

Equality Delivery System for the NHS



EDS2

Making sure that everyone counts

EDS2 Summary Report 2018

INTRODUCTION

Over the past few years, there has been significant changes in the Health and Social Care regulations such as CQC registration requirements, Equality Act (2010), NHS constitution and the Human Rights Act. These laws/regulations aim to tackle inequalities and drive improvements in service delivery. In particular, under the Equality Act (2010), the Trust has a legal duty to promote equality and diversity and to ensure that everyone including, patients, public and staff have a voice in how we are performing and where we should improve.

The Equality Act became a law in 2010 and protects people from discrimination based on the following characteristics, age, disability including physical and mental impairment, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex and sexual orientation.

To support NHS organisations to perform well on equality, NHS England introduced a national framework called 'Equality Delivery System' (EDS2). The EDS2 is designed to support NHS commissioners and providers to deliver better health outcomes for patients and communities and better working environment for staff, which are personal and diverse. If used effectively, it will help us to:

- Meet the Public Sector Equality Duty of the Equality Act 2010
- Deliver on the NHS Outcomes Framework and the NHS constitution
- Meet the Care Quality Commissions "Essential Standards of Quality and Safety"

The EDS2 helps us to gather evidence to show how well the services we plan and provide improve our equality performance. It also shows us what we need to do better. At the heart of the EDS2 is a set of 18 outcomes grouped into four goals.

- Better health outcomes
- Improved patient access and experience
- A representative and supportive workforce
- Inclusive Leadership

EDS2 Grading

For each outcome, there are four grades:

Excelling - Purple

Achieving - Green

Developing - Amber

Undeveloped – Red

Essentially, there is just one factor for NHS organisations to focus on with the grading process. For most outcomes the key question is: how well do people from protected groups fare compare to people overall?

Grading	Undeveloped	Developing	Achieving	Excelling
Each grade is dependent on evidence of the protected characteristics including ; gender, race and ethnicity, age, disability, religion or belief, sexual orientation, pregnancy/maternity/adoption and paternity, transgender and marital status	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare well as people overall	People from all protected groups fare well as people overall

TRUST APPROACH FOR GRADING 2018

Walsall Healthcare Trust is using the EDS2 framework as a key mechanism which will deliver on its commitment to local transparency on performance, doing so through the active involvement of staff and the public in the setting of objectives and monitoring of performance on equality. The EDS2 in Walsall is championed by committed leadership with a workforce that is supported to be confident and competent in dealing with equality.

Between end of November 2018 to December 2018 service leads were asked to carry out a self assessment against the EDS2 goal and the 18 outcomes on their services for all protected groups. The report below details the grading for their respective services.

Walsall for All Board were approached in April 2019 for an overall stakeholder grading based on the evidence provided. 'Walsall For All', is a long-term strategy for creating strong and integrated communities in Walsall. The board members represent the local communities in Walsall bringing in a wealth of experience, expertise as well as good understanding of our diverse communities needs. The board include representation from:

Voluntary and community organisations

One Walsall
Youth of Walsall
Aaina Community Hub

Walsall Community Network
Walsall black Sisters
Refugee and Migrant Centre

Faith sector

Diocese of Lichfield

Walsall Hindu Forum

Public sector

Walsall Council
Primary & secondary education forums
West Midlands Police
Ministry of Housing, communities
And Local Government

Walsall College
Walsall Clinical Commissioning Group
West Midlands Fire Service
Department of Work and Pensions

Private sector

Chair of Walsall Economic Board
Chair of Walsall Housing providers
Walsall Housing Group

Academic institution

Institute for Research into Superdiversity (University of Birmingham)
The Challenge

Goal	Outcome	Trust Grading	Stakeholder Grading	Overall	Assessor Feedback
1. Better health outcomes for all	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Developing	Achieving	Some evidence, but need more around consultation with communities. Tighter evidence e.g "a wealth of work has been undertaken to understand local needs" – this needs to be highlighted
	1.2 Individual peoples' health needs are assessed and met in appropriate and effective ways	Developing	Developing		More examples needed for other protected characteristics, i.e sex, sexual orientation, gender reassignment, race . Lack of evidence for transgender children
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving		Lots of evidence listed. Evidence on end of care life audit is comprehensive but in all patient voice needs to be highlighted
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Excelling	Excelling		Lots of evidence and examples of huge improvements demonstrated i.e speedier recruitment. Could mention any examples with gender i.e trans policy. Analysis of patient surveys would be helpful.
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Achieving	Achieving		Some figures would help. Good evidence

Goal	Outcome	Trust Grading (December 2018)	Stakeholder Grading (April 2019)	Overall	Assessor Feedback
2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital or community health services and should not be denied access on unreasonable grounds	Achieving	Achieving	Achieving	Good evidence with examples
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Excelling	Achieving		Need more concrete examples for excelling, information suggests there is still work to do.
	2.3 People report positive experiences of the NHS	Achieving	Achieving		Good evidence – helpful to know % response to survey from yearly patient population. Is FFT still the same?
	2.4 People's complaints about services are handled respectfully and efficiently	Excelling	Excelling		Excelling based on evidence provided. Very strong evidence

Goal	Outcome	Trust Grading (December 2018)	Stakeholder Grading (April 2019)	Overall	Assessor Feedback
3. Empowered engaged and well supported staff	3.1 Fair NHS recruitment and selection processes lead to more representative workforce at all levels	Achieving	Developing	Developing	Would be helpful to provide workforce profile vs local community profile to see if you are really representative. Evidence of staff survey would be helpful, mapping, identifying underrepresentation & policies to address this would add structure
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help	Achieving	Developing		What other actions other than Clinical Excellence Awards?
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving		Did the Trust only do a sample staff survey? How many managers and staff have been through development programs? Good evidence of developing & achieving in some areas, some baselines, would help measure impact
	3.4 When at work staff are free from abuse, harassment, bullying, violence from any source	Developing	Developing		Good evidence of developing and achieving in some areas, some baselines would help measure impact
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives	Developing	Developing		What's the split for full time vs part time contracts, bank % etc`

3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and wider population

Developing

Developing

Can prove low rates for absence and better staff survey results

Goal	Outcome	Trust Grading (December 2018)	Stakeholder Grading (April 2019)	Overall	Assessor Feedback
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Developing	Developing	Developing	Walsall For All Board could be cited also as an evidence
	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	Developing	Developing		Need more evidence Evidence cited
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing		What does the staff survey results say? Evidence of developing/achieving but staff survey of impact of this work is helpful e.g do staff feel the environment is discrimination free?

GOAL	OUTCOME	GRADE
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation

Evidence drawn upon for rating:

Adult Community Service

Adult Community Services work in close collaboration with commissioners, e.g. CCG, Public Health and Primary Care and on the whole design and procure services to meet the health needs of local communities. A wealth of work has been undertaken to understand local health needs which have included identifying the frailest of our population, co-morbidities, and reasons for emergency admission into hospital and designing services to wrap around patients.

The vehicle for providing care is driven around 7 Integrated 'place based' health and social care teams. The 7 teams which are delivered from 6 bases provide patient care covering 4 place bases i.e.

- North Place base
- South Place base
- East Place base
- West Place base

The place based teams have been re-configured during 2016 and has supported a Walsall Together Collaboration which is a strategic partnership bringing together health and social care, Voluntary services, public health priorities and area partnerships with the aim of further developing our local neighbourhood intelligence, thus developing resilient communities and enhancing MDT and outside of hospital care.

Examples of neighbourhood intelligence which has supported service redesign and commissioning include

- High prevalence of respiratory disease, community respiratory services review and investment into service to meet local needs across place bases
- High prevalence of urology conditions, community continence service review and investment and upskilling of team to support meeting local needs. Outreach of Urology consultant into place bases to enhance local MDT
- Development of an enhanced case management service for Private Nursing homes aiming to support the most frailest of people and prevent avoidable conveyances to hospital
- Following on from success of Private Nursing home service, pilot of service commencing across Residential care

Data intelligence also provides information where there is expected and unexpected demand growth and this is used when developing provider and commissioning intentions for future years.

Whilst there are many examples of services being commissioned to meet local needs there are also examples where priority services are being decommissioned and or reduced and rationale being based on reducing costs.

- Adult Community Services were rated as GOOD for responsive in both 2015 and 2017 CQC inspection.

- Equality and Diversity is included in Trust Contracts
- Developing 'Walsall Together' collaboration

The Trust's Procurement Process

The Trust's procurement process ensures the supplier meets reasonable requests by the Authority for information evidencing the Supplier's compliance with the provisions of Clause 26. The supplier has to ensure:

1.1. That (a) it does not, whether as employer or a provider of the Services, engage in any act or omission that would contravene the Equality Legislation, and (b) it complies all its obligations as an employer or provider of the Services as set out in the Equality Legislation and take reasonable endeavours to ensure its Staff do not unlawfully discriminate within the meaning of the Equality Legislation.

1.2. In the management of its affairs and the development of its equality and diversity policies, cooperate with the Authority in light of the Authority's obligations to comply with its statutory equality duties whether under the Equality Act 2010 or otherwise. The supplier shall take such reasonable proportionate steps as the Authority considers appropriate to promote equality and diversity, including the nine protected characteristics.

1.2 The supplier shall impose on all its Sub-contractors and suppliers, obligations substantially similar to those imposed on the Supplier by Clause 26 of the Schedule 2.

GOAL	OUTCOME	GRADE
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
<p>Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation</p> <p>Learning Disabilities</p> <p>The Learning Disability Health Facilitation services in Walsall, is a division of the Black Country Partnership NHS Foundation Trust, is now known as promoting Access to Mainstream Health Services (PAMHS). The service is to be commissioned by NHS Walsall CCG. This service is in place to assist people with Learning Disabilities within the Borough of Walsall in successfully accessing health services appropriately, through primary, secondary, tertiary and community services.</p> <ul style="list-style-type: none"> The PAMHS team will provide a single point of liaison to facilitate a seamless journey through health care systems for the individual with a Learning Disability and their carer(s). PAMHS will provide a flexible and responsive service to individuals with a Learning Disability and their carers. The PAMHS team liaise with GP's, NHS Community Health, NHS Hospital Trusts, secondary health services, dentists and others who provide health services in meeting the needs of people with learning disabilities. They review Health Action Plans with care providers, including General Practice. To ensure that they have access to health care services De-sensitization visits are also undertaken to enable adults with a learning disability to become familiar with the hospital environment and meet staff working here. <p>Tissue Viability Service</p> <p>Walsall healthcare Tissue Viability Service aims to provide a seamless service offering high quality care and the best possible outcomes for patients at risk of, or with compromised tissue viability, through prompt specialist assessment and support, development and monitoring of guidelines and provision of education. The service reviews patients both in the acute and community setting.</p> <ul style="list-style-type: none"> Patients are reviewed via an electronic referral process which does not ask for protected characteristic information but this could be extracted from the Patient Electronic Systems. Tissue Viability nurses act in an advisory capacity to support staff and empower them to be able to develop skills to care for their patients Tissue viability needs. The service also oversees: the provision of pressure relieving equipment, the wound care formulary and the provision of training and education regarding wound care and pressure ulcer prevention and management. The tissue viability nurses will support the implementation of complex wound care such as Negative Pressure wound therapy and Larvae (maggots) therapy. The service covers neonates, infants, children, young people and adults. Policies and guidelines produced by the Team have already had an equality review against all the protected characteristics and will have a neutral impact regardless of the characteristic as 		

they apply to all patients, service users, carers and staff whose first language is not English or who have hearing / speech / sensory impairment / loss.

- Leg Ulcer Fact Sheet, Patient Leaflet – wounds and Pressure Ulcer Fact Sheet are translated and available to print from the Tissue Viability Web page in Bengali, Romanian and Urdu

GOAL	OUTCOME	GRADE
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving
<p>Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation</p> <p>Despite the substantial caseloads formal complaints are relatively low (approx. 5/6 per year). Investigations are held which includes table top meetings and RCA and lessons learnt wherever possible.</p> <ul style="list-style-type: none"> • Patients are able to raise any concerns about their care and treatment through the PALS service and the Trust's complaints procedure. Information on how to raise concerns and accessing the PALS Service is available in easy read versions and translation is available for service users whose primary language is not English. • All teams understand everyone should have access to the support and care they need regardless of circumstances. • A wealth of work has been undertaken case finding the most vulnerable and frailty screening supporting enhanced case management with consistent evidence to show longstanding admission avoidance with patients being cared for in their own homes. • Health and social care Intermediate care services have integrated helping to support discharge to assess and rehabilitation at home care pathways. • In depth knowledge of local population needs has supported growing team structures, skills and competency to meet clinical needs, i.e. palliative care, wound care champions in locality teams, redesign of respiratory and continence services based on geographical demographics • Personalised care planning an integral element of care, supported through 2 year Cquin to date teams are achieving • Improving assessment of wounds evidenced through annual borough wide healing rates and Cquin • End of life care audit demonstrates effective care planning in relation to recognising, communicating, planning and supporting patient care, however more work is required where patients are identified as lacking capacity for staff to recognise and complete formal mental capacity assessment 		

GOAL	OUTCOME	GRADE
1.4	When people use NHS services their safety is prioritized and they are free from mistakes, mistreatment and abuse	Excelling

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity

The Trust does not tolerate the mistreatment and abuse of patients at any time and there are clear processes in place to investigate and, where needed, take action against individuals who may abuse their position

- Mobile technology has been introduced in a phased roll out, this technology provides an element of additional assurance for staff safety as journeys can be tracked.
- All staff employed in adult community services are provided with mobile phones and further lone working security is being commissioned to ensure staff safety
- Adult Community takes all reasonable steps to avoid mistakes from taking place. However, where they do occur has a rigorous system in place to investigate these and to identify and disseminate lessons learnt. All incidents are reported through the Trust's Safeguard incident reporting system and reviewed, and fully investigated where appropriate, on each occasion to prevent reoccurrence.
- CQC 2015 said recruitment into vacancies needed to be speedier and cancelled hours of patient care needed to be reduced, this has been completed and evidence is available to demonstrate 'managed' cancellations have reduced from 2000 month to approx. 400
- Safeguarding training required improvement and this has been increased from 46% to over 90%
- Work has been progressing to improve recognition of reduced mental capacity in patients and MCA assessment completion. Significant improvements have been made in 1 team, this work requires roll out across all services.
- Need to insert lone working option appraisal, cancelled hours graphs, safeguarding training evidence, North MCA WORK

Safeguarding Children

Safeguarding Children and is a service that focuses on the need, care and protection of a child. The Children Act (1989, 2004) states that the definition of a child is anyone who has not yet reached their 18th birthday. Safeguarding children is defined in Working Together to Safeguard Children (2018) as:

- Protecting children from maltreatment
- Preventing impairment of a child's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Enabling children to have optimum life chances and to enter adulthood successfully

- The Walsall Healthcare Trust service covers any child where there is a cause for concern about the child irrespective of a protected characteristic.
- Multi-agencies Referral Forms (MARF) are made to a Multi-agency Safeguarding Hub (MASH) which includes information regarding ethnicity, religion and gender. This information is kept within the Local Authority and is used to target awareness of Children Safeguarding to communities who are hard to reach.
- The 'voice of the child' is central to the work of the team, this is about ensuring that the child is engaged (where able) to be a part of the decision making around their care.
- Children that are 'looked after' have a yearly health assessment for their duration in care as it is evident that Looked After Children and Young People often enter care with a worse level of health than their peers, in part due to poverty, abuse and neglect that they have experienced (DOH 2015). There is also evidence that there are greater long term challenges in relation to the health, social and educational outcomes in comparison to the general population of children. Furthermore, there is a plethora of evidence to support the view that children and young people in care with unmet health needs are at risk of experiencing on-going poor health, educational and social issues when leaving care (DOH 2015) which is why the service employs a Transition and Leaving Care Nurse who meets with the young person to discuss previous health concerns, health promotion and give key contacts of where the young person can get advice and guidance regarding a range of health issues in the future. Much of the work of the service is combined with a multi-agency approach as this is how children are protected and the strategic direction of Safeguarding Children is also Multi-agency for e.g. there has recently been a working group regarding children with a disability and how the partners can work together to safeguard children.
- The Children act does not cover an unborn child, however the team oversee an Unborn network multi-agency meeting whereby the capability of parenting by the pregnant mother and / or father are reviewed and concerns for the unborn child are acted upon
- In order to protect children the role of an adult within the child's life is reviewed however should there be concerns regarding an adult then this would be passed to the relevant adult service.
- Colleagues will continue to mitigate against risk, through co-ordinated planning exercises and comprehensive due diligence processes. The formation and viability of workforce plans is monitored by the Workforce Steering Group, with transformation plans reviewed during both the Colleague Engagement Experience Executive Group and People & Organisational Development Committee meetings, before then being approved at Trust Board. Finalised plans are reviewed by the Trust Board members before subsequently being appraised by both the CCG and HEE.
- The impact of Performance and HR KPIs upon the Trust's ability to meet workforce demand is appraised each month at board meetings. The risk to safe staffing levels through high levels of sickness absence or turnover is reviewed by senior management and plans discussed to mitigate against any projected issues. The maintenance of high training and appraisal compliance levels is integral to ensure that safe, quality care is provided to patients. To reduce the level of risk related to this, comprehensive governance processes are in place to monitor performance then target areas of concern. The level of engagement amongst colleagues is also measured within monthly board reports, with staff surveys playing an important role in assessing any risk attributed to poor morale or a lack of colleague empowerment.

GOAL	OUTCOME	GRADE
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation

Evidence drawn upon for rating:

- Promoting Access to Mainstream Services (PAMHS) have representation on care pathways within NHS cancer screening programmes i.e Breast Screening, Cervical Screening and Bowel Screening. The team work collaboratively with mainstream healthcare providers to promote, inclusion, rights, independence and choice i.e. to access cancer screening programmes, health promotion and in and outpatient services.
- Screening, vaccination, and other health promotion services are also provided in line with Public Health Priorities, there is a Flu vaccination programme. These services are also delivered to residential and nursing homes/
- Housebound patient population have access to flu vaccination programme from community nursing teams. Processes are in place to provide vaccination to residential and nursing home population.
- Staff are encouraged to have flu vaccination and a number of initiatives are in place to improve uptake
- Occupational Health recognise that healthy and well-motivated employees can have a positive impact on an organisation and that good staff health, wellbeing and engagement can reap significant benefits for patients and professionals alike.
- The OHS is linked directly to the strategic aims of the organisation and incorporates the four key values into its framework, by working together with Human Resources to provide: new starter health assessments, staff immunisations/blood testing/monitoring, sickness absence case management advice; counselling sessions, stress management workshops; health surveillance monitoring, fast tract physiotherapy services, risk management advice and workplace assessment.
- The Occupational Health Service is responsible for providing reports to various committees and the Trust Board.
- In order to enhance future service delivery, occupational health will be developing interventions aimed at improving the safety, effectiveness and quality of services provided by achieving national accreditation.regulatory Wound Clinics

GOAL	OUTCOME	GRADE
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation

Evidence drawn upon for rating:

- Patients, carers are provided with a personalised care and support to obtain clinical appointments, ensure that the appointment is appropriate e.e. requesting a longer than normal slot if this is required and attend the appointment if other support mechanisms are unable to attend. To ensure 'reasonable adjustments' are met at the clinical appointment i.e. Easy read information is available for individual as required.
- Under no circumstances are any Cancer/Suspected cancer patients disadvantaged – they are all treated and managed in the same manner.
- All cancer referrals are monitored by the 'National Waiting Times targets'.
- No patient complaints have been received from the referral process.
- The Trust strives to make access to its services easy and is always open to feedback about improvements. The main entrances to the hospital, its community sites and department/clinic reception areas are wheelchair friendly, have hearing aid loops and braille signs where appropriate. Languages interpretations and sign language support is provided via the Trust's Word360 service which is made available through the Patient Relations Team. The Macmillan Cancer Information Hub at Manor Hospital and the Information Centre at PCC Goscote provide a range of information resources in different languages and formats.
- Chaplains are employed by the Trust to provide spiritual, pastoral and religious support and care for patients, their families and visitors, and staff. Chaplains work closely with staff of other disciplines to provide this care, which is bound by rules of confidentiality and offered in a non-judgmental and impartial manner to anyone who asks for it. They are drawn from the major faith traditions present in the Borough.
- Volunteers are encouraged from all traditions. The majority are currently Christian with some representation from the Muslim and Sikh faiths. All volunteers are recruited, trained and supported in line with the Trust's volunteering policy.

GOAL	OUTCOME	GRADE
2.2	People are informed and supported to be involved as they wish to be in decisions about their care	Excelling
<p>Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity</p> <p>Evidence drawn upon for rating:</p> <p>Learning Disabilities</p> <p>The overall philosophy is value of Inclusion, Choice, Rights and Independence for people with learning Disabilities. Reducing health inequalities and equal access to services is our primary value and the provision of specialist support is a fundamental functions of this service. This service is committed to the 'Nothing about us without us' ethos which is included service users and carers in the planning of future services and our evaluation of service delivery. They provide a person centred approach.</p> <ul style="list-style-type: none"> In comparison to the previous survey, the last National Inpatient Survey 2017 showed that the Trust has made improvement in informing and supporting people to be involved as they wished to be in decision about their care. However, it is acknowledged that when benchmarked nationally we still have more work to do in this area. The clinical teams are encouraged to work collaboratively with patients to improve involvement. <p>Tissue Viability</p> <ul style="list-style-type: none"> Walsall healthcare Tissue Viability Service aims to provide a seamless service offering high quality care and the best possible outcomes for patients at risk of, or with compromised tissue viability, through prompt specialist assessment and support, development and monitoring of guidelines and provision of education. The service reviews patients both in the acute and community setting. Patients are reviewed via an electronic referral process which does not ask for protected characteristic information but this could be extracted from the Patient Electronic Systems. Tissue Viability nurses act in an advisory capacity to support staff and empower them to be able to develop skills to care for their patients Tissue viability needs. The service also oversees: the provision of pressure relieving equipment, the wound care formulary and the provision of training and education regarding wound care and pressure ulcer prevention and management. The tissue viability nurses will support the implementation of complex wound care such as Negative Pressure wound therapy and Larvae (maggots) therapy. The service covers neonates, infants, children, young people and adults. Policies and guidelines produced by the Team have already had an equality review against all the protected characteristics and will have a neutral impact regardless of the characteristic as they apply to all patients, service users, carers and staff whose first language is not English or who have hearing / speech / sensory impairment / loss. Leg Ulcer Fact Sheet, Patient Leaflet – wounds and Pressure Ulcer Fact Sheet are translated and available to print from the Tissue Viability Web page in Bengali, Romanian and Urdu 		

Evidence drawn for rating include:

Services promote personalised care planning
CQUIN 2017/2018 2018/2019 Personalised care planning
End of life/palliative care planning, advanced care planning, individualised care planning and preferred place of care

GOAL	OUTCOME	GRADE
2.3	People report positive experiences of the NHS	Achieving

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity

Evidence drawn upon for rating:

During last year (01 April 2017 - 31 March 2018), the Trust received in excess of 52,000 Friends and Family Test (FFT) feedback responses from patients about their experience of care and treatment across the different acute and community services. Majority of the patients rated us high on the FFT recommendation score and the comments themes generated from the feedback are used to inform further service improvements

GOAL	OUTCOME	GRADE
2.4	People's complaints about services are handled respectfully and efficiently	Excelling

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity

Evidence drawn upon for rating:

- Every health service user, relative or carer, has the right to bring to the attention of Walsall Healthcare NHS Trust any aspects of a patient's care and treatment, about which they are dissatisfied. All staff must be aware of an individual's right to comment on the standards and quality of services provided by the Trust. Ideally, frontline staff must try to resolve all concerns and issues brought to their attention immediately to avoid escalation and further distress for patients, their relatives and carers. Patients, relatives and carers must be encouraged by staff to speak openly about any concerns they have or if they wish to make a complaint. Staff must be open and honest in their investigation and feedback to people who make a complaint.
- Our Complaints policy applies equally to everyone. Staff will be made aware of the policy and can seek further guidance from their line manager or the Complaints Manager.
- To mitigate any risks faced by service users with protected characteristics, the following measures have been taken:
 - Information about raising complaints and concerns has been produced in a child friendly format with simple language and child friendly images.

- Information about raising complaints and concerns has also been produced in an easy read format for service users with a learning disability, poor literacy or who only have basic English language skills.
 - Complaints and concerns can be raised in a range of ways to allow flexibility including by phone, face to face or by letter and are always confirmed in writing.
 - All complainants are given information about advocacy services to support them in making their complaint.
 - Staff and/or service users whose primary language is not English can access interpreting and translation services via a referral to the Patient Relations team.
- Workforce data is published via the relevant scheme and monitored via the Trust Equality Diversity and Inclusion Committee.
 - Equality Monitoring data is collected and evidence via engagement with protected groups and others, to understand the actual effect or the potential effect of our policies, functions and decisions. This is discussed by the Complaints Monitoring Panel
 - We aim to be as accessible as possible to all users, of Trust's services providing literature in alternative languages to meet the needs of individual's requirements, Using trained interpreters, Word360, British Sign Language. Undertaking training required in order to treat all clients in an appropriate and sympathetic manner, Ensuring that those with physical or mental impairment have equal access to the service.

Complaint Satisfaction Questionnaire

The Parliamentary Health Service Ombudsman (PHSO) user-led vision for raising concerns and complaints in health and social care forms part of our Complaints policy. The vision was developed by the PHSO working inclusively with patients and service users. It starts with the complaint journey: a map of the route a patient or service user will go through when they make a complaint about a service they have received, and a series of simple statements that reflect what a good outcome would look like for the patient and service user at each stage of that journey. Beneath these overarching statements there are further statements that illustrate the expectations that patients and service users expressed when asked about what a good complaint journey would look like to them.

Our Trust feedback survey is based on the 'I' statements outlined in the user-led vision. Answers are requested using a scale of 0-5 with 0 as completely disagree and 5 completely agree. Feedback received is outlined as follows based on 15% return rate (49 responses):

- Making a complaint was straight forward : 86%
- I knew I had the right to complain: 89%
- I knew that my care would not be compromised by making a complaint: 92%
- The staff who spoke to me regarding my complaint were polite and helpful: 86%
- My complaint was acknowledged within 3 working days: 79%
- I was informed about the complaints process: 91%
- I was informed of any delays and updated on the progress: 83%
- I received a resolution in a time period that was relevant to my particular case and complaint: 91%
- I am happy with my overall response time to my complaint: 85%
- I feel the Trust has taken my comments on board and have made changes to improve the things that I was unhappy with: 74%
- I would complain again if I felt the need to: 100%

Equality Monitoring

An equality monitoring form is in place the form is issued at the point of acknowledgement with 14% (44) returned in 2017/2018.

- 95% of service users who responded to our survey were white British, the remaining 5% were Black Caribbean and Asian.

- 82% of service user who responded to our survey where age 51 plus (36% being 51-60), only 4% where under 30. We are hoping to see an increase in age by using survey monkey which will allow service users the opportunity to complete a form online
- 71% of service users stated their religion was Christianity, 4% Hindi, 4% spiritual and 21% did not wish to say, or had no belief.
- 70% of responses were received back from females, 26% men and 4% did not wish to state.
- 77% of patients were heterosexual, 8% bisexual, 4% Gay, 4% Lesbian, 7% did not wish to state.
- Relationship status was varied, with the highest response being married (56%)
- 30% of service users would consider themselves to have a disability.

The team are not isolated in finding the obtaining of equality monitoring data difficult. This is a sensitive area especially when dealing with patients and service users who often aggrieved. A revised equality form was developed to reflect all nine protected characteristics and has been in place since the beginning of January 2017. The form is issued at the point of written acknowledgement and is also handed out via face to face PALS contacts. The purpose being:

- To report the equality monitoring data and reflect on any implications arising to the Patient Experience Committee and Complaints Monitoring Panel on an ongoing basis
- To improve collection data by at least 2 in 5 of all written complaints received.

As a result:

- Equality Monitoring data collection improved (15% of all complaints)
- Since quarter 2 2017/18 data summary reported to patient experience group
- Community Leaders Forum discussed data and gaps

Priorities for 2018/2019:

- Increase monitoring collection data to 20% and above of all complaints
- Feedback on what data is telling us to patient forums
- Target hard to reach groups to raise awareness of complaints and feedback mechanisms

GOAL	OUTCOME	GRADE
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
<p>Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity</p> <p>Evidence drawn upon for rating:</p> <p>The Trust is committed to ensuring its workforce is reflective of the community it serves. The Trust has an ongoing focus on promoting equality of opportunity and valuing diversity. An equal opportunities Policy has been produced and published on the Trust's intranet site. Equality and Diversity constitutes part of the Trust's induction and mandatory training and there are nominated Equality and Diversity leads for both staff and patients.</p> <p>The Trust will continuously review the staff benefits currently being offered to enable us to compete with other employers wherever possible and practicable. According to the NHS Digital 2016, the average turnover is 11.1% as of September 2016. The turnover for the Trust as of December 16 was at 14.2%.</p> <p>Elements to support retention include:</p> <ul style="list-style-type: none"> • Seeking staff input to the way the Trust is developing retention initiatives including through Listening into Action. 		

- Challenging the "status-quo" of like for like recruitment with a skill mix review following every resignation/relocation of an employee, including evidence of wider thinking as part of any vacancy approval procedures to include evidence of skill-mix review for front-line staff in clinical services.
- Offering staff the opportunity to move internally should they so wish i.e to change their base, without censure and with a streamlined recruitment procedure.
- Providing procedures and guidance for different "levels" of recruitment i.e. internal to a department, internal to the Trust and Open recruitment (simultaneous advert for internal and external candidates) which encourage staff to seek progression/development/experience within the Trust rather than moving to another employer.
- Allowing a one-week period where all vacancies are advertised internally prior to external adverts being placed offering second opinion for existing employees interested in a new vacancy.
- Provision of 'Career Fairs' by the Organisational Development Department to share information and advice on the range of careers and development opportunities available within the Trust e.g. HCA to Assistant Practitioner.
- Enabling staff to undertake internal and external secondments, removing barriers and enabling back-fill
- Develop staff through acting up arrangements which are recognised through appraisal process (not necessarily financial reward)
- Supporting managers in releasing staff to undertake development opportunities - requires Review of the Secondment Policy
- Encouraging staff to undertake training and development opportunities whether directly applicable to their current role(s) or not.
- Ensuring that opportunities for project work are fairly advertised and there is equality of opportunity across the Trust
- Supporting rotational contracts between the Acute Hospital and community
- Identifying options for rewards for long service/innovation/going the extra mile (Colleague Recognition Rewards)
- The Trust launched a Personal Development programme for its Band 2-6 Admin and Clerical Staff in ensuring that staff on these levels receive equality in terms of their characteristics, development opportunities and career progression.
- The Trust is committed to ensuring that all job applicants, employees and others who work for the Trust are treated fairly, valued equally and are not discriminated against on any of the protected characteristics.
- The Trust adheres to all relevant UK employment legislation relating to its recruitment and selection activities. We are committed to being an Equal Opportunities Employer and welcomes applications from all protected groups; appointment decisions will always be based on merit.
- Professional interpreting, including BSL, and adaptive equipment are available as part of the recruitment process for candidates.

- Posts within the Trust are advertised through the NHS Jobs website. The website aims to ensure maximum accessibility to all its users.
- Apprenticeship alternatives before substantive recruitment is authorised. As part of the Black Country Alliance, a Widening Participation Hub for the delivery of apprenticeship programmes across the partnership has been set up. As part of this the Trust, will act as a training and assessment provider for organisations within the local area.
- To mitigate the impact of recruitment delays and cost due legislation changes, successful EU and non-EU recruitment campaigns are in place.

Evidence Available:

Policies
Trac

GOAL	OUTCOME	GRADE
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity

Evidence drawn upon for rating:

- In response to the Apprenticeship Levy, there will be an increased use of apprenticeships in hard to fill areas and the development of alternative apprenticeship schemes, such as apprentice leadership programmes.
- Localised vacancy management processes will incorporate an assessment of The Trust has cemented its place as a trailblazer for the introduction of Nurse Associates (NA) through the graduation of 18 first cohort Nursing Associates during January 2019. This has been supplemented by the Apprenticeship standard for Nursing Associates, which was approved for delivery and staff began the apprenticeship during 2018.
- Both the rollout of NAs and the Advanced Clinical Practitioner (ACP) programme has been overseen by a New Roles & Competencies, held to account by senior clinical leadership. This ensures that the recruitment and deployment of new roles is carried out consistently with expected outcomes, which can be measured as part of benefits realization. Additionally, we are looking to use the skills and knowledge of current staff to fill long term vacancies at middle grade doctor level, while addressing retention issues around opportunities to progress.
- The Trust will continue to develop roles that are multi skilled, to help to meet changing requirements and deliver a service that is flexible to the contrasting demands of patients.
- The Trust will identify ways to encourage and support more female consultants to apply for Clinical Excellence Awards as part of reducing the Gender Pay Gap.

GOAL	OUTCOME	GRADE
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving
<p>Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity</p> <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> All our staff are encouraged to participate in the annual NHS Staff Survey which gives key feedback to the Trust on this outcome. Staff are engaged in this process through the supervision and appraisal process, from feedback given by the NHS Staff Survey and through the Joint Management and Staff Side Committee Adult Community services have evidence of greater than 90% achievement for IPDR training and mandatory training Engagents strategy in place with involvement from community staff The learning Disabilities team provide quarterly training days for staff within the Trust-'Getting it Right For Us'. The acute liaison nurses deliver ward based/department based awareness sessions. Learning disability awareness has recently been introduced as part of Trust Induction. The HR/OD plan outlines the pathway, which started in 2016/17, to develop the organisation, the way we work and our culture to support the delivery of safe, high quality care. This will include year two of our Listening into Action work as well as embedding a clinically led model for our divisions and care groups and work to promote an open and transparent learning culture in the organisation. This will also involve improvements to our well-led and accountability culture, with Effective Management programmes made mandatory for all colleagues in management positions. The Trust launched a Personal Development Program for Band 2-6 Admin and Clerical staff. Band 2-6 Program ensures that staff on these levels receive equality in terms of their characteristics, development opportunities and career progression. The Chief Executive is the recognized Champion for the program, and regards this workforce as the NHS future leaders. He has taken a key interest in supporting structural initiatives for clerical staff that compliment the program. This work will be completed by January 2019. The Trust encourages BME staff to participate in the 5 day Stepping Up program. The senior team and managers throughout the Trust will actively take steps to create high performing diverse teams and develop diverse talent within the organization fostering good relations and setting personal objectives and expect the same from their staff. The Trust will continue to support training programs such as Stepping Up and looks to invite current and future participants to access mentor opportunities with members of the Trust Board. <p>Evidence available:</p>		

Mandatory training and PDR compliance
Engagents evidence
Training Needs analysis
IPDR
Professional development plans
Evidence of internal workforce progression

GOAL	OUTCOME	GRADE
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	To be decided
<p>Which characteristics fare well: TBC</p> <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> The NHS nationally and Walsall Healthcare Trust are working to reduce bullying and harassment and to improve colleague experience. A 'Collective Call to Action' has been issued to NHS Trusts by the Social Partnership Forum and requires Trusts to work with trade unions to reduce bullying and harassment. The Trust has signed up to the Social Partnership Collective Call to Action to Tackle Bullying in the NHS. A steering group is actively working with the Organisational Development (OD) Team and Staff Engagement Lead on a range of interventions to identify and address bullying, harassment and discrimination in the workplace. This is overseen by the People and OD committee and the Equality, Diversity and Inclusion committee. Focus group specifically for BME staff was undertaken and notes shared with the Equality Diversity Steering Group to embark on the improvement journey. Working groups have been set up in support of engagement work. This is a group of staff across the Trust who wants to become involved i.e agents of change/engagement champions essentially. The purpose of the group is to have a recognised reference group for staff to have a voice for a various of things e.g. change, policy, an ear to the ground, organisational values and behaviours etc. Workplace Support Advisers (WSAs) are not widely visible within the Trust but are an existing supportive channel for staff that might want advice or signposted to where help may exist. WSAs were recently promoted through our Trust wide communication the 'Daily Dose'. Organisational specialist is planning to re-launch WPSA service alongside Freedom To Speak Up Guardians. <p>From the feedback established through the engagement focus groups and anecdotally there is work needed within the Trust to manage poor behaviour. This is supported via existing routes for staff opinion (staff survey, pulse checks and staff friends and family test). There is overwhelming need to start holding those not behaving appropriately to account and consequences where this is a continued issue. Once the behavioural framework has been agreed all staff will be held to account for their positive performance or a plan for improvement which will explicitly cover the consequences for on-going behavioural concerns. Work in progress where all known data relating to behaviour is captured which will include the following sources of information</p> <ol style="list-style-type: none"> HR routes FTSUGs Incident reporting Speak up system 		

- e) Staffside
- f) Engagement/OD approaches
- g) Exit interview process

The process will agree on how themes such as individuals or areas identified as concerns will be addressed and actions undertaken.

Learning and Development will create a bespoke training course that incorporates what a manager would need to do/know and also a version for all staff. Courses will be tailored to include case study discussions. Bullying & Harassment/behaviour courses will be promoted through the existing communication channels.

Furthermore, Workplace Support Advisers (WSAs) will be promoted through Induction, Daily Dose and Engagents. Any future themes coming to WSAs will be considered as part of any cultural themes.

The Trust has introduced, as all NHS Trusts were required to, Freedom to Speak Up Guardians. There are also WSAs in addition which have offered opportunity to establish behavioural issues within the organization. Consideration will take into account for staff that require to remain completely anonymous and how they might raise concerns.

Exit interview process is to be reviewed, agreed and incorporated into Recruitment Policy and Managers Toolkit. Once the exit interview process has been agreed HR/OD will review how data will be utilised and ensuring accountability within divisions.

Relationships at Work policy will also be reviewed, ratified and promoted.

GOAL	OUTCOME	GRADE
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	To be decided
<p>Which characteristics fare well: TBC</p> <p>Evidence drawn upon for rating:</p> <p>Promotion of flexible ways of working within the organisation can help attract and retain staff. Flexible working options may include:</p> <ul style="list-style-type: none"> • Part time working, job share, compressed hours, annualised hours, career breaks. Managers will be supported to promote such options where it may be operationally accommodated. • Walsall Healthcare will develop a talent management database fed through appraisals so that it is able: • To identify skills and experience • To provide additional training and development to develop skills which will be required in the future to match staff potential and aspirations • To form part of the Trust's overall Workforce strategy. • As well as encouraging flexible working patterns, developing flexible working careers will assist in the retention of skilled, experienced staff. Walsall Healthcare as part of its strategies 		

needs to work creatively to meet the needs of both patients and staff. This can be done in a variety of ways including:

- Rotational contracts
- Secondments
- Role redesign
- Skill mix

- There is a need to support managers and staff in maintaining a work balance which is right for the individual, helping to improve and maintain their commitment to the Trust.

Evidence Available:

Flexi leave policy

GOAL	OUTCOME	GRADE
3.6	The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and wider population	Developing

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity

Evidence drawn upon for rating:

Occupational Health recognise that healthy and well-motivated employees can have a positive impact on an organisation and that good staff health, wellbeing and engagement can reap significant benefits for patients and professionals alike.

The OHS is linked directly to the strategic aims of the organisation and incorporates the four key values into its framework, by working together with Human Resources to provide:

- New starter health assessments
- Staff immunisations/blood testing/monitoring
- Sickness absence case management advice
- Counselling sessions,
- Stress management workshops;
- Health surveillance monitoring,
- Fast tract physiotherapy services, Risk management advice and workplace assessment.

The Occupational Health Service is responsible for providing reports to various committees and the Trust Board.

In order to enhance future service delivery, occupational health will be developing interventions aimed at improving the safety, effectiveness and quality of services provided by achieving national accreditation.

GOAL	OUTCOME	GRADE
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
<p>Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity</p> <p>Evidence drawn upon for rating:</p> <ul style="list-style-type: none"> The Board firmly believes in the principle of continuous improvement in the quality and safety of care for our patients. The Trust has developed an Improvement Strategy in which improvements in clinical services will be developed and launched to help provide better services for our patients. This is further supported by a standalone service improvement strategy which outlines not only what we will deliver, but how we will deliver it and the tools that we will use to embed continuous improvement sustainably. Executive leadership for quality governance is provided by the Director of Nursing and the Medical Director. Plans are in progress to embed EDS2 as a quality improvement drive in promoting equality. During 2015, the Trust has successfully implemented a revised governance and assurance structure which aligns to our new Team of Three clinically-led management approach. This provides ward to board reporting and assurance. To strengthen capacity to deliver this, we have recruited quality governance advisors aligned to each clinical division who provide a key role in embedding governance structures and processes at a clinical and managerial level. The Trust's equality lead has attended the Team of Three meetings to help get an understanding of EDS2. Further education and awareness in using the EDS2 is on the agenda. To ensure our leadership is committed to and positively promotes an inclusive environment tailor made EDI masterclasses will be delivered through the NHS Leadership Academy <p>CQC outstanding for leadership 2017</p> <p>Evidence Available</p> <p>Annual patient surveys Staff surveys Ongoing audit and survey work within the organisation. 5 year plan</p>		

GOAL	OUTCOME	GRADE
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	Developing

Which characteristics fare well: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, Sexual Orientation, Pregnancy and Maternity

Evidence drawn upon for rating:

The Board Assurance Framework (BAF) forms the strategic risk register of this organisation. Strategic risks are recorded on the Corporate risk register and managed in the same way as other risks, but are raised and accepted by the Trust Board to determine adequacy of assurance and controls measures to effectively minimise these risks to acceptable levels. Processes are in place to effectively manage risk at the Corporate and BAF level in relation to equality Diversity and Inclusion.

Members of the board are taking an active role in committees that promote and work towards achieving Equality, Diversity & Inclusion within the Trust. As well as working with middle managers as part of leadership program to ensure that they live the values and role model the behaviours expected by all staff within the Trust.

Progress towards our achievements is reported to the:

- Equality Diversity and Inclusion Committee - Monthly
- People and Organizational Development Committee - Monthly
- Patients Experience Group - Bi-Monthly

Evidence Available:

Board reports
Committee papers

GOAL	OUTCOME	GRADE
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	To be decided

Evidence drawn upon for rating:

Management Pride - aims to introduce managers, supervisors and team leaders to some aspects of staff management and enhance their knowledge and skills to take their own departments forward in line with Trust policies and procedures to meet service improvements. The aim is to develop an understanding of the concepts of managing a department team and to increase managers confidence in managing staff.

The areas covered are:

- NHS Policy Governance/Risks & complaints
- Performance management and Leadership
- Assessments
- Mentoring and managing
- Reducing Stress
- Your role as a manager

- Understanding Equality
- Understanding Equality Impact Assessments
- Harassment and Bullying
- Finance
- KSF Appraisals
- Service improvements

The Training Needs Analysis is being reviewed to ensure that all training is linked to workforce planning so development opportunities are shared to ensure there is a fair process.

The Trust is committed to ensuring its workforce is reflective of the community it serves. The Trust has an ongoing focus on promoting equality of opportunity and valuing diversity. An Equality Analysis Policy for staff has been produced and published on the Trust's intranet site. Equality and Diversity constitutes part of the Trust's induction and mandatory training.

Equality & Diversity is mandatory for all staff, a national course completed every 3 years via ESR. The session covers the statutory and mandatory training for Equality, Diversity and Human Rights (Level 1). It has been designed to meet the relevant outcomes in the UK Core Skills Training Framework. It Explains:

- What we mean by Equality, Diversity and Human Rights and why they are important
- How policies and the law can help us create a more inclusive practice
- What we mean by health inequalities and how they can be reduced
- Why we need to know about people's different backgrounds and why it is important not to make assumptions about individuals

The Trust is 91% compliant overall for this training.

- The Trust will identify ways in which it can increase participation by BME staff in all the available programs through enhancing effective staff communication at all levels, ensuring staff involvement and engagement is maintained through focus group sessions, feedback initiatives, and improved communication.
- The Trust will review and update relevant training policies and programs to ensure an equality impact assessment has been carried out.
- Through the EDI champions network and staff engagents, identify where the barriers exist to access training across the Trust and identify actions to address them.