

EDS GRADES

EDS OBJECTIVE 1: BETTER HEALTH OUTCOMES FOR ALL

Outcome Number	Outcome title	Grade	Summary of evidence	Lead Accountability
1.1	Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.	Achieving	<ul style="list-style-type: none"> • Our Equality Impact Assessment process requires staff to undertake staff to assess the quality impact on changes to services, policies and strategies. • Our data evidence is thorough and we have many ways of talking to patients, across all of the equality groups, to find out what they think. • Grass root engagement and mainstreaming begins with the Involving Patients Steering Group and progresses upward towards the Board, culminating in actions being agreed. This applies throughout Objective 1 and 2. • There are a number of ways in which we obtain the views of patients and report back on actions taken to improve our service delivery. These are detailed and promoted on the Trust website, on wards and in other service areas. They include: <ul style="list-style-type: none"> ○ Your views and how we act on them ○ Tell us what you think feedback ○ Involving Patient Steering Group ○ Learning from patient experience group ○ Mystery shopper initiative 	Katherine Allen
1.2	Patients' health needs are assessed and resulting services provided in appropriate and effective ways.	Achieving	<ul style="list-style-type: none"> • The good picture in 1.1 above suggests we are getting this right. • Our clinical documentation ensures that we look at patient need right across all of the equality groups, as well as an impressive range of other needs. • These procedures are further supported and explained to patients through the use of Patient information videos on Out Patients, Maternity and other procedures information on our website and our 'Coming into hospital' leaflet amongst other literature made available to patients. • Healthcare Videos projected has continued with additional 	Andrea Bell / Sue Pilkington

			<p>funding until end of March 2017 to optimize bespoke videos. Video created for NDHT urology patients undergoing a TURP procedure. A further one in development for orthopaedic patients.</p> <ul style="list-style-type: none"> Recent focus groups led by Helen Hartstein with follow up sessions with staff to ensure a connection between these groups on key issues. 	
1.3	Changes across services are informed by engagement of patients and local communities and transitions made smoothly.	Achieving	<ul style="list-style-type: none"> Update 18/4/2017 The most recent major service changes by the Trust have been informed by engagement of patients and local communities. For example: <ul style="list-style-type: none"> 2015/16 Safe and Effective Care within a Budget – full staff and public engagement in the consultation on the location of community beds in Northern Devon Click here for more information/evidence http://www.northdevonhealth.nhs.uk/have-your-say/past-consultations-and-engagement-projects/safe-and-effective-care-within-a-budget/ 2017: Safety concerns at Holsworthy Community Hospital. The decision to temporarily close inpatient services at Holsworthy Community Hospital. Staff redeployment consultation has resulted in full temporary deployment as well as the progression of a proposal by staff. <ul style="list-style-type: none"> A QEIA on the impact of the temporary closure, ref protected characteristics was sent to the CCG on 19 April 2017. More information here: http://www.northdevonhealth.nhs.uk/have-your-say/Holsworthyengagement/ In addition, there have been a number of internal, clinically-led projects which have engaged staff in the decision-making process. These include: <ul style="list-style-type: none"> Ward reconfiguration at NDDH to make room for stroke and prepare NDDG ward space for configuration of 	Katherine Allen

			<p>medical/surgical patients. This involved first engaging staff on the problem needing to be solved and possible options, then engaging the public to understand the impact of co-locating stroke services at NDDH (moving them from Bideford) on people's ability to access the services. More information here:</p> <ul style="list-style-type: none"> • http://www.northdevonhealth.nhs.uk/have-your-say/improvements-to-stroke-services-in-northern-devon/ • The Trust has also participated in system-wide service change proposals, led by the STP. For example: <ul style="list-style-type: none"> • Acute Services Review – NDHT participated in implementing the ASR STP engagement plan which involved a staff roadshow and public meetings: http://www.devonstp.org.uk/get-involved/acute-services-review-engagement/ • Integrated Diabetes project – this is a Northern Devon project involving commissioners and clinical stakeholders to improve diabetes care in ND. Patient involvement is a key part of the project. The business case will be presented to NDHT Board in April 2017. 	
1.4	The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all.	Achieving	<ul style="list-style-type: none"> • We have analysed incident reporting, complaints and looked at several patient surveys. • We think, overall, we look after patient safety well across all of the different equality groups. • Northern Devon Healthcare Trust is in the fourth year of a five year Quality and Patient Safety Improvement Programme, for acute care, and joined a similar programme, which focuses on improvement in community health services. • Progress is monitored at the monthly Patient Safety and Infection Prevention and Control Committee, and the Patient Safety Team, with the support of the Executive Directors, manages the overall programmer. • Trust Quality Improvement Strategy in development with links to our professional forums, divisional activity and key committees. 	Sue Pilkington / Leigh Skelton / Mike Cousins

			<ul style="list-style-type: none"> • Violent marker policy recently published for patients and service users, with clear process for managing challenging behavior. • On site security arrangements are currently being considered by a Trust working party. This includes surrounding issues of staff training and support. 	
1.5	Public health, vaccination and screening programs reach and benefit all local communities and groups.	Achieving	<ul style="list-style-type: none"> • Qualitative evidence shows that our screening programs are adjusted to meet the specific needs of 8 protected groups. (We are unaware of how we might adjust them to meet the needs of transgender people.) • The screening programmes take into account the following disadvantaged groups: those whose first language is not English, HIV sufferers, people with comprehension difficulties and people with drug/alcohol abuse issues. • We run specific screening in the following areas: • Bowel Cancer, Chlamydia, Targeted Newborn Hearing Screening • MRSA 	Katherine Allen

EDS OBJECTIVE 2: IMPROVED PATIENT ACCESS AND EXPERIENCE				
Outcome Number	Outcome title	Provisional grade	Summary of evidence	Lead Accountability
2.1	Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.	Achieving	<ul style="list-style-type: none"> Summary of evidence NDHT have a "Patient Access Waiting List Policy – Elective Services" that is published on the trust website (http://www.northdevonhealth.nhs.uk/2014/09/patient-access-waiting-list-policy-elective-services/) which details the policies around patients who are referred in for elective care. This has recently been reviewed in light of central NHS England changes (October 2015) and is currently being reviewed again in conjunction with the other acute providers in Devon (RD&E and Derriford) to develop a joint access policy for the whole of Devon. An example of good practice in relation to E&D would be the inclusion of the below statement in the policy regarding the care of patients and family members who are in the armed forces: Statement in the policy is: The Ministry of Defence Armed Forces Covenant 2013 guidance states that "<i>Veterans receive their healthcare from the NHS and should receive priority treatment where it relates to a condition which results from their service in the armed forces". Priority should not be given for unrelated conditions. It also states that "For family members primary healthcare may be provided by the MOD in some cases, (e.g.; when accompanying Service personnel posted overseas). They should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted." The policy highlights throughout the requirement to ensure that the clinical interests of vulnerable patients (e.g. children) are protected when considering the application of the policy, for example when deciding upon the steps to take if a patient does not attend an appointment or is cancelling frequently. </i> 	Naomi Hooker

			<p>The policy also states that “Patients with the same clinical priority will be treated in chronological order” and that patients will be offered a choice of dates and times to attend.</p> <ul style="list-style-type: none"> • This update relates just to acute elective services and an update from a community and emergency care perspective is sought. 	
2.2	<p>Patients are informed and supported to be involved in decisions about their care and to exercise choice about time and place of treatment.</p>	Achieving	<ul style="list-style-type: none"> • We have looked at patient surveys and found that they suggest we are good at involving patients in their care, across all of the equality groups. • The overall standard of care at North Devon District Hospital puts it among the top 20% of hospitals in the NHS, according to the latest survey of in-patients. • One area in which the hospital was rated among the top 20% include: <ul style="list-style-type: none"> ○ Patients’ involvement in decisions about their care and discharge ○ Availability of someone to talk to about worries and fears ○ Choice of admission dates ○ In the Acute inpatient survey we ask – were you as involved as much as you wanted to be in decisions about your care and treatment? And have hospital staff been available to talk with you about your worries and fears? The results from these two questions have shown in the last 2 years that the first question reached an average of 91.6 against a target of 73 and the second questions reached an average of 89.5 against a target of 73. 	<p>Helen Hartstein (F&FT) Sue Pilkington (Inpatient Survey)</p>
2.3	<p>Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how</p>	Achieving	<ul style="list-style-type: none"> • Again we looked at surveys, but added comment cards and complaints to our evidence base. • There were no concerns emerging for any of the equality groups. • The overall standard of care at North Devon District Hospital puts it among the top 20% of hospitals in the NHS, according to the latest survey of in-patients. • The survey also puts NDDH in the top fifth of hospitals for issues 	<p>Sue Pilkington</p>

	their dignity and privacy is prioritised.		<p>such as the way doctors and nurses work together, and the level of respect and dignity for patients.</p> <ul style="list-style-type: none"> • Annual CQC mandatory surveys continue and in the most recent 2017 inpatient patient survey this Trust overall ratings within the top 50 providers across England. We improved on the privacy with the emergency department question this year. Analysis of the latest patient survey results shows any themes have already been identified and actions already underway providing confidence our internal systems effectively review data and feedback. 	
2.4	Patients' and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently.	Achieving	<ul style="list-style-type: none"> • We comply with the national standard for efficiency, which is that complaints should be resolved within 6 months. • All complainants are offered a resolution meeting with staff to resolve their concerns early and effectively • The Trust has prioritised learning from deaths with comprehensive monthly reviews and are using bereaved families feedback to help inform learning. Our teams will be engaging with the recommendations from the Parliamentary and Health Service Ombudsman and new Litigation Authority (NHS Resolution) to involve families more within these reviews, to clarify treatment and resolve any concerns at an early stage. 	Jane Kruszewski

EDS OBJECTIVE 3: EMPOWERED, ENGAGED AND WELL-SUPPORTED STAFF

Outcome number	Outcome title	Grade	Summary of Evidence	Lead Accountability
3.1	Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.	Achieving	<ul style="list-style-type: none"> • Sources of evidence: <ul style="list-style-type: none"> ○ Staff survey question on equal opportunities in promotion and career progression ○ Equality data analysis of the recruitment process (includes 6 characteristics, those making paper-based applications and those with prior convictions). ○ Profile of staff by banding and protected characteristic. ○ Profile of staff by staff group and protected characteristic. ○ Promotions data. ○ Returners from maternity leave. ○ Profile of the Board and Executive. ○ The Trust's Equality and Diversity Annual Report shows that our recruitment within 2016 appeared proportionate in line with the overall NHS and our own Trust's workforce profile. 	Tim Robinson
3.2	Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay.	Achieving	<p>The Trust uses the Agenda for Change Terms and Conditions Handbook and paycales as determined by the NHS staff council. Posts are subject to the AfC matching/job evaluation process, with trained panellists from both management and staffside.</p> <p>Medical and Dental Staff are similarly employed on the NHS terms and conditions of service applicable to their grade.</p>	Tim Robinson
3.3	Through support, training, personal development and performance appraisal, staff are confident and competent to do their	Achieving	<p>The evidence sources are:</p> <ul style="list-style-type: none"> - data analysis of provision of non-essential training - data analysis of provision of appraisal - staff survey feedback on access to training and development. - % of staff who have undertaken equality and diversity training - % of staff appraisal undertaken (as diversity is one of the Trust values which is monitored and recorded at each appraisal) 	Katie Milton

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Outcome number	Outcome title	Grade	Summary of Evidence	Lead Accountability
	work, so that services are commissioned or provided appropriately		<ul style="list-style-type: none"> - Fair and reasonable processes in place to manage capability of staff –evidenced via Trust policy and the HR case record 	
3.4	Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.	Achieving	Data evidence is: <ul style="list-style-type: none"> - Staff survey questions 24-27 (analysis by equality category) on harassment etc. - Staff survey question on perception of effective action by employer following harassment etc. - Levels of reported discrimination compared to national norms. Policies and procedures are in place to prevent/reduce and if it does occur, the action to be taken dependant on if internal or external abuse/bullying/harassment/violence.	Tim Robinson
3.5	Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives.	Achieving	Staff survey questions (analysed by equality category) on: <ul style="list-style-type: none"> - Uptake of flexible working options - Trust commitment to work-life balance. 	Tim Robinson
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.	Achieving	<ul style="list-style-type: none"> • Staff Health & Wellbeing strategy • Health and Wellbeing Strategy Action Plan • Mindful Employer • Slimming World • Exercise • Occupational Health • Stress • Flu vaccines • H&WB survey results • H&WB roadshows and feedback 	Linsey Clements

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Outcome number	Outcome title	Grade	Summary of Evidence	Lead Accountability
			<ul style="list-style-type: none">• H&WB campaigns• Workplace wellbeing Charter	

EDS OBJECTIVE 4: INCLUSIVE LEADERSHIP AT ALL LEVELS

Outcome number	Outcome title	Grade	Data Evidence	Lead Accountability
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.	Achieving	<ul style="list-style-type: none"> - All Board papers have an equality assessment as part of their submission and re published on the website - Web pages on the Internet, which include reference to the Board's commitment to equality and equality objectives - Equality strategy is published on Trusts website –strategy currently being reviewed - coverage of equality in the Annual Report and Quality Accounts – both published in line with national guidance - personal ownership of diversity web pages by E&D Lead - active leadership in diversity issues provided by the HR Director at the Workforce and Organisational Development Committee and articulated in terms of reference <p>-LPEG, chaired by Director of Nursing, Quality and Workforce.</p>	Darryn Allcorn
4.2	Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are managed.	Achieving	<ul style="list-style-type: none"> - All Board and sub-committee papers are presented with a header sheet which requires consideration of Equality and Risk implications. Section 5 of the header sheet Equality and Diversity Implications: The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report. If a negative impact is identified then further explanation to the Board/sub-committee would be required. - The Executive Summary (header sheet) is currently under review and will include the consideration of equality related impacts/risks and their management. 	Mandy Kilby
4.3	Middle managers and other line managers support and motivate their staff to work in	Achieving	<p>The following data evidence suggests middle managers are acting as required</p> <ul style="list-style-type: none"> - staff undertaking equality and diversity e-learning - attendance at new mangers training 	Katie Milton

EDS OBJECTIVE 4: INCLUSIVE LEADERSHIP AT ALL LEVELS

Outcome number	Outcome title	Grade	Data Evidence	Lead Accountability
	culturally competent ways within a work environment free from discrimination.		<ul style="list-style-type: none"> - uptake of excellence in leadership - number of incidents reported relating to discrimination in the Trust - number of grievance/disciplinary investigations logged relating to discrimination in the Trust - number of claims to ET for discrimination related to discrimination within the Trust - overall staff survey indicators - Quality improvement visit reports - Staff engagement feedback from either staff voice forums/ask Alison/Training events etc. 	