Equality Delivery System (EDS2) 2017

Proposed Evidence for Goals 1 and 2

Your hospitals, your health, our priority

Contents

1. Introduction

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations in assessing and grading their equality performance each year. The EDS2 toolkit is structured around 4 Goals:

Patients:
Goal 1   Better health outcomes for all
Goal 2   Improved patient access and experience

Workforce:
Goal 3   Empowered, engaged and included staff.
Goal 4   Inclusive leadership at all levels.

Against these four areas there are a set of 18 outcomes. These range from service quality to how staff, are managed in the Trust. For each outcome, there are four possible grades:

Underdeveloped	People from all protected groups fare poorly compared with people overall.
Developing	People from only some protected groups fare as well as people overall.
Achieving	People from most protected groups fare as well as people overall.
Excelling	People from all protected groups fare as well as people overall.

There are 9 protected characteristic groups which must be compared:
- Age
- Sex (gender)
- Race / Ethnicity
- Religion or Belief
- Disability
- Sexual Orientation
- Gender Re-assignment / Transgender
- Marriage and Civil Partnership
- Pregnancy and Maternity

2. EDS Scores 2017

Following NHS England Guidance, WWL has chosen to narrow its focus to reviewing a small number of outcomes each year – these are reviewed annually to ensure we look at all outcomes over a period of time. **The 4 outcomes we have identified for 2016/17 are listed below**

Goal		Outcome	Grade
1	**1.1**	Services are designed and delivered to meet the health needs of local communities	**Developing**
2	**2.2**	People are informed and supported to be as involved as they wish to be in decisions about their care	**Developing**
3	**3.6**	Staff report positive experiences of their membership of the workforce	**Developing**
4	**4.3**	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within	**Developing**

Grades based on 2015/16 evidence submission for all other outcomes are listed below:

Goal		Outcome	Grade
1	1.1	**Services are designed and delivered to meet the health needs of local communities**	Developing
1	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1	1.3	Transitions from one service to another are made smoothly with everyone well informed	Developing
1	1.4	When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
1	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing
2	2.1	People can readily access community health services and should not be denied access on unreasonable grounds	Developing
2	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care**	Developing
2	2.3	People report positive experiences of the NHS	Achieving
2	2.4	People's complaints about services are handled respectfully and efficiently	Developing
3	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3	3.2	The NHS is committed to equal pay for work of equal value and expected employers to use equal pay audits to help fulfil	Undeveloped
3	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing
3	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
3	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people	Achieving
3	3.6	**Staff report positive experiences of their membership of the workforce**	Developing
4	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving
4	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Achieving
4	4.3	**Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.**	Developing

Although we have chosen to focus on 4 outcomes for 2016/17 it should be recognised that the evidence included within this assessment will likely have an impact on other outcomes too.

3. EDS2 2017 Evidence – Goals 1 and 2

The following summarises our evidence for our assessment and grading for Goal 1 Outcome 1.1 and Goal 2 Outcome 2.2:

Goal 1	Outcome	Grade
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	**Developing**

Launch of new 'Age Well' Unit at Royal Albert Edward Infirmary

On 1st November 2016, WWL launched a new service providing quick and effective care aimed at reducing the time spent in hospital for patients who may benefit from a more personalised multi-disciplinary assessment.

The 'Age Well Unit is a new Short-Stay Unit providing early assessment and treatment of patients aged 75 and over, with the aim of a safe discharge within 72 hours.
Patients are admitted to the Age Well unit via A&E where they then begin treatment.

It consists of 14 beds, seven male and seven female at the Royal Albert Edward Infirmary. The maximum stay on the unit will be 72 hours and patients will be provided with quick effective care in order to prevent longer than necessary stays in hospital. The arrangements for after hospital care will also be commenced as part of the admission process so that the patient can continue their recovery whilst in the comfort of their own home or alternate care facility.

Prolonged stays in the hospital can sometimes be detrimental for patients with complex needs and can have a negative effect on their overall health and well-being. Continual unnecessary bed rest and lack of independence can often slow down recovery in certain patients. The Age Well Unit will provide a more unique environment than what is found on a normal hospital ward.

Age Well staff will support patients to maintain their independence by encouraging them to dress themselves, sit out of bed for periods of time, including meal times, and to participate in their own care. This will help to ensure that our patients are well enough to safely return to their everyday lives and routines in the timeliest of manners.

The services offered by the unit are provided by a specialist team that include a Consultant in Elderly Care, Elderly Care Specialist nurses and a multi-disciplinary team including a physiotherapist, occupational therapist, social worker, dietician and podiatrist.

In order to ensure that the design and implementation of the new Age Well Unit meets the health needs of local communities, the following actions were agreed and implemented:

- Feedback from the 'Older You' 2015 Consultation delivered by NHS Wigan Borough CCG reviewed. Report findings incorporated within the design and implementation of the Age Well Unit.

  Patients, public, residential home residents, Age UK service users and staff were engaged with during the consultation. Activities included Focus Groups; awareness stands at libraries and public locations; attendance at public meetings and residential homes.

- Patient Experience Survey commenced. Survey Feedback will then be analysed and report produced summarising findings.

Goal 2	Outcome	Grade
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	**Developing**

Diabetes Out-Patient Service – Black & Minority Ethnic (BME) Patients Experience

National statistics identify that black and minority ethnic communities are up to 5 times more likely to develop diabetes than the general population. People from South Asian backgrounds are six times more likely to develop Type 2 diabetes, and people from African and African Caribbean backgrounds are up to five times more likely to develop type 2 diabetes compared to people in the white population.

The chances of being diagnosed increase with age. Up to half of people in Black and Minority Ethnic Groups will develop type 2 diabetes by the time they are 80 years old.

In order to ensure that the provision of our Diabetes Service meets the needs of our local BME community, the following actions were agreed and implemented:

- **Local demographics reviewed:**

> **During 2015/16**
> **93%** of Hospital In-Patients and Out-Patients were Patients of British White Ethnicity

> **During 2015/16**
> **4%** of Hospital In-Patient and Out-Patients were Patients from Black & Minority Ethnic Groups

Ethnicity overall reflective of local population – Latest census reported that 95% of the local population were of British White Ethnicity.

Trends show slight increase (1%) in number of patients of black and minority ethnic background over last 4 years.

2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
90.8% British White	**93.3%** British White	**94.7%** British White	**94.7%** British White	**94.3%** British White	**94.4%** British White	**93.4%** British White
2.8% BME	**2.9%** BME	**2.9%** BME	**2.7%** BME	**2.8%** BME	**3.3%** BME	**3.5%** BME
6.4% Not Stated	**3.8%** Not Stated	**2.4%** Not Stated	**2.6%** Not Stated	**2.9%** Not Stated	**2.3%** Not Stated	**3.1%** Not Stated

Summary of In-Patient and Out-Patient Activity by Ethnicity from 1st April 2015 to 31st March 2016:

National Ethnic Group	Inpatient		Outpatients		Total	
	Total	% of Total	Total	% of Total	Total	% of Total
NULL / Not Stated	1498	1.8	16985	3.4	18483	3.2
British (White)	**76913**	94.7	**470963**	93.2	**547876**	93.4
Irish (White)	291	0.4	1477	0.3	1768	0.3
Any other White Background	815	1.0	5024	1.0	5839	1.0
White and Black Caribbean	28	0.0	150	0.0	178	0.0
White and Black African	27	0.0	108	0.0	135	0.0
White and Asian	41	0.6	292	0.1	333	0.1
Any other mixed background	182	0.2	929	0.2	1111	0.2
Indian	172	0.2	1092	0.2	1264	0.2
Pakistani	156	0.2	946	0.2	1102	0.2
Bangladeshi	28	0.0	140	0.0	168	0.0
Any other Asian background	267	0.3	1842	0.4	2109	0.4
Caribbean	24	0.0	154	0.0	178	0.0
African	164	0.2	1117	0.2	1281	0.2
Any other Black Background	106	0.1	729	0.1	835	0.1
Chinese	114	0.1	826	0.2	940	0.2
Any other ethnic group	429	0.5	2604	0.5	3033	0.5
Total	**81255**		**505378**		**586633**	

- **Patient Experience Survey circulated to 38 BME Patients who attended diabetes clinics within 3 month period (Nov 2016 to Jan 2017)**

  Of the 8 patients who participated within this survey, an overall positive response was received in relation to the survey questions asked. Analysis showed that there were no specific trends / concerns in relation to equality related issues.

  See BME Diabetes Patient Experience Survey 2017.

4. Conclusion

In order to grade ourselves as 'achieving' for each outcome, national criteria specifies that evidence must be provided for 6 to 8 protected characteristics – we need to evidence that the majority of people in 6 to 8 protected groups fare well.

Although we believe the services we provide are accessible to the majority of our local population (including those from protected characteristic groups) and that people from these groups fare as well as everyone else in the care experience and outcomes they receive, we cannot grade ourselves as 'achieving' across all outcomes without this evidence. The implementation of equality monitoring across all protected characteristics, which would provide us with this evidence, remains a key challenge for the Trust.

The Equality Delivery System puts local interest groups at the forefront of assessing and grading NHS performance against a series of service user and staff focused outcomes. The Trust will continue to engage with service users, carers, stakeholders, staff and the local community.

Further information on the progress the Trust has made in the key areas of inclusion and diversity during the last 12 months, including engagement can be found on our Website. http://www.wwl.nhs.uk/Equality/default.aspx

Our Annual Report highlights both key achievements and outcomes and provides assurance to the Board of how the Trust is meeting the requirements of the Public Sector Equality Duty, summarising our priorities for the year ahead.

During 2016, 9 EDS2 Consultation Roadshow Events were held across the UK. The roadshows focused on:

- Current EDS2 challenges
- Format and structure of EDS2 – Weaknesses and Strengths

Findings and recommendations from all 9 workshops to be presented to NHS England (E&D Council) & EHRC in April 2016.