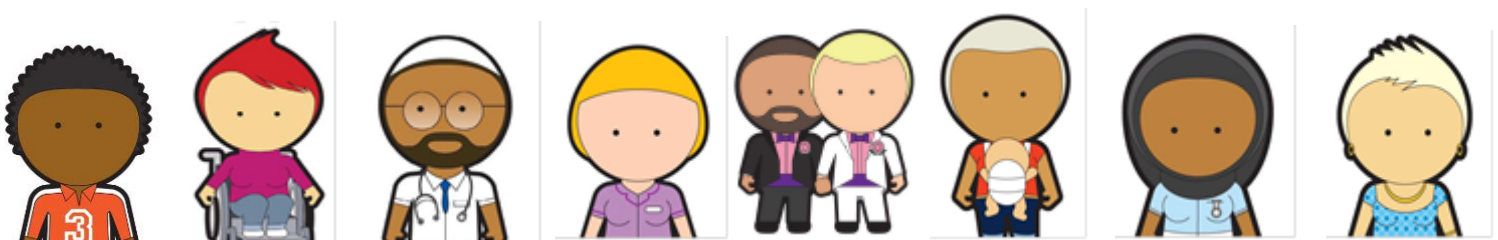


## Equality Delivery System (EDS2)

### Proposed Grades and Supporting Evidence 2019/20 For Goals 1 and 2 (Services)



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

There are 9 protected which characteristic groups must be compared:



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?**

## 2. Wrightington, Wigan & Leigh NHS Foundation Trust Proposed Outcomes and Grades 2019/20

**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 1.1	Services are designed and delivered to meet the health needs of local communities.
Goal 2	Outcome 2.4	People's complaints about services are handled respectfully and efficiently.

### 3. EDS2 2019/20 Evidence – Goals 1 and 2

The following provides a summary of our evidence and proposed grades for Goal 1 Outcome 1.1 and Goal 2 Outcome 2.4:

Outcome		Proposed Grade
1.1	Services are designed and delivered to meet the health needs of local communities.	Achieving

#### Emergency Care Centre

**When assessing and grading performance for Outcome 1.1, WWL chose to review its Emergency Care Centre.** The Emergency Care Centre formally known as the Accident & Emergency opened in September 2004 as part of the Phase Four upgrade at the Royal Albert Edward Infirmary in Wigan. The Emergency Care Centre replaced the old Accident and Emergency department and the Medical Admissions Unit [MAU].

The Emergency Care Centre comprises of 7 different areas and a dedicated x-ray facility. These include:

Adult Main Assessment Area

Adult Minor Injuries

Resuscitation

Children's Emergency Centre

Clinical Decisions Area

Observation Area

Triage

#### Urgent Treatment Centre

The aim of the Urgent Treatment Centre, located in Christopher Home at the Royal Albert Edward Infirmary is to improve access to urgent care by having a range of services available in one place that are able to respond to urgent physical and mental health needs.

#### Mental Health Urgent Response Team

This is a 24 hours / 7 days a week service and has been developed to make the step down of individuals from A&E to the Urgent Treatment Centre as simple as possible. It helps support A&E Triage Staff in identifying appropriate mental health patients who attend the hospital that can be safely stepped down to the Mental Health Urgent Response Team. The purpose of the Mental Health Urgent Response Team is to provide initial assessment and signposting for patients who present to their GP or urgent care services where an urgent/emergency response is required to determine the most appropriate pathway to meet their mental health needs.

If an individual presents with mental health conditions and no physical needs are identified, they will be stepped down to the team who will complete a biophysical assessment to identify the individual needs and place on the most appropriate pathway.

A patient who attends the A&E Department with minor self-harm injuries not requiring A&E Department medical attention, may be stepped down to the Urgent Treatment Centre to be physically treated in minor injuries. Once medically fit, if a mental health assessment is required the Advanced Nurse Practitioner can refer to the Mental Health Urgent Response Team.

## Minor Injuries Unit / GP Out of Hours Service

As well as support for urgent and emergency mental health needs, the Urgent Treatment Centre includes a Minor Injuries Unit and the GP Out of Hours Service.

## Learning Disability Liaison

Staff have direct access to the Learning Disability Liaison Team - Learning Disability Nurse and Support Workers who work with community learning disability services. They also work closely with the Adult Safeguarding Team.

This Team ensure that people with learning disabilities are able to access the acute trust. They provide accessible forms of communication, assist with assessment of capacity around consent and best interest issues. They see people on discharge, train paid carers, oversea Learning Disability Passports and liaise with community colleagues.

## Independent Domestic Violence Advisor (IDVA)

In May 2018, WWL became the first Trust in the country to secure a permanent NHS-funded Independent Domestic Violence Advisor to assist victims of domestic abuse. Since starting in post, this role has helped both staff and patients across all seven of WWL's sites. The WWL IDVA role operates on a hospital type 'triage and make safe' model which has been found to be the most suited to a hospital environment.

The aim is to keep patients safe, reduce repeat incidents and injuries therefore reduce repeat presentations to hospital, which will also help the community of Wigan where incidents of domestic abuse is above the national average.

## Patient Engagement

### Feedback from Leigh Deaf Club

The Trust's Head of Engagement and Inclusion and Diversity Service Lead attended Leigh Deaf Club on 25<sup>th</sup> April 2018 and then again on 24<sup>th</sup> September 2019 to engage with the local hearing impaired community, to ascertain their views about hospital services and to provide an update on what initiatives had recently been progressed within the Trust. A British Sign Language Interpreter was in attendance to facilitate communication.

Based on feedback, the following initiatives have been implemented:

**Long range pagers** sourced and implemented in Emergency Care Centre. Trialled on 21st November 2018 by profoundly deaf service user. Hearing impaired patients are given a pager on arrival. The pager alerts the patient when they are ready to be triaged. Initiative implemented in response to feedback, that hearing impaired patient did not hear his name being called, and waited several hours.

On arrival at A&E Reception, hearing impaired patients may have difficulty answering the receptionist's 'booking in' questions. An '**A&E Form**' has been designed in collaboration with the local deaf community. Copies have been distributed and the local deaf community encouraged to complete, retain, then bring with them, when they attend A&E.

**Deaf Awareness training session** delivered for A&E Staff on 10<sup>th</sup> July 2018 by profoundly deaf service user for staff. Dual Sensory Awareness Training for staff to be rolled out by Audiology & Orthoptic staff.

Funding for **Beginners Sign language training** sourced. During November/December 2019, 8 members of staff signed up to learn Beginners British Sign Language to help provide a better experience for deaf patients. The bespoke sign language course was delivered one evening a week over a 7 week period to give staff a basic ability to communicate with deaf people using BSL.

Requirement for provision of **Video Remote British Sign Language Interpreting** in emergency settings acknowledged. Provider sourced and specification requirements currently being reviewed. Pilot to be undertaken in  
A O F

[See Appendix 1](#) to view the Leigh Deaf Club Engagement Summary Report.

### Feedback from local LGBT Community – Wigan PRIDE

The Patient and Public Involvement Team attended Wigan Pride on 10th August 2019 and undertook a face to face survey - Attendees were asked a series of questions on their experience using hospital services. 34 completed surveys were collected. Report produced. Survey results reflected positively on the LGBT community experience of using hospital services across a variety of locations including acute hospital services and services in the community.

The two most used services were Wigan RAEI 29% and A&E 17%

**56%** of people rated their experience as 'good' when asked what was their experience like of using hospital services.

**26%** of people said that services could be further improved if waiting times were reduced.

Other improvements suggested included more staff/training and more information.

[See Appendix 2](#) to view the full Wigan Pride Patient Experience Survey 2019.

### **National Urgent & Emergency Care Survey 2018**

The Urgent and Emergency Care Survey is part of a series of annual surveys required by the Care Quality Commission. As WWL are a Type 1 and Type 3 centre there are now two reports. The survey runs every two years.

**Type 3 Report:** Overall an excellent report. With **95%** patients rating their care 7/10 or more. 420 patients were invited to complete the survey with 413 being eligible. 94 surveys were completed giving a response rate of 23% compared to an average response rate of 28%.

95% Rated care as 7/10 or more

100% Health Professionals listened to patients.

100% Treated with respect and dignity

See [Appendix 3](#) to view the Quality and Safety Committee Summary Report of Picker Institute Urgent and Emergency Care Survey 2018.

## Healthwatch Wigan and Leigh Report – ‘A Week in A&E’

During August 2019 Healthwatch Wigan and Leigh undertook a survey within the Emergency Care Centre (areas included paediatrics, minor injuries and Urgent Care Centre). Staff and volunteers from Healthwatch observed the service environment and spoke to 79 local people, to ascertain their experience of urgent care services. The purpose of their engagement work was:

- To test if patients are getting the right treatment, in the right place at the right time for their presenting condition, and the quality of the care provided.
- To observe the environment, ensuring there are appropriate facilities and professional / compassionate culture.

Following the assessment of responses, Healthwatch identified a number of recommendations for Wigan Borough Clinical Commissioning Group; GP Alliance and the Trust.

Findings in relation to WWL were:

Our findings showed that more than half of the people contacted another service before going to A&E. However, those who had been sent to the Ambulatory Assessment Unit on 14<sup>th</sup> August were told on arrival that the Unit was closed and were directed to A&E, the referring services did not know this. The communication between services does not always appear to be effective, is there a way to communicate with other services when this Unit has been closed in order that they may consider an appropriate referral?

### Trust response

“The unit is in operation between 9am and 9pm Monday to Friday / 11am to 7pm on Saturday and Sunday. There may be other occasions when AAA reaches capacity. We will endeavour to increase communication with all areas in the hospital. All GP services are aware of AAA opening hours”.

There appears to be inappropriate use of A&E as a referral point for follow up treatment following discharge from a ward or specialist treatment, dressings, stoma replacement, as a route to other treatment or support.

### Trust response

“The matrons from the wards are linking in with Community Liaison Team and communicating to the wards for appropriate areas of referral”.

Can changes be made to improve the 'check-in' experience of people arriving at A&E? There were a number of observations and comments about the lack of information patients are given at the point of arrival, particularly on waiting times and what happens next. Perhaps the use of volunteer greeters or use of the electronic display screens would improve this

### Trust response

"We have already improved the reception area in A&E based on the National Urgent Care Report. The results have improved tremendously since we made the changes to the area.

There are waiting times now clearly displayed in the area. We have also looked into the possibility of electronic notice boards for the future".

We observed the way patients are called to clinical area, some feeling that it is inadequate because they cannot hear their name called or the member of staff returns to treatment area without checking the patient is following them. Patients suggested use of the electronic display screens or tannoy system

### Trust response

"The staff will be reminded via email and staff handover that they should physically walk into the waiting room to call the patient and ensure the patient is escorted to the appropriate area".

Long range pagers have now been implemented. Hearing impaired patients are given a pager on arrival. The pager alerts the patient when they are

[See Appendix 4](#) to view the full report from Healthwatch and Trust response

## Friends and Family Test A&E Survey

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

The results for January 2020 showed that:

**83% of patients would recommend the Trust's A&E Department to friends and family** (81% recorded in January 2019).

Of the total responses in January 2020

**50%** were female  
**50%** were male

**31%** were aged 65 years and over.



## 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 Emergency Care Centre were recently reviewed.

[See Appendix 5](#) to view a copy of the Equality Impact Assessment.

## 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.

## Demographics

**Of the 95,362 patients who attended Accident and Emergency during 2018/19:**

**92.1%** of Patients of British White Ethnicity  
**6.0%** of Patients from Black & Minority Ethnic Groups (BME)  
**1.9%** Not Known

**25%** Under 18 years    **17%** 18-30 years    **34%** 31-64 years    **24%** 65+ years

**During 2018/19**  
**% of patients accessing**  
**out-patient services**

**56%** Female  
**44%** Male

**During 2018/19**  
**% of patients accessing out-patient services**

<b>71%</b> Christian	<b>16%</b> Unknown
<b>12%</b> None	<b>0.2%</b> Hindu
<b>0.6%</b> Muslim	<b>0.2%</b> Atheist
	<b>0.1%</b> Islam

## Interpreter & Translation Services

**During 2018/19 Top Languages Requested**

Kurdish / Sorani, Polish, Arabic, Farsi, Romanian, Mandarin, Russian, Punjabi, Latvian, Lithuanian, Cantonese, Portuguese, Urdu, Albanian. French. Spanish

Although **Wigan is the least ethnically diverse borough** in the County, migration has significantly changed the wealth of diversity in Wigan since the last census and there has been significant demographic change within Wigan Borough.

Ethnic minority populations living in Wigan are: Long-term resident ethnic minority population and asylum seekers And refugees, migrants, Gypsies and Travellers, European Roma and Overseas students. Although the numbers are small compared to the size of the total population and some only stay for a short period of time, some will have specific health needs that need to be addressed.

Access to interpreter services is available 24 hours, 7 days a week. The Trust provide access to telephone interpreters and face to face interpreters (including British Sign Language Interpreters). Patient information / correspondence will be translated in to other languages, audio, braille, large print and easy read on request.

	Outcome	Proposed Grade
2.4	<b>People's complaints about services are handled respectfully and efficiently.</b>	<b>Developing</b>

The Patient Relations Department provides confidential on the spot advice, information and support to patients, relatives and carers. They can help to sort out any concerns patients may have about the care received. They can also give you information on the services provided by the Trust.

Service users are encouraged to share any comments, good or bad about services. Feedback enables the Trust to provide the best possible care, work towards getting things right and improving overall standards and care.

If patients feel they cannot discuss their concerns with the department concerned or wish to raise concerns formally, they will contact the Patient Relations Department.

Complaints are investigated thoroughly and action is taken if necessary to put things right. A plan of action is agreed with the patient and timescales proposed for resolving the complaint. Complaints are treated with the strictest confidence and are kept separate from medical records.

**Patients can raise their concerns in a number of ways:**

**E-mail**

**On-Line**

**In Person**

**In Writing**

**Comment Cards** – available on all wards and departments

**By accessing Patient Opinion** - 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 then sent on to the Trust. The Trust responds accordingly and makes the necessary changes of improvement where applicable.

**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 endeavor 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

Once a formal complaint is received, the Patient Relations Team will contact the patient within 3 working days to initially acknowledge the complaint. Following review of the complaint a more detailed formal acknowledgement letter will be provided. It may also be felt that a meeting would prove more beneficial and this may be offered either in writing or by personal contact. Once the investigation is complete, if a meeting is not the way forward, a full written response will be sent and is normally signed by the Chief Executive. The Patient Relations Team aim to provide information, explanations, answers to questions, and an apology where appropriate. Patients will be informed about any actions that are taken to improve services.

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.

## Demographics

**539 complaints were received by the Trust during 01/04/18 – 31/03/19** (information included within Annual Inclusion & Diversity Report)

Patient complaints are currently collected against 3 of the protected characteristics, age, sex and ethnicity.

**523** British White Ethnicity  
**10** Black & Minority Ethnic Background  
**6** Not Stated

**68%** Aged 50 years or above

**539 Complaints Received during 2018/19**

**318** Female      **221** Male

**5 Main Subject Complaints**

Clinical treatment  
Communications  
Patient Care  
Admissions and Discharges  
Value and Behaviour

**No trends in relation to protected characteristics noted – data reflective of local population**

## Service Improvements

At WWL, complaints can be made verbally, in writing or electronically. Where a complaint is made verbally, the Patient Relations/PALS Department can assist with a written record of the complaint (statement); and provide a copy of the written record to the complainant for verification and signature prior to commencement of the complaints process.

A complaint received by a hearing impaired patient in 2018 identified that although departmental literature states that complaints can be taken face to face, there was no provision for patients who use British Sign Language (BSL) to communicate this way. British Sign Language Interpreters were not provided for face to face meetings. Current practice was therefore reviewed and the service provided revised. BSL users are now provided with access to a British Sign Language Interpreter for pre-arranged face to face meetings.

It was also noted that BSL is a totally different language than English, with its own grammar and sentence construction. BSL users have difficulty reading and understanding written English. The Trust's current protocol is to provide the patient with a full written response once an investigation into a complaint has been undertaken. Current practice has now been reviewed and if required, a British Sign Language Interpreter is now provided to interpret the formal written response.

In order to further improve the provision of interpreter services and enhance the patient experience, a new provider of face to face interpreter services was sourced during 2019 and a new contract commenced from January 2020.

## National In-Patient Survey 2019 (Picker)

The NHS Inpatient Survey runs every year. All eligible trusts in England are required by the Care Quality Commission to conduct the survey. As an approved survey contractor, Picker worked with 74 acute trusts on the 2019 NHS Inpatient Survey. Their report shows WWL's results in comparison to the average of those 74 trusts (the "Picker Average").

Results obtained from the National In-Patient Survey 2019 showed that: **23%** of patients surveyed received information explaining how to complain. This is higher than the average for similar organisations: 19%.

Overall: **88%** of patients rated their experience as 7/10 or more. This is higher than the average recorded for similar organisations: 85%.

### Of the respondents:

**47%** Male  
**43%** Female

**6%** aged 16-39 years  
**39%** aged 40-69 years  
**32%** aged 70-79 years  
**23%** aged 80+ years

**99%** British White  
**1%** Asian / Asian British

**45%** (534) patients responded to the survey  
**60%** Urgent / Emergency Admission  
**38%** Planned Admission

**69%** living with long term condition

## Other Trust Surveys

### WWL BME Cancer Patient Experience Survey 2019

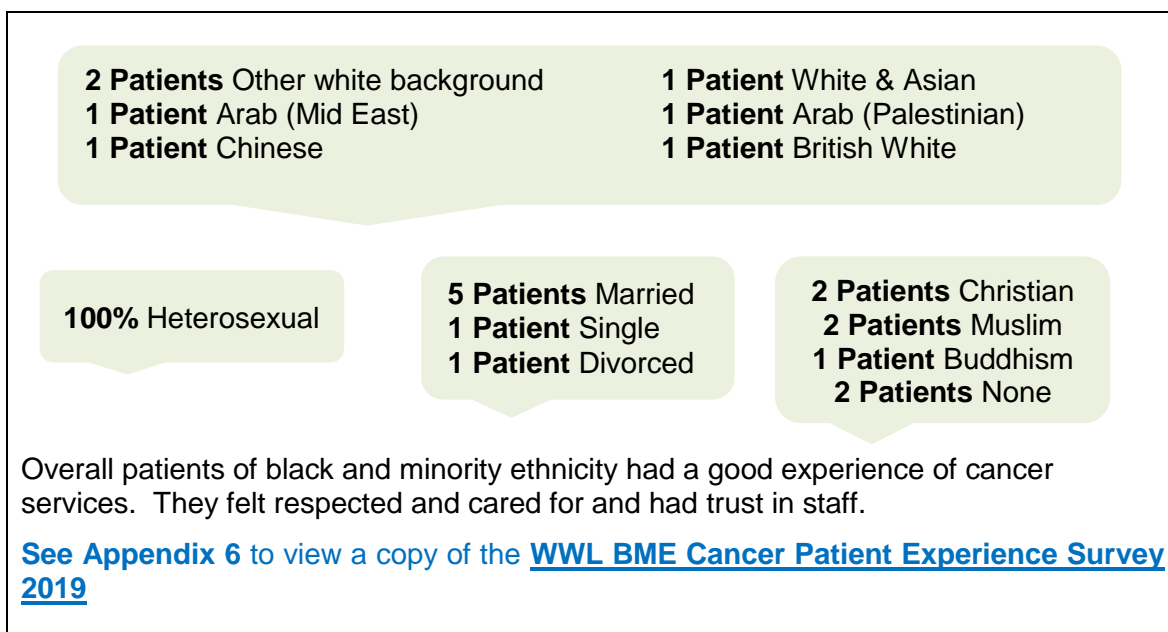
National Cancer Patient Experience Surveys report that that black and minority ethnic cancer patients have poorer experiences of cancer services than their White British counterparts. These findings suggest important ethnic inequalities in cancer care. More research, however, is necessary to fully understand what lies at the root of these results and how to identify ways of addressing poorer experiences and outcomes.

Following on from the BME Cancer Patient Experience Survey undertaken in 2018, WWL undertook a second survey to engage with the local BME (Black Minority Ethnic) community to ascertain their view / experience of using Trust Cancer services. 20 patients of black and minority ethnic backgrounds were recorded as receiving cancer care treatment during April 18 to September 18. A questionnaire was sent to these patients for completion. 7 completed surveys were returned a 35% response rate.

**71%** Female  
**29%** Male

**3 Patients** aged 50-59 years  
**2 Patients** aged 40-49 years  
**2 patients** aged 60 + years

**1 Patient** had a disability



#### 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 1.1** we propose the Trust is graded as ‘**achieving**’. Evidence can be provided for 6 to 8 protected characteristics for these outcomes.

**For Outcomes 2.4** we propose the Trust continues to be graded as ‘**developing**’. Although we have evidence to demonstrate how effectively complaints by patients and carers are responded to, only 3 protected characteristics are routinely collected and analysed (age; sex; and ethnicity). As religion and belief is routinely collected by the Trust, plans have been put in place to ensure this information can be extracted and included in future analysis from March 2020. When the remaining protected characteristics are routinely collected by the Trust, then the Patient Relations Team will be able to extract and report.

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>

With regard to all other outcomes (to be reviewed on rolling basis), grades are summarised below:

