

Equality Delivery System (EDS2)

Proposed Grades and Supporting Evidence
2018/19 – 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:

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.

Essentially, there is just one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with 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. Wrightington, Wigan & Leigh NHS Foundation Trust Proposed Outcomes and Grades 2018/19

When assessing and grading performance on a particular outcome, NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do. Within a protected characteristic, organisations can decide to focus on people most at risk, or for whom considerable progress has been made. It is advised that the aspects that are reviewed are ones where there is local evidence that suggests a significant equality-related concern; or where progress has been made and good practice can be shared. Given the number of services provided by the Trust and the 18 outcomes within EDS2, a phased implementation of EDS2 was agreed, to use existing research and engagement work with stakeholders to identify and address any inequalities,

discrimination and barriers. Working in partnership will ensure that more evidence and data can be gathered for the protected characteristic and vulnerable groups in the community.

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

Goal 1	Outcome 1.2	Individual people's health needs are assessed and met in appropriate and effective ways.
Goal 2	Outcome 2.1	People, carers and communities can readily access hospital, community health and primary care services and should not be denied access on unreasonable grounds.

3. EDS2 2018/19 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
1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	Achieving

CANCER SERVICES

When assessing and grading performance for outcome 1.2, WWL chose to review its cancer care services. National Cancer Patient Experience Surveys report that that black and minority ethnic cancer patients have poorer experiences of cancer services than their White British counterparts.

These findings suggest important ethnic inequalities in cancer care. More research, however, is necessary to fully understand what lies at the root of these results and how to identify ways of addressing poorer experiences and outcomes. Despite improvements in current ethnic data collection, there is still an incomplete picture due to inconsistent ethnic data collection and research. This data and research is crucial if we want to evaluate the quality and outcomes of cancer care and investigate differences in cancer incidence, survival and access to treatment.

WWL therefore chose to engage with the local BME (Black Minority Ethnic) community to ascertain their view / experience of using Trust Cancer services.

Patient Engagement

WWL BME Cancer Patient Experience Survey

20 patients of black and minority ethnic backgrounds were recorded as receiving cancer care treatment during April 17 to March 18. A questionnaire was designed and sent to these patients with a prepaid envelope for the returns.

4 completed surveys were returned to Patient and Public Engagement Department via a pre-paid free post envelope giving a 20% response rate.

Patient demographics collected included age; sex; ethnicity; religion/belief; disability; sexual orientation; and marital status.

- All patients were male and aged 70+ years of age.
- Ethnic origins were Greek; Black Caribbean; Black African; Egyptian
- 1 patient had a disability.
- 3 patients of Christian belief; 1 patient was Muslim.
- All patients were heterosexual.
- 2 patients were married; 1 patient divorced and 1 patient was widowed.

Overall patients of black and minority ethnicity had a good experience of cancer services. Their health needs were assessed and met in appropriate and effective ways.

[See Appendix 1 to view a copy of the WWL BME Cancer Patient Experience Survey](#)

Cancer Care Centre Patient Experience Survey 2018

A Patient Experience Survey is undertaken annually to find out from patients how their experience was whilst using the Cancer Care Centre. Surveys are handed out to patients attending the Cancer Care Centre at Wigan. During 2018, 78 completed surveys were returned to Patient and Public Engagement Department.

Patient demographics collected included age; sex; ethnicity; religion/belief; disability; sexual orientation; and marital status.

- 81% female / 19% male
- 28% aged 40-59 years / 59% aged 60-79 years / 5% aged 80+ / 8% not stated.
- Ethnic origins were 91% White British / 1% White Irish / 8% not stated
- 16% stated that they had a disability.
- 90% of patients were of Christian belief; 10% no religion/not stated.
- 95% of patients were heterosexual / 5% preferred not to say.
- 7% of patients were single / 69% of patients were married / 15% of patients were widowed / 8% of patients were divorced.

Overall a very positive patient experience report was received. Very few negative comments were given. Some suggested recommendations to improve the patient experience in the Cancer Care Centre were:

- Discussion with all patients around chemotherapy, what to expect and any side effects to potentially expect.
- Offer information on support that is available including, support groups, financial support and free prescriptions.

[See Appendix 2 to view a copy of the WWL Cancer Care Unit Patient Experience Survey 2018](#)

National Cancer Patient Experience Survey 2017

The National Cancer Patient Experience Survey 2017 is in the seventh iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

A report is produced for each Trust showing how they have scored for each question in the survey, compared with national results. It is aimed at helping individual Trusts to understand their performance and identify areas for local improvement.

193 patients responded with regard to WWL cancer services. Overall a good report for WWL cancer services was received.

- The average rating given by respondents when asking about their care (Scale 0 being poor and 10 being very good) was 8.9 out of 10. (8.8 the average in 2016).
- **76%** of respondents said they were definitely involved as much as they wanted to be in decisions about their care and treatment.
- **90%** of respondents said that they were given the name of their clinical nurse specialist.

- **89%** of respondents said that it had been quite easy or very easy to contact a clinical nurse specialist.
- **86%** of respondents said that overall, they were always treated with dignity and respect while they were in hospital.
- **92%** of respondents said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.

[See Appendix 3 to view a copy of the full National Cancer Patient Experience Survey 2017](#)

Client demographics collected included age and sex.

60% female / 40% male

67% aged 65+ Years; 32% aged 45-64 years; 1% aged 25-44 years,

Following the results of the National Cancer Patient Experience Survey, areas for improvement within the Trust were identified and an Action Plan agreed and implemented.

[See Appendix 4 to view a copy of WWL's National Cancer Survey Action Plan 2018/19](#)

Local Mosque Patient Experience Survey 2018

A patient experience survey was undertaken to find out from patients from the local Mosque how they viewed Trust hospital services. A questionnaire was designed and 100 surveys were sent to the local Mosque with a prepaid envelope. Local school children were asked to distribute to their parents for completion. 5 completed surveys were completed and returned (5% response rate).

Client demographics collected included age; sex; ethnicity; religion/belief; disability; sexual orientation; and marital status.

- 2 female; 3 male respondents
- 2 respondents aged 16-29 years; 2 aged 30-39 years; 1 aged 40-49 years.
- Ethnic origins were White Black African; Indian; Pakistani; Kurdish
- No disabilities recorded.
- All respondents were Muslim.
- 4 respondents were heterosexual; 1 preferred not to say.
- 4 respondents were married; 1 respondent divorced.

Overall the five people who responded to the survey had a mostly positive experience. The services they had used were the Emergency and Maternity and Children's services

80% of patients said that they found the experience of using our services very good to satisfactory.

Suggestions for improvement

- Ensure services have appropriate information in the correct language and take time to explain the processes for example the discharge process. Make sure telephone interpreters are used to support this information sharing.
- Head of Patient and Public Involvement to look into having multi faith chaplains available in hospital as we are discriminating not having multi faith chaplains available for our patients.
- Inform patients of waiting times and how long they are expected to wait when they arrive for appointments or in accident and emergency.

[See Appendix 5](#) to view the Local Mosque Patient Experience Survey 2018

SWAP – Support for Wigan Arrivals Project Group

The Trust's Head of Engagement, Service Inclusion and Diversity Lead are planning to attend the local drop in session for asylum seekers and refugees on 6th March 2019 (International Women's Day) to ascertain their views about hospital services and access.

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 Cancer Care Unit at Royal Albert Edward Infirmary was recently reviewed.

[See Appendix 6](#) to view the Equality Impact Assessment.

Outcome	Proposed Grade
2.1 People, carers and communities can readily access hospital, community health and primary care services and should not be denied access on unreasonable grounds	Achieving
<p>When assessing and grading performance for outcome 2.1, WWL chose to review access for patients living with disabilities.</p> <p>Historically, people with disabilities report worse access to healthcare, with transportation, cost and long waiting lists being the main barriers. These findings are worrying as they illustrate that a section of the population, who may have higher healthcare needs, faces increased barriers in accessing services.</p> <p>WWL is committed to improving patient access and removing any potential barriers. Continual engagement with service users enables us to identify any barriers and ensure actions are put in place to improve service delivery and patient experience.</p>	
<p><u>Patient Engagement</u></p> <p>Listed below is a summary of all engagement in relation to inclusion and diversity during the last 12 months:</p> <p><u>Leigh Deaf Club</u></p> <p>The Trust's Head of Engagement, Service Inclusion and Diversity Lead and members of the Audiology Team attended the Leigh Deaf Club on 25 April 2018 to ascertain their views about hospital services and access during the last 6 months (from a hearing impaired perspective). A British Sign Language Interpreter from "Big Word" was in attendance to facilitate the communication between both parties.</p> <p>Based on the feedback received from the group, the following actions have been implemented:</p> <ul style="list-style-type: none"> • New supplier for BSL interpreters sourced and implemented. • Long range pagers in A&E sourced and implemented. Trialled on 21st November 2018 by profoundly deaf service user. • Acknowledged, that on arrival at A&E Reception, hearing impaired patients may have difficulty answering receptionist's booking in questions / may also be unable to write down answers. Proposal for pre-populated 'A&E Form' to be given to local deaf community to bring with them when they attend A&E. Currently awaiting feedback from the group. • Deaf Awareness training session delivered for A&E Staff on 10th July 2018 by profoundly deaf service user for staff. Dual Sensory Awareness Training for staff to be rolled out by Audiology & Orthoptic staff. • Requirement for provision of video remote British Sign Language Interpreting in A&E raised. Provider currently being sourced and specification requirements reviewed. <p>See Appendix 7 to view a copy of the Leaf Deaf Club Engagement Report Assessment.</p> <p><u>Belong</u></p> <p>The Trust's Head of Engagement and Inclusion Diversity Lead for Services attended the Belong Blind Group in Atherton on 13th November 2018 to ascertain their recent experiences of hospital services and access (from a visually impaired perspective).</p>	

Overall positive feedback was received from the group. No concerns with regard to access were raised.

Based on the feedback received from the group, the following improvements / actions have been implemented:

- Signage is currently being reviewed as part of the PLACE Project. Volunteers play a big part in the reviewing of the signage on all sites every year.
- Staff in Outpatient Areas, notify patients of waiting times on arrival and offer refreshments to patients who will encounter a long wait.

[See Appendix 8 to view a copy of the Belong Blind Group Engagement Report Assessment.](#)

Learning Disability Improvement Standards for NHS Trusts

National Patient Experience Surveys report that some people with learning disabilities, autism or both encounter difficulties when accessing NHS Services and can have much poorer experiences than the general population.

New standards have been developed to measure the quality of health care for anyone with a learning disability, autism, or both. NHS Trusts have developed the standards by asking patients and carers what they expect for their health care. By using this approach NHS Trusts are highlighting the importance of people's experiences as their primary objective, as well as how they listen, learn and respond in order to continue improving.

The NHS have consulted with self-advocates, family members and NHS staff to create a toolkit to measure the NHS Trusts against the new standards. WWL have fully embraced these standards and are committed to improving the patient experience for people with learning disabilities and their carers. A review of the standards is currently being measured and action plan developed to ensure all standards are met.

Funding has been secured to implement an Autism Friendly Toolkit on each of the hospital sites. A group has recently been established to review the contents and needs.

Hospital Tours for patients with learning disabilities

WWL have regular tours of A&E for people with learning difficulties and their families so they are familiarised with A&E in case they have to attend. A Community Learning Disability Link Nurse also takes part in the tours. The LD Link Nurse will also prepare patient's with learning disabilities and autism and their carers if they are to attend for elective procedures or out-patient appointments.

The LD Link Nurse and the Trust's Safeguarding Team also produce bespoke paperwork/charts of some patients with LD/Autism to help them be active in their care (this is especially true of Maternity patients). For more complex patients with LD/Autism planning meetings and multi-disciplinary meetings are common to reduce the possible distress of a hospital experience.

Wigan and Leigh People First Learning Disability Group

The Trust's Head of Engagement, Service Inclusion and Diversity Lead are planning to attend Wigan and Leigh People First Learning Disability Group on 12th March 2019 to ascertain their views about hospital services and access.

AccessAble

Funding has been secured for a further 3 year contract with AccessAble (previously called Disabledgo) from July 2019.

The partnership between AccessAble and WWL allows hospital visitors, patients and staff to find out more about the accessibility of the Trust's buildings and services by providing access to free online access guides. AccessAble have now produced 124 Detailed Access Guides for the Trust's sites. All have personally been visited and assessed by one of AccessAble's surveyors to ensure accurate, detailed information is collected. Surveyors return each year to reassess any changes.

AccessAble's website www.accessable.co.uk aims to answer everyone's questions about the accessibility of places they need to visit. It has been developed by the disabled people who use it, reflecting the needs of people with a wide range of impairments. By using the guide people can find out whether accessible parking bays are available, how far you would need to walk to get to an entrance, if a hearing loop is available at reception, what side the transfer space is in an accessible toilet, whether there are tactile lift buttons, if staff have received dementia training, if background music is played, if flashing fire alarms are available and if there are places to sit and rest.

Very detailed in nature, Access Guides look at 'access' and 'disability' from lots of different perspectives. Not just mobility impairment, but also learning disability, sensory impairment, dementia and mental health. Each Access Guide has been published on www.disabledgo.com / www.accessable.co.uk, and integrated into www.wwl.nhs.uk. Engagement with patients and staff, together with promotion and staff training are key parts of the service AccessAble offers.

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 1.2 and 2.1, 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), grades are summarised 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	Achieving
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.	Achieving
2	2.1	People can readily access community health services and should not be denied access on unreasonable grounds	Achieving
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

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.

