

EDS2

Equality Delivery System (EDS) Proposed Grades and Supporting Evidence 2021/22 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 to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement.

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 (See Appendix 1). These range from service quality to how staff, are managed in the Trust. All health care providers are required to review and grade performance against each outcome. 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:



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. Wroughtington, Wigan & Leigh NHS Foundation Trust - Proposed Outcomes and Grades 2021/22

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 has continued to be used.

This report focuses on Goals 1 and 2 of the EDS and provides evidence in relation to service delivery.

During 2021/22, the following 2 outcomes for Goals 1 and 2 were selected for review:

Goal 1	Outcome 1.4	When people use NHS services their safety is prioritised and they are free from mistake, mistreatment and abuse
Goal 2	Outcome 2.2	People are informed and supported to be involved as they wish to be in decisions about their care

3. EDS2 2021/22 Evidence – Goal 1

The following provides a summary of our evidence and proposed grade for Outcome 1.4:

Outcome 1.4	Proposed Grade
When people use NHS services their safety is prioritised and they are free from mistake, mistreatment and abuse	Achieving

Supporting Evidence:

2021/2022 has continued to be a very challenging 12months for the Trust. A year which has been dominated by the impact of and response to the Covid-19 global pandemic. Covid-19 has seen our Trust and staff respond at speed, in order to care for Covid positive patients whilst continuing to provide as many routine services as possible. Many services had to be reconfigured to respond to the significant increase in demand. As a result, our clinical workforce had to adapt to fit to this response and these rapid changes led to significant alterations to the roles of many of our clinical staff.

The pandemic has intensified the impact of the health inequalities experienced by ethnic minority communities and patients and the devastating impact that Covid-19 has had as a result. We have also seen the impact on older members of our community and those with disabilities and this has been replicated within our workforce. Keeping our staff and patients from diverse backgrounds safe during this difficult period has been our key priority and listening to the experiences and concerns of our staff and patients has never been more important.

We have remained committed to providing an environment where all staff, service users and carers have equality of opportunity. We oppose all forms of unlawful or unfair discrimination. Despite the challenges, we have ensured that equality, diversity and inclusion have continued to be supported at all levels within the Trust.

When assessing and grading performance for Outcome 1.4, WWL therefore chose to review our approach to dealing with the Covid-19 Pandemic.

Despite the challenges, WWL has ensured that equality, diversity and inclusion have continued to be supported at all levels within the Trust, and patient safety prioritised.

The following summarises what initiatives/actions were implemented to ensure patient safety across all protected characteristics:

- **Personal and Protective Equipment** measure implemented – All staff are required to complete two annual mandatory training modules on Covid-19 IPC measure and PPE.
- **Visiting restrictions implemented** - Revised Visiting Policy and Decision Tree implemented.
- **Covid-19 Standard Operational Procedure** reviewed and implemented.
- Delivery of **NHS COVID Vaccination Programme**.
- **COVID-19 Risk Assessments** undertaken for staff and volunteers.
- Provision of **Self-Care Resources** for staff.

Improved Access / Communication

- **Access to Interpreter and Translation Services** (other languages / large print / audio / braille).
- **Video and Telephone Appointments** implemented for Out-Patients (new remote services).
- Patients who do not speak English can now be contacted by telephone for telephone consultations / appointments (using telephone interpreters).
- **Transparent face masks** to support communication between not only those who have hearing difficulties or are deaf, but patients with cognitive problems such as dementia, learning disabilities, autism etc. sourced. Compliance with National Infection Control Requirements received February 2022. To be rolled out Trust wide.
- **On-demand remote BSL Interpreting Service** - In March 2020, as lockdown came into effect and services across the country switched to phone consultations. Deaf people needed a solution fast to address this new barrier to healthcare in the UK. SignHealth, the Deaf health charity, launched a free on-demand 24/7 remote BSL interpreting service called BSL Health Access, in partnership with InterpreterNow. WWL implemented this service within A&E and Maternity Services - an app was uploaded onto a dedicated IPAD. The Deaf Health Charity involved with the implementation were confident that NHS England or another government body would pay for the service going forward, but this was not the case and the service ceased. WWL are currently in negotiations with our current interpreter services provider to implement video remote within A&E / Maternity Service as an additional contracted service.

Improved Access / Communication

- **'Video Call to your loved one' service** implemented. Dedicated IPADs were allocated to wards. Patients who wished to contact their family member or carer, could ask a member of staff, who would access the ward IPAD for them.
- **'Message for a loved one' service** implemented - A message for a patient can be e-mailed to a dedicated e-mail account. The message is then printed and delivered to the ward /or an alternative delivery method sourced.
- Provision of additional **Patient Information Leaflets** (all available in alternative formats if required)
 - Chemotherapy treatment and COVID-19
 - COVID-19 Discharge from Hospital Stay v2
 - How to manage post-viral fatigue after COVID-19
 - Translated COVID-19 guidance the: government's Stay at Home messaging translated in different languages
 - Coronavirus (COVID-19) Protecting Yourself and Others
 - COVID-19 Patient & Visitor Charter v1
 - Coronavirus (COVID-19) Inpatient swabs
 - COVID Criteria for Admission PIU
 - COVID-19 Criteria for Admission
 - Preparing for Urological Surgery during COVID-19
 - Recovering from Urological Surgery During COVID-19
 - Support loved ones in hospital during COVID-19
- 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.

Engagement

- **COVID Patient Experience Survey 2020**
284 Surveys were posted out to patients who had been cared for at one of our hospital sites and had tested positive for Covid-19 at that time to ascertain their patient experience. 80 surveys were completed. 91% of patients rated their overall experience as very good / good. Data on all protected characteristics was collated.
- **COVID Patient Experience Survey 2021**
1000 Surveys were posted out to patients who had been cared for at one of our hospital sites and had tested positive for Covid 19 during September 2020 and March 2021 to ascertain their patient experience. 193 surveys were completed. 81% of patients rated their overall experience as very good / good. Data on all protected characteristics was collated.
- **Shielding Staff Forums** - Held forums during January 2021 and workshops during September 2020 for Shielding staff. To understand experiences and provide support for a return to the workplace.
- **FAME (Focus on all Minority Ethnic Groups) Network** - Developed the FAME (Focus on All Minority Ethnic) Staff Network. To actively promote and support equality of opportunity for all BAME staff within WWL.

Engagement

- **New Trust Website Focus Group (Accessibility feedback)** - Set up a focus group on-line to involve patients living with disabilities in the design and implementation of the new Trust Website. Accessibility functionality reviewed, stakeholders involved in the tender process and design.
- **Equality Diversity and Inclusion Strategy 2022-2026**
A four-week consultation was undertaken during October-November 2021 to encourage public, patients, staff, governors, local community groups and other organisations to express their views on our visions and values and key priorities. Overall, all respondents agreed with the Trust's approach to implementing equality, diversity and inclusion within the Trust. All feedback was reviewed and where applicable has been included / updated within this strategy

COVID-19 has exposed some of the health and wider inequalities that continue in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly harmful on people living in areas of high deprivation, on people from Black, Asian and minority ethnic (BAME) communities, on older people, men, those with a learning disability and others with protected characteristics. WWL will work with local partners to ensure that our strategy and new objectives address the inequalities highlighted by the Covid Pandemic and align with the overarching 2030 Strategy.

4. EDS2 2021/22 Evidence – Goal 2

The following provides a summary of our evidence and proposed grade for Outcome 2.2:

	Outcome	Proposed Grade
2.2	People are informed and supported to be involved as they wish to be in decisions about their care	Achieving

Supporting Evidence:

The Trust is committed to ensuring patients, as well as their families and carers, are involved, informed and consulted on all decisions about their care and treatment. All patients continue to have a personalised care plan which is developed with them as part of assessment processes.

Policies and Procedures:

The Trust has a number of policies / protocols in place to ensure patients are informed and supported. These include:

- Consent to Examination or Treatment Policy
- Consent and Choice During Pregnancy Birth and the Postnatal Period Procedure
- Access Policy
- Safeguarding Adults at Risk Policy / Safeguarding Children and Young people
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Dignity in Care Policy
- Interpreter and Translation Policy
- Patient Information Policy.

All policies are **equality impact assessed** across all 9 protected groups.

Multidisciplinary team meetings are held to facilitate joint decision making for patient's treatment and plans are documented in processes that capture patient preferences (discharge plans, birthing plans, cancer treatment options etc.)

Support is available to patients to enable their involvement in care decision making from

- **Learning Disability Liaison Team**

The Learning Disabilities Liaison Team (LDLT) ensure reasonable adjustments are continually made with information provided in alternative formats. LD patients have the same access to, and information about, their treatment and care as those without LD. This ensures LD patients are involved and supported in decisions about their care and that their wishes are taken into account.

- **RAID (Mental Health)**

- **Dementia Support Teams**

- Carers are supported to be involved in decisions around patient care

Patient Information:

The Trust has a number of patient information leaflets, which are available on the Trust website / wards and departments.

Access to Interpreter and Translation Services:

Patients, service users and their carers identified as not speaking English are provided with interpreters or bilingual advocacy to support decision making.

All patient leaflets are made available, upon request, in alternative formats and languages. Documents that are translated into alternative formats are kept and uploaded onto the Trust website for further future use.

Shared Decision Making

An increasing number of patients are wanting to know more about their healthcare choices. They are requesting information and the chance to have a say about their care and Shared Decision Making responds to this. Healthcare professionals at WWL use Shared Decision Making in order to involve patients as equal partners in their healthcare.

Patient Engagement:

Patients are as involved as they wish to be in decisions about their care. They are consulted at decision points on their journey of care (for example cancer patients choosing treatment options).

The Trust collects and obtains feedback from patients through its PALS processes and patient surveys which are reported to the Trust Board of Directors. WWL attended Ashton Deaf Club in November 2021 to ascertain their views about hospital services and identify actions for further improvement,

The trust Patient Advice and Liaison Service (PALS) support patients in accessing support and signposting should they require help. If people report that they do not feel informed after speaking to PALS then this is investigated as a concern and/or are advised about the formal complaint procedure.

Patient Surveys

WWL's patient surveys and national surveys assess patient satisfaction and experience.

Patient Experience and Engagement Surveys

The Trust collects and obtains feedback from patients through its PALS processes and patient surveys which are reported to the Trust Board of Directors (Family & Friends; Patient Care; Picker National In-Patient & Out-Patient Surveys).

All 9 protected groups are included in Hospital Patient Surveys (overseen by the Trust's Patient Experience and Engagement Department).

COVID Patient Experience Survey 2020

284 Surveys were posted out to patients who had been cared for at one of our hospital sites and had tested positive for Covid 19 at that time to ascertain their patient experience. 80 surveys were completed. 91% of patients rated their overall experience as very good / good. Data on all protected characteristics was collated.

COVID Patient Experience Survey 2021

1000 Surveys were posted out to patients who had been cared for at one of our hospital sites and had tested positive for Covid 19 during September 2020 and March 2021 to ascertain their patient experience. 193 surveys were completed. 81% of patients rated their overall experience as very good / good

National Adult In-Patient Survey 2020

The Inpatient Survey 2020 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 November 2020. Feedback from patient surveys is analysed and discussion forums encouraged to, determine whether patients are informed and supported across all patient groups.

Of the 476 inpatients who responded to the survey:

82% of patients surveyed stated that they **were involved in decisions about their care and treatment.**

79% of patients surveyed stated that they were **given the right amount of information about their condition or treatment.**

78% of patients surveyed felt that they were **involved in decisions about their discharge from hospital.**

Of the 1156 patients eligible to complete the survey, 476 completed questionnaires were received. Of the 476 in-patients who responded to the survey: 53% were male / 47% were female. 6% were aged 15-35; 10% were aged 36-50; 31% were aged 51-65 and 52% were aged 66+. 80% had a long-standing condition / disability. 98% were of British White Ethnicity and 78% of Christian belief. 95% of the patients were heterosexual.

Of the 476 patients who participated within this survey and completed the equality monitoring data section, analysis showed that there were no specific trends in relation to protected characteristics. **Patients from protected groups fare well when compared with patients overall for this outcome.**

National Maternity Survey 2021

The 2021 maternity survey involved 122 NHS trusts in England. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1 and 28 February 2021 (and January if a Trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2021.

Of the 109 patients who responded to the survey:

96% of patients surveyed stated that they were **involved in decisions about their care and treatment** (*during labour and birth*).

98% of patients surveyed stated that they were **treated with dignity** (*during labour and birth*).

97% of patients surveyed felt that they **had confidence and trust in staff** (*during labour and birth*).

Of the 300 patients eligible to complete the survey, 109 questionnaires were received. Of the 109 patients who responded to the survey: 7% were aged 16-25; 28% were aged 26-30; 45% were aged 31-35 and 19% were aged 36+. 31% had a long-standing condition / disability. 97% were of British White Ethnicity and 78% of Christian belief. 93% of the patients had previously given birth. 61% of Christian belief. 99% of the patients were heterosexual.

Of the 109 patients who participated within this survey and completed the equality monitoring data section, analysis showed that there were no specific trends in relation to protected characteristics. **Patients from protected groups fare well when compared with patients overall for this outcome.**

5. Summary

From the evidence reviewed, it is proposed that **Outcomes 1.4 and 2.2** be graded as '**achieving**'. Evidence can be provided for 6 to 8 protected characteristics for these outcomes. There is little evidence from the data of any groups of patients who fare less well.

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.

In 2022/23 the Trust will continue to embed and integrate the Equality Delivery System in terms of both service provision for patients and employment practice. In line with the requirements of EDS2, the Trust will aim to continuously improve services for all service users and especially those that are categorised as having protected characteristics and underrepresented groups. This will be done in partnership with staff, service users and local interest groups.

