-



Fundamental
Standards Duty of Ca

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).

As at 9 March 2016, there have been no C.difficile cases was reported for 51 days. There have been no hospital acquired MRSA bacteraemia cases reported for 527 days.

SAFEGUARDING:

Safeguarding children and adults at risk is the responsibility of all healthcare staff and the Wrightington Wigan & Leigh Foundation Trust is responsible for ensuring all staff are familiar with the relevant Trust safeguarding policies and joint local procedures that must be implemented if staff suspect a vulnerable adult is at risk.

Safeguarding is wider than 'child and adult protection' which predominately focuses on reacting to incidences of harm. WWL's approach to safeguarding is about addressing inequalities, creating an environment where patients feel safe and where their dignity is respected and, whatever their circumstances, are free from discrimination.

The following are the main aims of Safeguarding:-

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to children and adults with care & support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the individual concerned.
- Raise public awareness in identifying and responding to abuse & neglect.
- Provide safeguarding information that is accessible.
- Address what has caused the abuse or neglect.

LEARNING DISABILITIES:

Accessible information is available for patients with learning disabilities, their family and carers, around treatment options; complaints procedures, appointments all of the above are available on a bespoke patient need, we also use the national documentation available e.g., MacMillan: Breast screening, bowel screening.

The Trust continues to work in partnership with the hospital liaison nurse to ensure any reasonable adjustments required are in place. Learning Disability awareness is included in Trust induction of which all new staff to the organisation attend, and is delivered in partnership with the hospital LD Liaison Team and the Trust Safeguarding team. In addition, bespoke awareness training continues to be delivered to key staff e.g. reception staff in outpatients departments.

QUALITY CHAMPIONS:

This year we grew the number of Quality Champions to 320, each being trained in both the techniques of quality improvement and the human dimensions of change. Quality champions are currently undertaking and leading over 60 quality improvement projects.

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.

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 2016/17 by offering a broader range of training programmes with the aim of involving more junior staff.

December 2015 saw three of our Quality Champions awarded Advancing Quality Awards, courtesy of AQuA (Advancing Quality Alliance). They were presented with their awards at a Quality Champions Committee meeting on Friday 26 February, having not been able to attend the original ceremony. Two of our consultants were also recipients of Clinical Excellence Awards in January. Professor Nirmal Kumar received a Silver Award, whilst Mr Martyn Porter, attained a Gold Award.

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 Francis, Keogh and Berwick reviews illustrated the need for strong patient-focused leadership and accurate and useful information. Additionally they highlighted the need for leaders to fully understand improvements which can be made to patient safety, and to engage and empower staff to develop, by providing them with opportunities, making improvements to systems and processes within their working practice and environment.

The Trust was notified of its impending CQC Inspection during the Summer of 2015. We have identified and undertaken a way of reviewing compliance with the CQC's Key Lines of Enquiry at ward and departmental level.

There are Eight Core Services which are inspected by the CQC in an acute setting and are:-

1. Urgent and emergency services
2. Medical care, including older people's care
3. Surgery
4. Critical care
5. Maternity and gynaecology
6. Services for children and young people
7. End of life care
8. Outpatients and diagnostic imaging

Based on the number of wards and clinical departments across the Trust, within an 8-12 week period, our staff completed 71 sets of clinical review, which comprised of the 5 KLOE and their sub-sets, which totalled an impressive 355 self-assessments. The self-

assessments identified areas for improvement and then went onto capturing actions required to improve compliance, as well as highlighting areas which were good and outstanding.

The self-assessments undertaken by ward and departmental managers were linked within the system to the appropriate directorates, divisions, hospital sites and eight core services. The self-assessments required the key staff to make the same judgements used by the CQC in relation to individual areas.

The Trust introduced twice yearly internal inspections in December 2013 to inspect and review compliance with the CQC Essential Standards (now replaced with Fundamental Standards) The last inspection took place in June 2015 and was the largest inspection team to date. They represented a wide spectrum of groups within the organisations, and include patients, nurses, doctors, allied health professionals and managers/non-clinicians. The CCG joined us again and colleagues from Morecambe Bay University Hospitals NHS Foundation Trust also participated. The inspection was focused on Care at the Weekends, Surgical Pathways, Consent, DNACPR, Deprivation of Liberty Safeguards (DoLS), Patient Information, Staff Satisfaction, Confidentiality and Communication of Information.

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.

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. Since 2011 WWL has undertaken Adult nursing establishment reviews on a quarterly basis, using the Safer Nursing Care Tool (SNCT) as recommended by the NICE guidance on safe staffing.

The Trust Board receive a safe staffing exception report each month, which provides the established versus actual fill rates on a ward by ward basis. The report contains supporting detailed narrative, including information regarding actions taken and mitigation of risks when the levels are less than 100%. Red Flags are derived from Datix incident reports related to staffing levels combined with intelligence from daily monitoring of staffing by Divisional Matrons.

In order to support recruitment of Nursing staff, Nurses have been recruited from across Europe as part of an overseas recruitment programme. A total of 75 Overseas Nurses have commenced with us since January 2014 and 53 are still in post. Recruitment of Student Nurses continues with conditional offers now being made early during the 3 year training course of Wigan based students. Regular recruitment open day events are held across the Trust and representatives from the Trust attend similar events at local Universities.

The wards are considered safe with staffing managed and reviewed on a continuous shift by shift basis with staffing levels clearly displayed at the entrance to all wards.

HOSPITAL ESCALATION LINE FOR PATIENTS (HELPLINE)

HELPLINE continues to be offered to current inpatients and their families as a way of escalating and addressing concerns that they feel are not being appropriately addressed at ward level. HELPLINE provides direct access to Matron on call or Site Coordinators; it is not intended as a way to bypass communication with ward staff, but rather to supplement it. Since March 2015 HELPLINE has received 53 calls in total. Work is currently underway with the PALs department to be able to collate themes and trends of calls received and therefore further improve services offered to patients.

RESEARCH / CLINICAL TRIALS:

Clinical research is carried out within the Trust and is essential for improving the health of both adults and children. Without research there would be no new medicines, tests, improved treatments or better ways of providing healthcare.

The aims of research are to:

- Develop new treatments and medicines
- Prevent illness

- Improve quality of life
- Increase understanding of a medical condition
- Understand the emotional and physical support patients need if they are living with a medical condition.

Research ensures that people have the most appropriate and effective care and treatments delivered in ways that are effective and accessible to individuals.

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. The trust is able to access capability and capacity building in quality improvement on an individual, team and board level including participation in Making Safety Visible

NHS QUEST

NHS QUEST is a member convened network of trusts that wish to improve at pace and depth. NHS QUEST is currently hosting a number of breakthrough series collaboratives and clinical communities. Falls improvement, theatre safety culture and medicines safety are current focused areas of improvement

SAFETY WALKROUNDS

Leadership safety walkrounds were first introduced in the USA and have proved to be a useful tool in promoting a more proactive safety culture. They allow frontline staff access to executives and it allows executives, non-executive directors and governors to experience first-hand the safety concerns that staff have. They promote a culture of openness and trust. Opportunities to improve safety are identified and staff are empowered to take these opportunities and make them reality if this is possible, where it is not then an explanation will be given and reasons as to why therefore creating a trusting and open relationship. It will also signal to staff the importance that the senior team place on safety.

SIGN UP TO SAFETY

The aim of the National Sign Up to Safety Campaign is to deliver harm-free care for every patient, every time, everywhere. The campaign champions openness and honesty, and supports everyone to improve the safety of patients. The campaign has a three year objective to reduce avoidable harms by 50% and save 6000 lives over three years.

The Trust 'signed up to safety' in August 2014, committing to the development of an improvement plan which was submitted in January 2015. The Trust's improvement plan builds on the Trust Quality Strategy 2014/17 and brings together existing quality and safety initiatives that are underway.

The Trust has agreed a number of annual priorities for 2015/16 which support the Trust's Quality Strategy 2014/17, Sign Up to Safety Improvement Plan and considers some of the Trusts' challenges.

<p>Patient Information</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. http://www.wvl.nhs.uk/patient_relations/patient_safety.aspx</p>
<p>Engagement</p>	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing patient safety) during the last 12 months:</p>

	<p>3. During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 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>4. The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained.</p>
<p>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (services). 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 can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion.</p> <p>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.</p> <p>Equality monitoring (encompassing all 9 protected characteristics) are now included in Hospital Patient Surveys (overseen by the Trust's Patient and Public Engagement Department).</p>
<p>National Patient Surveys</p>	<p>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?</p> <p>The results for January 2016, showed that 97% of patients (A&E / In-patients & maternity combined) would recommend the Trust's wards / departments to friends and family. 96% was recorded in January 2015.</p> <p>Of the total responses in January 2016, 60% were female / 40% were male. 37% were aged 65 years and over.</p> <p>IN-PATIENT SURVEY 2015 (PICKER): Results obtained from the National In-Patient Survey 2015 showed that: 97.2% of patients surveyed stated that they did not feel threatened during their stay in hospital by other patients or visitors.</p> <p>Of the 1,189 patients eligible to complete the survey, 569 completed questionnaires were received. Of the 569 in-patients who responded to the survey: 48% were male / 52% were female. 5% were aged 16-39; 18% were aged 40-59; 28% were aged 60-69 and 49% were aged 70+. 59% had a long-standing condition / disability. 98% were of British White Ethnicity and 90% of Christian belief. 95% of patients were heterosexual.</p>
<p>Trust Surveys</p>	<p>PATIENT EDS SURVEY 2015 – HAVE YOUR SAY ON EQUALITY IN THE NHS</p> <p>During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. 76 surveys were returned (a response rate of 25%).</p>

The following responses were received to the following question:

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

100% of patients said that they did understand the importance of patient safety.

Where you given enough privacy when being examined / treated?

95% of patients said that they were always given enough privacy when being examined.

5% of patients said that they were sometimes given enough privacy when being examined.

56% patients were female / 44% were male

99% patients were of British White Ethnicity / 1% of Other White Background.

58% of patients considered themselves to had a disability.

83% were aged 60 years and over.

91% of patients were of the Christian belief / 8% had no religion / 1 patient did not state.

97% patients were heterosexual / 3 patients did not state.

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
CRITERIA	<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>
EDS Grade 2014 /15	DEVELOPING
EDS2 Grade 2015/16	DEVELOPING
Reasons for Rating	<p>OUTCOME: The Trust provides some evidence that patients, carers and communities from protected groups readily access services and feedback on access is generally good.</p>
	<p>MAINSTREAM PROCESSES: The Trust uses mainstream processes to make progress on this outcome.</p>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
Plans to Address Key Gaps	<p>Method of collecting equality data via patient equality monitoring form reviewed. All new patients to be given equality monitoring form to complete on arrival at their out-patient appointment. Data to be recorded on PAS.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going.</p> <p>Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust (standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, where those needs relate to a disability, impairment or sensory loss).</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&D Project Leads are active members of:</p> <ul style="list-style-type: none"> • E&D Wigan Borough Collaborative • Greater Manchester E&D provider Leads Forum • North West NHS E&D Network Forum <p>Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>

<p>Examples of Equality Progress - Patient Access</p>	<p>ASSISTANCE DOGS POLICY AND STANDARD OPERATING PROCEDURE</p> <p>In November 2015, an Assistance Dogs Policy and Standard Operating Procedure (SOP) was reviewed and drafted. The Policy and SOP were approved by the Trust Committee's PAB and PARC in March 2016.</p> <p>The need for a Trust Policy was highlighted with in a recent patient complaint, whereby a relative with an assistance dog was refused access to the Maternity Ward. The need to raise staff awareness about protocol and reasonable adjustments was identified.</p> <p>In response to the complaint, a policy which clearly sets out the roles and responsibilities of staff to support access for patients and visitors with assistance dogs was researched and drafted. A Standard Operating Procedure detailing the process for allowing access to assistance dogs within the Trust was reviewed. This now clearly sets out the management practice for implementing reasonable adjustments, where access cannot be permitted due to infection control or health and safety issues.</p> <p>Staff, other stakeholders, including local guide dog owners and the RNIB were encouraged to give feedback on the development of this Policy and SOP.</p>
--	---

EVIDENCE

<p>Policies / Procedures</p>	<p>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.</p> <p>The Trust continues to have a number of policies and practices in place to ensure services are accessible to all. These include:</p> <ul style="list-style-type: none"> • 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 • Provision of breast feeding facilities for service users • Access to multi-faith chaplaincy services • All the Trust's new work schemes are designed and constructed in accordance with Disability Legislation and the building Regulations Part M Standards.
<p>Patient Information</p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>The following Easy Read Patient Information is available on the Trust Website:</p> <ul style="list-style-type: none"> • Going to A&E • How to make a complaint • Coming to our Hospitals During the Day <p>'In-patient' and 'Discharge' Easy Read Patient information is currently being reviewed.</p>
<p>Engagement</p>	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing access) during the last 12 months:</p> <p>5. Tours continue to be held bi-monthly in Accident and Emergency, Surgical</p>

	<p>Admissions and Out-Patients (Thomas Linacre Centre) for patients with learning disabilities. Patients with learning disabilities are encouraged to give feedback on service accessibility.</p> <ol style="list-style-type: none"> 6. During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 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. 7. The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained. 8. During 2015, the need for an Assistance Dogs Policy and Standard Operating Procedure was identified. Staff, other stakeholders, including local guide dog owners and the RNIB were encouraged to give feedback on the development of this Policy and SOP. 9. On 23rd February 2016, WWL hosted England's 2nd biggest trans equality event for NHS Staff. The masterclass was a partnership event between WWL, Wigan CCG and the 5 Boroughs Partnership NHS FT Trust. It included transgender speakers and audience members, and was aimed at helping staff learn more about the health challenges faced by trans people. WWL Hosts Second Largest NHS Transgender Equality Event <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 & 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>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (Services).</p> <p>Annual Inclusion and Diversity 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.</p> <p>All 9 protected characteristics are now included in Hospital Patient Surveys (overseen by the Trust's Patient and Public Engagement Department).</p> <p>From September 2013, Foundation Trust Membership Welcome Packs were updated to include all 9 protected characteristics.</p> <p>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 can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion.</p>
<p>National Patient Surveys</p>	<p>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?</p>

The results for January 2016 showed that 97% of patients would recommend the Trust's A&E Department to friends and family (95% recorded in January 2015).

Of the total responses in January 2016, 60% were female / 40% were male. 37% were aged 65 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.

EDS PATIENT SURVEY 2015 – HAVE YOUR SAY ON EQUALITY IN THE NHS

During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. 76 surveys were returned (a response rate of 25%).

The following responses were received to the following questions:

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

- **42%** of patients said that they thought it was **easy** to access the hospital services.
- **50%** of patients said that they thought it was **very easy** to access the hospital services.
- **7%** of patients said that they thought it was difficult to access the hospital services.
- **1%** of patients said that they thought it was very difficult to access the hospital services.

Of the 6 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, public transport and difficulty obtaining an appointment.

Of the 6 patients who said that they thought it was difficult / very difficult to access hospital; services:

- 4 patients were female / 2 patients were male
- All patients were of British White ethnicity
- 4 patients had a physical disability
- 1 patient aged 40-49 years / 3 patients aged over 60 years
- 5 patients were of Christian belief / 1 patient had no religion
- All 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?

Of the 76 patients who participated within this survey, **72 patients stated that they were not treated unfairly because of a specific protected characteristic they have.**

Of the 4 patients who stated that they had been treated unfairly:

<p>1 Patient Stated</p>	<p>Yes to all categories</p> <p>gender; age; ethnicity, religion, sexual orientation and disability</p>	<p>On reviewing all answers / comments was apparent this question had been answered incorrectly.</p>
--------------------------------	--	--

	1 Patient Stated	Yes to Age	Reasons for this were based on the clinician / nursing staff's decision to delay discharge due to a recent fall and the patient living alone.
	2 Patients Stated	Yes to Disability	1 Patient gave no comments / reason for stating yes. 1 Patient stated that they were not offered any help with their physical disabilities (however no further details were provided).

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.
CRITERIA	<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>
EDS Grade 2014/15	DEVELOPING
EDS2 Grade 2015/16	DEVELOPING
Reasons for Rating	<p>OUTCOME: 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>MAINSTREAM PROCESSES: The Trust uses mainstream processes to make progress on this outcome.</p>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
Plans to Address Key Gaps	<p>Method of collecting equality data via patient equality monitoring form reviewed. All new patients to be given equality monitoring form to complete on arrival at their out-patient appointment. Data to be recorded on PAS.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going.</p> <p>Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust (standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, where those needs relate to a disability, impairment or sensory loss)</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&D Project Leads are active members of:</p> <ul style="list-style-type: none"> • E&D Wigan Borough Collaborative • Greater Manchester E&D provider Leads Forum • North West NHS E&D Network Forum <p>Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>

<p>Examples of Equality Progress - Patients informed / Supported</p>	<p>EASY READ OUT-PATIENT INFORMATION LEAFLET PUBLISHED During 2015/16 an easy read patient information leaflet on 'Coming to our Hospitals During the Day' was produced and published on the Trust Website. The development of further easy read patient information leaflets (including being an inpatient and the discharge process) are planned during 2016/17.</p> <p>RAISING STAFF AND PATIENT AWARENESS During 2015, in order to increase staff and patient awareness of the availability of patient information throughout the Trust, an article was featured on Trust News; a notice added to screen savers on all Trust computers; E-bulletin message boards utilised to promote availability of patient information; and a leaflet amnesty and engagement was undertaken by the Trust's Patient and Public Engagement Team.</p> <p>LEARNING DISABILITIES: Accessible information is available for patients with learning disabilities, their family and carers, around treatment options; complaints procedures, appointments all of the above are available on a bespoke patient need. National documentation which is available is also used, e.g., MacMillan: Breast screening, bowel screening.</p>
---	---

EVIDENCE

<p>Policies / Procedures</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"> • Consent to Examination or Treatment Policy • Use, Consent and Disclosure of Information Policy • Access Policy and Standard Operating Procedure • Safeguarding Vulnerable Adults Policy • Safeguarding Child/Protection Children & Young People Policy and Standard Operating Procedure • Interpreter and Translation Services Policy and Standard Operating Procedure • Trust's Patient Information Policy. • Discharge Policy • The '10 ALWAYS Events' <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>Patient Information</p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>The following Easy Read Patient Information is available on the Trust Website:</p> <ul style="list-style-type: none"> • Going to A&E • How to make a complaint • Coming to our Hospitals During the Day <p>'In-patient' and 'Discharge' Easy Read Patient information is currently being reviewed.</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>http://www.wwl.nhs.uk/patient_information/leaflets/default.aspx</p>
<p>Engagement</p>	<p>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:</p>

	<ol style="list-style-type: none"> 1. Tours continue to be held bi-monthly in Accident and Emergency, Surgical Admissions and Out-Patients (Thomas Linacre Centre) for patients with learning disabilities. Patients with learning disabilities are encouraged to give feedback on service accessibility. 2. During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 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. 3. The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained. 4. During 2015, the need for an Assistance Dogs Policy and Standard Operating Procedure was identified. Staff, other stakeholders, including local guide dog owners and the RNIB were encouraged to give feedback on the development of this policy and SOP. 5. On 23rd February 2016, WWL hosted England's 2nd biggest transgender equality event for NHS Staff. The masterclass was a partnership event between WWL, Wigan CCG and the 5 Boroughs Partnership NHS FT Trust. It included transgender speakers and audience members, and was aimed at helping staff learn more about the health challenges faced by trans people. WWL Hosts Second Largest NHS Transgender Equality Event <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 & 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>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (Services).</p> <p>All 9 protected groups are now included in Hospital Patient Surveys (overseen by the Trust's Patient and Public Engagement Department).</p> <p>From September 2013, Foundation Trust Membership Welcome Packs were updated to include all 9 protected characteristics.</p> <p>Annual Inclusion and Diversity 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.</p> <p>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 can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion.</p>
<p>National Patient Surveys</p>	<p>IN-PATIENT SURVEY 2015 (Picker)</p> <p>Results obtained from the National In-Patient Survey 2015 showed that:</p> <p>92% of patients surveyed stated that they were involved as much as they wanted to in decisions about their care and treatment (<i>92% 2014 / 88% 2013</i>).</p>

	<p>83% of patients surveyed stated that they were given the right amount of information about their condition or treatment (<i>83% 2014 / 80% 2013</i>).</p> <p>82% of patients surveyed felt that they were involved in decisions about their discharge from hospital (<i>80% 2014 and 2013</i>).</p> <p>Of the 1,189 patients eligible to complete the survey, 569 completed questionnaires were received. Of the 569 in-patients who responded to the survey: 48% were male / 52% were female. 5% were aged 16-39; 18% were aged 40-59; 28% were aged 60-69 and 49% were aged 70+. 59% had a long-standing condition / disability. 98% were of British White Ethnicity and 90% of Christian belief. 95% of patients were heterosexual.</p>
<p>Patient Surveys</p>	<p>Feedback from patient surveys is analysed and discussion forums encouraged to, determine whether patients are informed and supported across all patient groups.</p> <hr/> <p>REAL TIME PATIENT SURVEY RESULTS – JANUARY 2016</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 2016, the Trust scored an average of 92.2% an improvement on Jan 2015 score of 91.02% and Jan 2014 score of 85.75%. The Trust measures progress against an internal bench mark of 90%.</p> <p>When asked ‘Have you been involved as much as you wanted to be in decisions about your care and treatment?’ The Trust scored 93.7% at the end of January 2016. A score of 93.05% recorded Jan 2015 and 79.7% recorded Jan 2014.</p> <hr/> <p>EDS PATIENT SURVEY 2015 – HAVE YOUR SAY ON EQUALITY IN THE NHS</p> <p>During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. 76 surveys were returned (a response rate of 25%).</p> <p>The following responses were received to the following questions:</p> <p><u>Where you involved in decisions about your care and treatment?</u></p> <p>Of the 76 patients who replied:</p> <p>68% of patients said that they were always involved in decisions about their care and treatment.</p> <p>27% of patients said that they were sometimes involved in decisions about their care and treatment.</p> <p>5% of patients said that they were not involved in decisions about their care and treatment.</p> <p>Of the 5% (4 patients) who said no:</p> <p>3 patients were Male / 1 patient was Female All patients were of British White Ethnicity 2 patients had a disability All patients were aged 60 years or above 3 Patients were of Christian Belief / 1 patient did not state 1 patient was heterosexual / 3 patients did not state</p> <p>The comments stated were not in relation to an equality issue.</p> <hr/> <p><u>When attending hospital, were you given any written / printed information about your condition / procedure?</u></p> <p>63% of patients said ‘always’. 13% of patients said ‘sometimes’. 12% of patients said ‘not given’.</p>

Of the 12% (9 patients) who said that they were not given any written / printed information about their condition / procedure:

- 6 patients were Female / 3 patients were Male
- All patients were of British White Ethnicity
- 6 patients had a disability
- 1 patient aged 40-49 years / 8 patients aged 60 years and over
- 8 patients were of the Christian Belief / 1 patient did not state
- 6 patients were heterosexual / 3 patients did not state


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

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.3	People report positive experiences of the NHS
CRITERIA	<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>
EDS Grade 2014/15	ACHIEVING
EDS2 Grade 2015/16	ACHIEVING
Reasons for Rating	<p>OUTCOME: The Trust can demonstrate that patients and carers report overall positive experiences, but further evidence of patient experience by all protected groups is required to achieve higher grading.</p>
	<p>MAINSTREAM PROCESSES: The Trust uses mainstream processes to make progress on this outcome.</p>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
Plans to Address Key Gaps	<p>Method of collecting equality data via patient equality monitoring form reviewed. All new patients to be given equality monitoring form to complete on arrival at their out-patient appointment. Data to be recorded on PAS.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility. Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going.</p> <p>Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust (standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, where those needs relate to a disability, impairment or sensory loss)</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends which require further investigation.</p> <p>The Trust's I&D Project Leads are active members of:</p> <ul style="list-style-type: none"> • E&D Wigan Borough Collaborative • Greater Manchester E&D provider Leads Forum • North West NHS E&D Network Forum <p>Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed)</p>

<p>Examples of Equality Progress - Positive Experiences</p>	<p>ENGAGING WITH WIGAN ACCESS COMMITTEE</p> <p>The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services (from a disability perspective).</p> <p>Group members were asked to give their feedback on all EDS outcomes under Goals 1 and 2 of the EDS Framework.</p> <p>Overall positive feedback was obtained.</p> <p>See Engagement Summary below for full summary of engagement activity.</p>
--	---

EVIDENCE

<p>Policies / Procedures</p>	<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 continues to have 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"> • Patient and Staff Surveys • Written Documents • Video Diaries • Experience Based Design Focus Group Meetings • Trust Membership and Engagement Events • Attendance at other planned community events. <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>
<p>Patient Information</p>	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p> <p>The following Easy Read Patient Information is available on the Trust Website:</p> <ul style="list-style-type: none"> • Going to A&E • How to make a complaint • Coming to our Hospitals During the Day <p>'In-patient' and 'Discharge' Easy Read Patient information is currently being reviewed.</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</p>

	are published on the Trust Website.
<p>Engagement</p>	<p>Same as Outcome 2.1& 2.2</p> <p>Below summary of all engagement in relation to inclusion and diversity (encompassing positive experiences) during the last 12 months:</p> <ol style="list-style-type: none"> 1. Tours continue to be held bi-monthly in Accident and Emergency, Surgical Admissions and Out-Patients (Thomas Linacre Centre) for patients with learning disabilities. Patients with learning disabilities are encouraged to give feedback on service accessibility. 2. During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 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. 3. The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained. 4. During 2015, the need for an Assistance Dogs Policy and Standard Operating Procedure was identified. Staff, other stakeholders, including local guide dog owners and the RNIB were encouraged to give feedback on the development of this policy and SOP. 5. On 23rd February 2016, WWL hosted England's 2nd biggest transgender equality event for NHS Staff. The masterclass was a partnership event between WWL, Wigan CCG and the 5 Boroughs Partnership NHS FT Trust. It included transgender speakers and audience members, and was aimed at helping staff learn more about the health challenges faced by trans people. WWL Hosts Second Largest NHS Transgender Equality Event 6. An Inclusion and Diversity Schedule of events is promoted throughout the Trust on a monthly basis. The Trust's Inclusion and Diversity Project Leads and Head of Engagement engage with staff, patients, relatives, carers, other organisations at these events on an on-going basis. The attachment below, summarises some of the key events promoted during 2015 (including Manchester PRIDE 2015). <div style="text-align: center;">  <p>2015 Annual Events Summary.docx</p> </div> <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 & 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>Equality Monitoring</p>	<p>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).</p> <p>All 9 protected groups are now included in Hospital Patient Surveys (overseen by the Trust's Patient and Public Engagement Department).</p> <p>From September 2013, Foundation Trust Membership Welcome Packs were updated to include all 9 protected characteristics.</p> <p>Annual Inclusion and Diversity 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</p>

	<p>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.</p> <p>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 can now be drilled down by those protected characteristics which are recorded - age / gender / ethnicity & religion.</p>
<p>National Patient Surveys</p>	<p>IN-PATIENT SURVEY 2015 (Picker)</p> <p>Results obtained from the National In-Patient Survey 2015 showed that:</p> <p>98% of patients surveyed stated 'Yes' they felt that they were always / sometimes treated with respect and dignity whilst being examined and treated in hospital (99% 2015 / 98% 2013).</p> <p>86% of patients surveyed, rated 7 and above as having a good experience. (85% 2014 / 80% 2013).</p> <p>Of the 1,189 patients eligible to complete the survey, 569 completed questionnaires were received. Of the 569 in-patients who responded to the survey: 48% were male / 52% were female. 5% were aged 16-39; 18% were aged 40-59; 28% were aged 60-69 and 49% were aged 70+. 59% had a long-standing condition / disability. 98% were of British White Ethnicity and 90% of Christian belief. 95% of patients were heterosexual.</p>
<p>Trust Surveys</p>	<p>Feedback from patient surveys is analysed to monitor patient experience.</p> <p>COMMENT CARDS</p> <p>During the last 12 months (1st Feb 2015 to 31st Jan 2016): 4,900 Comment Cards were received from patients / carers / relatives.</p> <p>Positive comments were received in 4,701 of the Comment Cards (96%). Only 4% (199) negative comment cards were received.</p> <p>Feb 2014 / Jan 2015 - 3356 Comment Cards (95% positive) Feb 2013 / Jan 2015 - 2557 Comment Cards</p> <p>Comments from patient feedback are taken very seriously and actions are taken to address any issues identified.</p> <p>REAL TIME PATIENT SURVEY RESULTS – JANUARY 2016</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 2016, the Trust scored an average of 92.2% (91.02% recorded Jan 2015 / 85.75% recorded Jan 2014). The Trust measures progress against an internal bench mark of 90%.</p> <p>EDS PATIENT SURVEY 2015 – HAVE YOUR SAY ON EQUALITY IN THE NHS</p> <p>During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. 76 surveys were returned (a response rate of 25%).</p> <p>The following responses were received to the following questions:</p>

Overall how would you rate your experience of using hospital services?

Of the 76 patients who replied:

86% 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. 2 of these patients felt that their complaint/concern was not dealt with to their satisfaction, reasons for this were related to communication and administration issues.

Of the 3 patients who gave a score of less than 5/10:

- 2 patients were female / 1 patient was male
- All patients were of British White Ethnicity
- 2 patients had a disability (physical disability)
- 1 patient aged 40-49 years / 2 patients aged over 70 years
- 2 patients were of the Christian belief / 1 patient not stated
- 2 patients were heterosexual / 1 patient not stated

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

Of the 76 patients who participated within this survey: **72 patients stated that they were not treated unfairly because of a specific protected characteristic they have.**

Of the 4 patients who stated that they had been treated unfairly:





1 Patient Stated	Yes to all categories gender; age; ethnicity, religion, sexual orientation and disability	On reviewing all answers / comments was apparent this question had been answered incorrectly.
1 Patient Stated	Yes to Age	Reasons for this were based on the clinician / nursing staff's decision to delay discharge due to a recent fall and the patient living alone.
2 Patients Stated	Yes to Disability	1 Patient gave no comments / reason for stating yes. 1 Patient stated that they were not offered any help with their physical disabilities (however no further details were provided).

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.4	People's complaints about services are handled respectfully and efficiently
CRITERIA	<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>
EDS2 Grade 2014/15	DEVELOPING
EDS2 Grade 2015/16	DEVELOPING
Reasons for Rating	<p>OUTCOME: 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>MAINSTREAM PROCESSES: 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 Regulation 16 of the CQC Fundamental Standards.</p>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of religion, sexual orientation; transgender; disability, and marriage and civil partnership within complaints analysis.</p>
Plans to Address Key Gaps	<p>Method of collecting equality data via patient equality monitoring form reviewed. All new patients to be given equality monitoring form to complete on arrival at their out-patient appointment. Data to be recorded on PAS.</p> <p>Two 6 week equality monitoring pilots undertaken during 2014 to assess feasibility.</p> <p>Further pilot undertaken within Leigh Out-Patient Clinics from December 2015 to assess resource requirements. Pilot currently on-going.</p> <p>Accessible Information Standard (SCCI1605) to be used as a driver to implement equality monitoring throughout the Trust (standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, where those needs relate to a disability, impairment or sensory loss)</p> <p>Proposal for equality data collection, including resource requirements currently being reviewed, actions to be incorporated within EDS Action Plan 2016/17.</p> <p>Goal: 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's I&D Project Leads are active members of:</p> <ul style="list-style-type: none"> • E&D Wigan Borough Collaborative • Greater Manchester E&D provider Leads Forum • North West NHS E&D Network Forum <p>working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p> <p>Plans are in place to progress to the next grade (Achieving), with milestones (EDS Action Plan 2016/17 currently being developed).</p>

<p>Examples of Equality Progress - Complaints handled respectfully & efficiently</p>	<p>During 2015/16 the Patient Relations/PALS Team have continued their liaison 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. In addition the game is now used in a session with the Clinical Band 5+ staff induction programme and Ward Leadership Cohorts.</p>
---	---

EVIDENCE

<p>Policies / Procedures</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>Patient Information</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>Engagement</p>	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing complaints) during the last 12 months:</p> <p>10. During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. Of the 76 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>11. The Trust's Head of Engagement and Inclusion and Diversity Project Lead attended the Wigan Access Committee Meeting on 2nd March 2016 to ascertain their views about Trust services. Overall positive feedback was obtained.</p>
<p>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Project Lead (Services).</p> <p>Quarterly and Annual Complaints Reports 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 Reports, including equality analysis for the last two quarters during 2015 and the Trust Annual Report 2014/15.</p> <div style="display: flex; justify-content: space-around; align-items: center;">    </div> <p>Complaints Annual report 2014 to 2015 Q2 2015 to 2016.doc Q3 2015 to 2016.doc</p> <p>Annual Inclusion and Diversity Service Monitoring Report Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity.</p> <p>Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring Report 2014/15.</p> <p>Please refer to Chapter 3, Section 3.11 for an equality analysis of complaints received during 2014/15.</p> <div style="display: flex; justify-content: center; align-items: center;">  </div> <p>Combined ID Annual Report 2014-15 V2.pr</p>
<p>Trust Surveys</p>	<p>EDS SURVEY 2015 – HAVE YOUR SAY ON EQUALITY IN THE NHS</p> <p>During November 2015 a survey was sent to a random sample of 300 patients who were in-patients during August to October 2015. 76 surveys were returned (a response rate of 25%).</p> <p>The following responses were received to the following question:</p> <p><u>If you had a complaint / concern was it dealt with to your satisfaction?</u></p> <p>Of the 76 patients who replied:</p> <ul style="list-style-type: none"> • 51% (39 patients) did not have a complaint / concern. • 29% (22 patients) said it was always dealt with to their satisfaction • 16% (12 patients) said it was sometimes dealt with to their satisfaction • 4% (3 patients) said it was not dealt with to their satisfaction <p>Of the 3 patients that said their complaint/concern was not dealt with to their satisfaction:</p> <ul style="list-style-type: none"> • 2 patients were female / 1 patient was male • All patients were of British white ethnicity • 2 patients had a disability (1 patient had a physical disability / 1 patient had a physical disability and a mental health disability) • 1 patient aged 40-49 years and 2 patients aged over 70 years • 2 patients were of Christian belief / 1 patient did not state • 2 patients were heterosexual / 1 patient did not state • 2 patients were married / 1 patient was single <p>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 poor communication and administration</p>

issues. No trends in equality data analysis were identified. Demographics were overall reflective of the local population served.

Of the 76 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:

Of the 76 patients who participated within this survey:

72 patients stated that they were not treated unfairly because of a specific protected characteristic they have.

Of the 4 patients who stated that they had been treated unfairly:

1 Patient Stated	Yes to all categories gender; age; ethnicity, religion, sexual orientation and disability	On reviewing all answers / comments was apparent this question had been answered incorrectly.
1 Patient Stated	Yes to Age	Reasons for this were based on the clinician / nursing staff's decision to delay discharge due to a recent fall and the patient living alone.
2 Patients Stated	Yes to Disability	1 Patient gave no comments / reason for stating yes. 1 Patient stated that they were not offered any help with their physical disabilities (however no further details were provided).