

# Equality Delivery System (EDS)

Proposed Grades and Supporting Evidence  
2017/18 – Goals 1 and 2

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## 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:

<b>Underdeveloped</b>	People from all protected groups fare poorly compared with people overall.
<b>Developing</b>	People from only some protected groups fare as well as people overall.
<b>Achieving</b>	People from most protected groups fare as well as people overall.
<b>Excelling</b>	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. WWL Reviewed Outcomes and Proposed Grades 2017/18

**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.

**For service delivery**, the following 2 outcomes for Goals 1 and 2 were selected for review:

<b>Goal 1</b>	<b>Outcome 1.5</b>	Screening, vaccination and other health promotion services reach and benefit all local communities
<b>Goal 2</b>	<b>Outcome 2.3</b>	People report positive experiences of the NHS

### 3. EDS2 2017/18 Evidence – Goals 1 and 2

The following provides a summary of our evidence and proposed grades for Goal 1 Outcome 1.5 and Goal 2 Outcome 2.3:

Outcome	Proposed Grade
<b>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</b>	<b>Achieving</b>
<p><b><u>NHS BREAST SCREENING SERVICE</u></b></p> <p>The <b>NHS Breast Screening Service</b> aims to invite all women aged 50 - 70 years for breast screening once every three years. Nationally the Programme screens 1.3 million women each year and diagnoses about 10,000 breast cancers annually. The NHS Breast Screening Programme saves an estimated 1400 lives each year in England. The aim of breast screening is to detect breast cancer at an earlier stage, often before you are aware of any problem. Early detection may mean simpler and more successful treatment. Scientific evidence shows that regular breast screening, between the ages of 50 and 70 years, reduces the death rate from breast cancer.</p> <p>The South Lancashire Breast Screening Service, part of the NHS Breast Screening Service, provides a high quality, efficient and friendly breast service to the population of South Lancashire. More than 86,000 women from the region are invited to attend for breast screening each year. To enable women to be screened closer to home, breast screening is carried out at a number of sites across the region. This includes Thomas Linacre Centre and the Mobile Digital Breast Screening Vehicle.</p>	
<p><b><u>Patient Engagement</u></b></p> <p><b><u>Annual Patient Satisfaction Surveys</u></b></p> <p><b>Client Satisfaction Survey 2017</b></p> <p>A questionnaire was completed by patients at Breast Screening Appointment attendance on Mobile Units during April to June 2017. 235 surveys were completed.</p> <ul style="list-style-type: none"> <li>• 90% stated they were extremely likely to recommend the service to friends and family.</li> <li>• 99% of patients felt the information received with invitation was “informative and clear”.</li> <li>• Everyone who answered the question said they found it easy to reschedule their appointment.</li> <li>• Most patients travelled to the unit by car but some had difficulty parking.</li> <li>• Those that travelled by public transport said that the transport links were good.</li> <li>• 98% of patients said that the mobile screening unit was easy to find.</li> <li>• Everyone who completed the questionnaire said that they were greeted at reception on arrival and that they were made to feel welcome.</li> <li>• More information needs to be given to clients about waiting times. 10% said that they were not kept informed.</li> <li>• Waiting times on the unit were short. 57% said that they were waiting zero minutes and 35% said they waited 5-10 minutes.</li> <li>• Clients felt they received clear explanations and were treated with dignity and respect.</li> <li>• Staff were helpful and the unit was clean and tidy.</li> </ul> <p><b>Client demographics collected included age; ethnicity; religion/belief; disability; sexual orientation; trans; and marital status.</b></p> <p><b>See Appendix 1</b> to view a copy of the Client Satisfaction Survey 2017</p>	

## Experience Based Design Breast Screening Report

An engagement event was held on 13<sup>th</sup> October 2016 to identify best practice and areas for improvement from the view point of the patient and family in receipt of care. Participants were drawn from patients, family members from Chorley, West Lancashire, Wigan Borough and staff who had been involved in the Breast Screening care pathway. A total of 15 patients and carers and 13 members of staff attended the event.

Overall the service was seen as very good. Patients said that the staff were welcoming informative and delivered a friendly efficient service. Some areas suggested by the patients that needed to improve or be developed:

- The invitation letter appears crammed with information. Possibly too much information. Important information should be highlighted.
- The mobile units are cold claustrophobic overcrowded and inaccessible for disabled people.
- Have the mobile units located in convenient places where patients can park.
- Offer varied times for patients who work such as morning, evenings and weekends.
- There is lack of information on promotion of breast screening, more information via social media.
- There is a need for more statistics on the positivity of breast screening.
- There is not enough information on the opt in programme for the over 70s.
- GPs to offer the 'opt in' service for the over 70s.
- Would it be possible to start screening at an even earlier age say 40s.
- Offer patients bags to put their clothes and valuables in then they can take them through to the screening room.
- Make the letter and leaflet more attractive- rebrand it.
- Offer new patients a 5 minute chat session before their appointment this will relax them before the screening.
- Easier facilities to change appointments.
- More personalised contact when delivering results in a face to face consultation.

### **An additional Engagement Project took place separate to the Experience Based Design Event. The project was based in the Out-patient Centre in Wigan.**

Members of the public were asked "If we could make one improvement to the breast screening service what would it be" and "How can we encourage more women to attend for their breast screening appointments. **See Appendix 2** to view a copy of the Experience Based Design Breast Screening Report 2016

## Complaints and Compliments

**Complaints/Compliments** analysis are monitored by WWL Clinical Governance Team and presented annually at Breast Annual General Meeting.

Clients are encouraged to complain / compliment by:

- Letter via Breast Screening Unit
- Phone / E-mail – PALS
- On-spot form / Comment card

During January to December 2016:

- 25,000 mammograms were performed annually.
- 0 Complaints / 11 Concerns / 28 Compliments

During January to December 2017:

- 2 Complaints / 1 Concern recorded

**See Appendix 3** to view a copy of the South Lancashire Breast Screening Complaints and Compliments Report for Jan to Dec 2016 and 2017.

### Equality Impact Assessments

All policies and changes across services are **Equality Impact Assessed** across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Service Lead. The Equality Impact Assessments for the Breast Screening Unit at Thomas Linacre Centre and the Mobile Screening Unit were recently reviewed.

**See Appendix 4** to view the Breast Screening Equality Impact Assessments.

## **PROMOTION / AWARENESS RAISING**

The South Lancashire Breast Screening Service has been commissioned by NHS England to undertake a Patient Navigator Project to target non-responders, in order to understand the barriers to accessing screening and to provide evidence based information on service user needs.

The national acceptable standard for uptake for breast screening is  $\geq 70\%$ , The achievable standard is  $\geq 80\%$ . Uptake within South Lancashire for the last 3 year screening round was 69.9% overall, with prevalent round uptake of 43.61%. Uptake of screening, especially in the prevalent round, is currently a national issue with many services failing to meet the acceptable standard.

The Patient Navigator Progress Report details the work undertaken during Quarter 1 and Quarter 2 of 2017/2018, the insight gained and the actions, both taken and planned, resulting from this work.

**See Appendix 5** to view the Patient Navigator Progress Report

### **Engagement included:**

- Attendance at Slimming World Community Sessions.
- Attendance at shopping centres and super markets across Chorley & South Ribble.
- Screening promoted with leaflets and handouts at Wigan PRIDE 2017.
- Attendance at GP Practices.
- 100 women who had never previously attended screening were identified and contacted via telephone in an initial attempt to gain insight into reasons why women do not attend their routine screening appointments.

### **Promotion Included:**

- Development of a Communications Toolkit between North Lancashire Breast Screening, East Lancashire Breast Screening and South Lancashire Breast Screening, with the aim of promoting Breast Screening to increase uptake. The toolkit included the development of leaflets, posters, pop up banners, DNA reminder, post cards, a promotional video and a social media campaign.
- Contact information for all 3 areas of the Lancashire Breast Screening Programmes have been printed in the Travellers Time Magazine.
- Contact was made with the Learning Disabilities Team within the Lancashire Care Foundation Trust to attempt to gain insight from the perspective of the staff who support adults with learning difficulties. Following contact, the patient navigator was invited to attend a team meeting which revolved around the barriers and needs of these women in order to attend screening following the receipt of their invitation. The staff of the LDT Team agreed to promote and encourage their service users to attend.

Outcome	Proposed Grade
2.3 People report positive experiences of the NHS	Achieving
<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"> <li>• Patient and Staff Surveys</li> <li>• Written Documents</li> <li>• Video Diaries</li> <li>• Experience Based Design Focus Group Meetings</li> <li>• Trust Membership and Engagement Events</li> <li>• Attendance at other planned community events.</li> </ul> <p>The Trust has a very active Engagement Committee which meets quarterly. Members include Council of Governors (these include representatives from Age Concern) and Healthwatch. 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><b>Below: Summary of all engagement in relation to inclusion and diversity (encompassing positive experiences) during the last 12 months:</b></p> <p><b>LGBT Community – Wigan PRIDE – 12<sup>th</sup> August 2017</b></p> <p>Wigan Pride returned for a second year in Wigan Town Centre on 12<sup>th</sup> August 2017, celebrating the 50th anniversary of the decriminalisation of homosexuality in the UK. WWL were delighted to be part of this event, working in partnership with BYOU, Wigan CCG, Wigan Council and other local providers.</p> <p>WWL actively got involved on the day, by hosting an information stall, raising breast screening awareness and actively engaging with the local community about hospital services. Members of the public were asked to participate in a survey to find out about their experience of using hospital services and if any improvements could be made.</p> <p>Of the 43 members of the public who participated within the survey:</p> <ul style="list-style-type: none"> <li>67% of participants were heterosexual</li> <li>17% were gay male</li> <li>10% were lesbian/gay female</li> <li>5% were pansexual</li> <li>2% were bisexual</li> </ul> <p>Overall a very good experience was received by the community who attended the pride event.</p> <p><b>See Appendix 6</b> for full summary of results in Wigan PRIDE 2017 Engagement Report.</p>	

## **Support for Wigan Arrivals Project (SWAP) on Women and Children's Services.**

The Head of Patient and Public Engagement and the Inclusion and Diversity Service Lead attended SWAP to ask the women about their experience of using women and children's service. The women were from countries, such as Sudan and Albania. The majority of the women had used the maternity services. An overall positive experience was received. The women were very grateful of the care that they had received from the nurses and doctors within maternity services and A&E.

Aspects which could be further improved included access to interpreters and a more varied choice of foods for vegetarians. Contraceptive education sessions would be beneficial.

**See Appendix 7** to view SWAP Engagement Summary Report

## **National Maternity Survey 2017**

The 2017 Maternity Survey is part of a national survey programme run by CQC to collect feedback on the experiences of women using NHS maternity services across the country. The results contribute to CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS trusts, which they can then use to improve patient experience.

Between April and August 2017 questionnaires were sent out to a sample of women who gave birth in February 2017. Obtaining feedback from patients is vital for bringing about improvements in the quality of care and this is an excellent way for women to directly influence services locally.

Overall, women reported positive experiences of maternity care in 2017, and there were small incremental improvements in results across almost every question. Compared with the last survey in 2015 a greater proportion of women said that they:

- Were offered the choice of giving birth in a midwife-led unit or birth centre.
- Saw the same midwife at every antenatal appointment.
- Were 'always' treated with dignity and respect during labour and birth.
- Were never left alone during the birth of their baby at a time when it worried them.
- Could 'always' get help from a member of staff within a reasonable time while in hospital after the birth.

Responses were received from 92 patients at Wrightington, Wigan and Leigh NHS Foundation Trust.

## **DisabledGo**

Wrightington, Wigan and Leigh NHS Foundation Trust has been working with DisabledGo, a leading provider of accessibility information for disabled people in the UK, to create an online guide for patients, staff and visitors.

Visitors, patients and staff can use this online resource to find out about the access to all of the Trust's buildings at the hospitals. You can find out where a department is located in relation to the main entrance, where car parking spaces are located, whether there are lifts to access other floors, whether a hearing loop is fitted at reception, in-depth information about accessible toilets and much more. Most important of all, everywhere has been visited and assessed by trained surveyors, so you can get all the facts, knowing someone has actually been there to collect the details.



A launch event was held on 19<sup>th</sup> September 2017. As well as raising awareness of the resource to staff, public and other local organisations, the event was an opportunity for those in attendance to ask questions.

A separate presentation was delivered to Wigan Metro Access for the Disabled Committee on 10/05/17. Wigan Access Committee members were encouraged to give their feedback, ask questions etc. Overall positive feedback was received.

### **National In-Patient Survey 2017**

The Inpatient Survey 2017 is an annual survey required by the Care Quality Commission (CQC) for all NHS Acute trusts in England. The survey is based on a sample of consecutively discharged patients who had an overnight inpatient stay in July 2017.

#### **Of the 503 inpatients who responded to the survey:**

**47%** of patients were on a waiting list/planned in advance and **50%** came as an emergency or urgent case

**67%** had an operation or procedure during their stay

**45%** were male; **55%** were female

**5%** were aged 16-39; **17%** were aged 40-59; **24%** were aged 60-69 and **53%** were aged 70+

#### **The survey results highlighted many positive aspects of the patient experience and some very good improvements.**

Overall: **90%** rated their care as 7+ out of 10 (**86% 2016**) an improvement of **4%**.

Overall: **86%** Treated with dignity and respect (**84% 2016**) an improvement of **2%**.

Hospital: **99%** Room or ward very clean - maintained since 2013.

#### **Comparing results over time We significantly improved since the 2016 survey.**

**See Appendix 8 - Executive Summary - National Inpatient Survey 2017 Summary Report of Picker Institute Report 2017**

## **4. Summary**

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.

For Outcomes 1.5 and 2.3, we propose the Trust is graded as 'achieving'. Evidence can be provided for 6 to 8 protected characteristics for these outcomes.

With regard to all other outcomes (to be reviewed on rolling basis), the Trust is graded as 'developing'. 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.wvl.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.

