

# EDS 2

**Making sure that everyone counts**

**Initial Self-Assessment**



# Equality Delivery System for the NHS

## EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the ‘9 Steps for EDS2 Implementation’ as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

This *EDS2 Summary Report* is designed to give an overview of the organisation’s most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation’s website.

### NHS organisation name:

Central London Community Healthcare NHS Trust

### Organisation’s Board lead for EDS2:

James Benson – Director of Improvement

### Organisation’s EDS2 lead (name/email):

Dominic Mundy – Head of Patient Experience

### Level of stakeholder involvement in EDS2 grading and subsequent actions:

Historically, CLCH have developed the EDS2 planning documentation with a small group of staff however, it is recognised that there needs to be wider engagement from Trust staff, patients and the public.

For 17/18 the Patient Experience team will facilitate an EDS2 grading exercise with key stakeholders, patients, carers, members of local community groups, other members of the public, representatives of local voluntary and community organisations, NHS staff and representatives of staff-side organisations.

### Organisation’s Equality Objectives:

1. We will deliver more targeted intervention and outreach activities to protected groups in order to promote our health services.
2. We will improve how we communicate with diverse patients using alternative and accessible formats.
3. We want to provide reasonable adjustments for patients with Learning Disabilities and Dementia who use our mainstream health services.
4. We will improve the reporting of discrimination, harassment, bullying or abuse at work and seek to reduce the occurrence of incidents by valuing diversity and difference in our workforce
5. We will increase the representation of our BME staff at senior manager levels
6. We will improve the number of young people the Trust employs and respond to the challenge of a multi-generational workforce

## **1. Introduction.**

The main purpose of the EDS2 is to help the Trust, in discussion with local partners including local people, review and improve our performance for people with characteristics protected by the Equality Act 2010.

### **1.1 CLCH Equality and Diversity Strategy 2016-18**

The purpose of the CLCH Equalities & Diversity Strategy is to develop an inclusive organisation that recognises the value of the wide variety of people we work with and the impact of cultural diversity on health outcomes and service delivery. It covers equality and diversity issues for our patients and communities as well as our staff. The trust agreed and published its strategy in 2016 and agreed to review it annually. The reviewed strategy for 2017 is available as a separate document.

## **3. EDS2 Objectives: Initial Self- Assessment Grading and Evidence**

### **3.1. Services are commissioned, procured, designed and delivered to meet the health needs of local communities**

#### **Developing**

The Children's services are predominantly commissioned by the different Local Authorities for the areas where our services are based. However, the Clinical Commissioning Groups (CCGs) commission Speech and Language Therapy and some specialist services e.g. Complex Children's nursing. Adult services are predominantly commissioned by CCGs.

When procuring services, tenders are based on the specification set out in the commissioner's documents. The services are designed based on best practice guidance previous experience and existing models of care. Specific groups of individuals are established for each service procurement in order to design the service required to deliver the health needs of the local community. This process is supported by the senior Management team for the relevant division and overseen by the Executive Leadership team.

When appropriate, the Trust works with local commissioners when planning and designing services for our local population. This co-design approach includes patients and service users from the local community.

The Trust recognises that it needs to be more proactive in engaging patients and service users in the design of future services. The Patient Experience team have engaged in a number of forums and are in the process of developing a number of networks which will help facilitate greater patient engagement in future.

### **3.2 Individual people's health needs are assessed and met in appropriate and effective ways**

#### **Developing**

In the Children's services, all patients' needs are established through an initial assessment, including a comprehensive risk assessment. As a result of this the child/family will have a care plan developed in order to support services being delivered as required. For example if any vulnerability is identified, the London Continuum of Needs criteria are used to allocate the child/family to the correct level of service delivery.

In Adult services, on receipt of the initial referral into the Trust, a triage process is conducted in order to assess the need of the patient. Once the patient is seen within the relevant service, an initial assessment will be undertaken, which then contributes to the development of a patient centred care plan. Services use assessment tools appropriate to the area of care being provided. For example, Community Adult nursing use Single Assessment Process (SAP) assessment tools.

The Trust monitors whether patients feel involved in the planning of their care and in 2016/17, the monthly average of patients responding positively was 82.3%. As a result, a number of initiatives have been implemented to improve patients feeling involved in their care and this work is ongoing (as outlined in objective 2.2).

### **3.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed**

#### **Developing**

In the Children's services there is a clinical practice standard in place for the handover of children aged 4 from the Health Visiting service to the School Health service.

Within the Adult services the aim is to limit the number of transitions and where possible, care is provided by an integrated multi-disciplinary team. If the patients require a transition outside the service, a Multi-Disciplinary team discussion will take place within the relevant primary care practice ensuring that information is shared. In Merton, care navigators and care co-ordinators take responsibility for linking with relevant GP partners. In addition, the single shared electronic patient records allow for a clear effective patient transition from one service to another.

The Trust also uses electronic discharge processes or Multi-disciplinary team meetings to facilitate affective discharge planning from services. These are then shared with the patients and their GP and other services involved in individual patient care.

### **3.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

#### **Achieving**

At CLCH we take the Quality and Safety of our services seriously. The Trust's Quality Strategy provides us with a framework through which improvements in the services we offer to patients can be focused and measured. We have taken time to listen to our patients, public and staff about the things that really matter to them and have also considered the national picture including the requirements of the Five Year Forward View and the National Quality Strategy - Leading Change, Adding Value and have addressed all these issues within this updated strategy.

Our current key priorities / outcomes for improving patient safety are:

- Systems in place to provide early warning to illness, service failure or a reduction in the quality of care
- Safety culture and activities signed up to in ALL services
- Variations in practice identified and acted upon

As a learning organisation, we have invested in continuous quality improvement processes to ensure that we deliver safe, effective and responsive services to our patients and local citizens. Within the Trust, we use root cause analysis (RCA) methodologies to investigate every serious incident to enable lessons to be learnt and disseminated across the organisation. Following the RCAs, actions plans are created, monitored and key messages are widely shared. Discussion of incidents and the associated lessons learnt is important and helps us to reduce the risk of reoccurrence. Incidents are regularly discussed within team meetings to ensure lessons are learnt. Furthermore discussions also take place at specific meetings such as the Pressure Ulcer working group, the Falls Steering group, Information Governance group and Complaints Litigation, Incidents and PALS (CLIPS) group meetings. Summaries and highlights are also presented to the Quality Committee, a sub- committee of the board, every month. As an organisation we met 25/26 of our quality KPIs in 2016/17 and the year saw us maintain 98% harm free care as well as a reduction in falls causing harm.

### **3.5 Screening, vaccination and other health promotion services reach and benefit all local communities**

#### **Developing**

- There is a robust screening process in place within the school health service, with regular reporting on achievement to the commissioners. An example of this is National Child Measurement Programme (NCMP).
- The Immunisation service for Barnet/Harrow/Hounslow delivers the national programme to all schools as per commissioner specification.
- The school health service delivers Personal and Social Health Education (PHSE) sessions to local schools covering such topics as healthy lifestyle, sexual health.
- Health promotion forms part of every care package delivered by the Trust.
- CLCH provide influenza vaccination to house bound adult patients. Older people are encouraged to receive the influenza vaccination and pneumonia vaccination during the 'flu campaign' season.
- Where services are commissioned to undertake such care include;
- Patients with diabetes being taught to manage their diabetes as part of their long term conditions management.
- Community adult nursing screening patients for dementia, as part of their initial assessment and then referring on for further diagnosis and management.

### **3.6 People, carers and communities can readily access community health services and should not be denied access on unreasonable grounds**

#### **Developing**

- All families with children aged 0-5 who live or move in to an area supported by the Trust are followed up in line with the 'Movement In/Out' clinical practice standard.
- All children in school can access the relevant school health service.
- There are criteria for access into the community health services provided by CLCH. However, should a patient not meet the requirement in terms of GP registration or Borough boundary, CLCH will provide services until such time as the appropriate service accepts the referral.
- Where services have clearly commissioner defined admission/referral criteria's services are required to deliver care based on such commissioner intentions. However, where people, carers and communities do not meet such commissioner based criteria's, our staff will always ensure that service users are guided to the most appropriate service to meet their need. This will include local NHS provider partners, local authority and third sector/voluntary organisations.

### **3.7 People are informed and supported to be as involved as they wish to be in decisions about their care**

#### **Developing**

The Trust has a target of 85% of patients who feel in formed and supported to be as involved as they wish to be in the decisions about their care. In 16/17, the monthly average of patients responding positively and feeling suitably involved in the planning and decisions about their care was 82.3%. As a result, the Trust has been undertaking a number of targeted initiatives aimed at improving this overall percentage:

The Trust has introduced the Always Events project during 16/17, which started at the beginning of the year, based on the topic of 'involvement in care', the vision for which was;

*"We will always support patients, relatives and carers to be involved in the planning and delivery of their care"*

Since May, further to a successful co-design meeting, the project has made considerable progress. At this meeting patients, their relatives, carers and staff came together to review the outcomes of surveys and interview footage gathered in the early stages of the project and decided on the key changes to implement that would help us to improve the extent to which our patients and their careers are involved in their care. These changes that are currently being trialled and evaluated in our 3 study pilot teams are;

Having better informed patients, this is being achieved by;

- A standardised telephone call to all patients once their referral has been received by the service (introducing the staff member, ensuring the patient understands why they have been referred, establishing preferences for how the patient would like to be addressed by the team and to arrange the initial visit at a convenient time)

- A standardised introduction to be given by the staff member for the initial and follow-up visits with a patient (reiterating the information provided during the telephone call, as above)
- Providing patients with a service leaflet (highlighting all relevant information, specifically contact numbers and contact times)

‘Involvement encourages improvement’ training

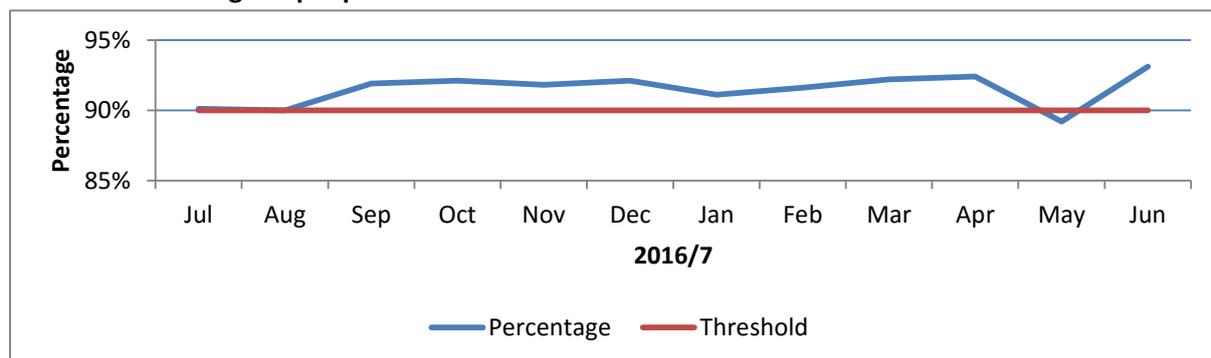
As an additional piece of work, the project team have developed course materials and are working with staff across community nursing services to organise a series of workshops based on involving patients in their care. These workshops will train our community healthcare workers in basic listening and questioning skills to aid with assessment, how to introduce themselves to patients, relatives and carers and how to ensure patients are at the centre of care planning and care delivery.

### 3.8 People report positive experiences of the NHS

#### Achieving

The Trust collects feedback from patients in a number of ways including surveys, patient stories and 15 Step Challenges. As part of the PREMS survey, patients are asked the Friends and Family Test question. As outlined in chart 1 below, with the exception of May 2017, over 90% of our patients respond positively.

**Chart 1: Percentage of people that would recommend the service**



As an addition to the FFT question, the Trust also asks the patients whether they would rate their ‘overall experience as good or excellent.’ 91.7% of our patients have responded positively. The Trust has received a monthly average of 2234 patients responding to the FFT question.

Over the last 12 months the Trust has received 747 individual compliments, and each division has an agreed set number of patient stories to gather each year, all of which are shared at divisional board meetings, Patient Experience Co-ordinating Committee and Quality Committee.

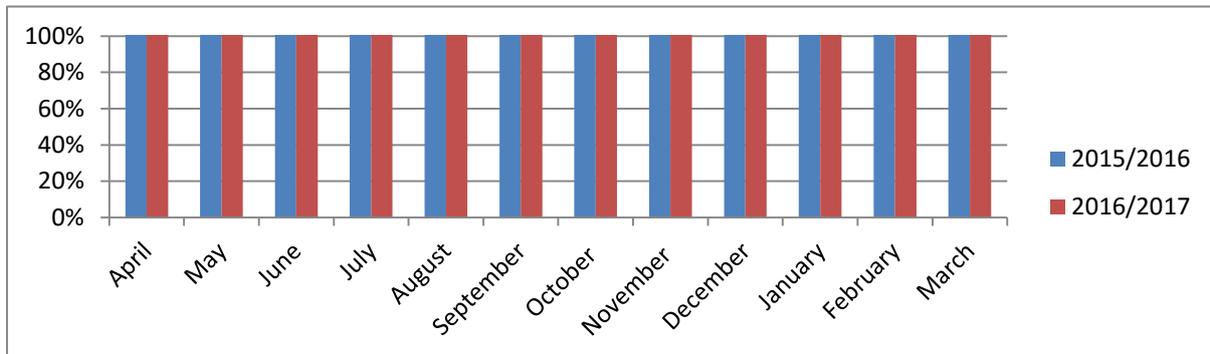
### 3.9 People’s complaints about services are handled respectfully and efficiently

#### Achieving

A total of 137 formal complaints were received by the Trust during 2016/2017, a slight increase from 15/16 where 135 complaints were received.

The following chart shows the percentage of complaints responded to within 25 working days in 2015/2016 in comparison to 2016/2017. 100% response rate has been achieved and maintained throughout the year.

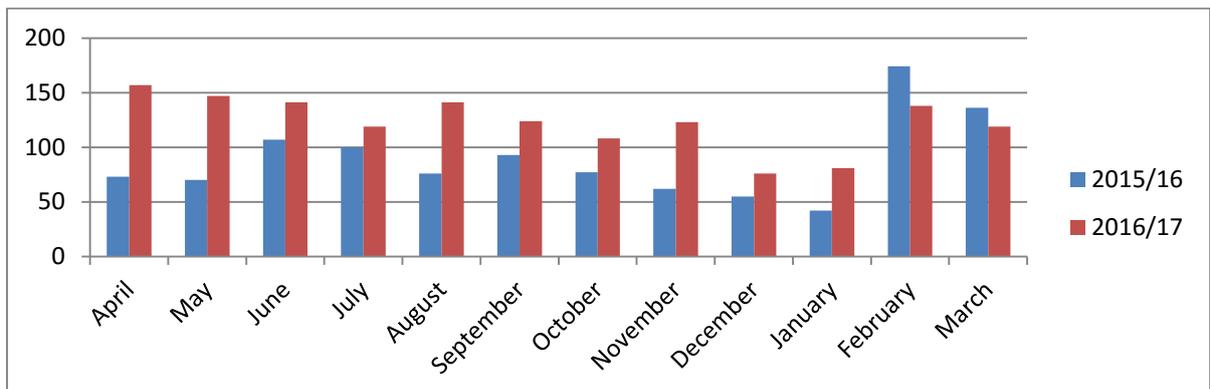
**Chart 2: Complaint response times**



Where suitable and at the request of the complainant CLCH offer local resolution meetings with the service, throughout 16/17 there were 7 local resolution meetings. Of which 6 have resulted in a positive outcome with the complainant being happy with the way that their complaint was resolved. One complaint was unable to be resolved at the meeting and a written response was therefore requested and sent.

**Informal complaints/ Patient Advice & Liaison Service (PALS) received**

A total of 1474 Patient Advice & Liaison Service (PALS) issues for resolution were received by the Trust in 2016/2017 which was an increase of 409 from last year where 1065 informal complaints were received. The Chart below illustrates the number of PALS received by month in 2015/2016 versus 2014/2015.



The Trust aims to respond to 95% of PALS concerns within five working days in 2016/17. In 2016/17, 99% of informal concerns were responded to within 5 days and the target has consistently been achieved since June 2015.

### 3.10 Fair NHS Recruitment and Selection Processes

#### Developing

- Recruitment and Selection Policy with clear and definitive processes is now in place
- Training is now being offered to all staff in Recruitment and Selection and holding Difficult Conversations (to assist with giving feedback to unsuccessful applicants)
- White staff are 1.76% more likely to be appointed as opposed to their BME counterparts given the proportion shortlisted.
- Opportunities for senior white staff to learn more about the experience of BME staff in the organisation have been created in the following ways:
  1. Senior staff acting as Mentors;
  2. BME Staff conference being held annually;
  3. Careers Clinics;
  4. Talk by CEO of NELFT to senior management team about cultural improvements at NELFT.
- Planning is taking place to enable patients/carers to get involved in the appointment of staff at banding 8a and above to ensure transparent decision making across the Trust and to reduce the risk of bias.
- Setting expectations with CLCH senior managers that appointments at interview should, on average and over time, be for both white and BME staff.
- Recruiting through more centrally recruited events to reduce the impact of individual bias on appointment decisions e.g. for apprentices
- CLCH currently has 28% (as at August 2017) BME representation at 8a and above.
- 82% of staff believing the organisation provides equal opportunities for career progression or promotion.
- Overall worse than average for Community Trusts though in line with London Trusts

### 3.11 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

- CLCH Staff Survey 2016: 13% of staff report experiencing discrimination at work in the last 12 months. Nationally the best score for a community Trust was 5% and the national average was 8%.
- Of the 13% reporting discrimination (as per question above) 15% of them felt the discrimination was based on their gender, this percentage which is the same as the national average.
- We have carried out our first Gender Pay Audit. This will be published annually.
- It has shown there is an approximate difference of 4k between the average pay of men and women in the Trust.
- Revised starting Salaries and Additional Responsibilities Policy in place.
- Good compliance was demonstrated by Audit on Starting Salaries
- London Leadership Network Women's Network promoted to staff

### 3.12 Training and development opportunities are taken up and positively evaluated by all staff

#### Achieving

- Staff Survey 2016: Have you had any training, learning or development over the last 12 months:  
- CLCH 75% said yes. National average: 76% said yes.

### 3.13 At work, staff are free from abuse, bullying and harassment or violence from any source.

#### Developing

##### Staff Survey results from 2016 survey:

- Bullying from managers: 88% said never. National average 89%
- Bullying from colleagues: 83% said never. National average 85%
- 100% answered “never” from managers.
- 99% answered “never” from colleagues
- 93% answered “never” from patients/carers. National average: 92%

#### Actions/Comments

- Reporting levels have improved from last year’s Staff Survey’s level.
- Workforce Action Team has been established to review our policy and general approach to handling Bullying and Harassment issues.
- Mediation Service has been established for several years and continually promoted to encourage uptake.
- Restorative Practice approach is encouraged and supported by Workforce Business Partners.
- ‘Skyguard’ alarms issued to all lone workers to provide them with support and access to emergency services.
- Lone Worker Policy in place.

### 3.14 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

#### Achieving

##### Staff Survey 2016:

- Question How satisfied are you with the opportunities for flexible working patterns?
- National average 16% very satisfied
- CLCH average 18% very satisfied
- This was a 3% increase on 2015 Staff Survey results.
- Gender - no significant difference between men and women
- Ethnicity – Generally no divergence from CLCH but with 2 exceptions: Caribbean and Pakistani staff record significantly lower “very satisfied” but remain high on “satisfied”.
- Religion – no significant difference from organisational average
- Heterosexual/LGBT – significantly higher at 30% “very satisfied”
- Age – only group showing divergence from average was age group 31-40 which recorded 16% “very satisfied”

- Flexible Working Policy last reviewed September 2015 – requirement for 26 weeks service before applying has been removed in response to staff feedback

### **3.15 Staff Report positive experiences of their membership of the workforce**

#### **Achieving**

- Key Finding 1 – Staff recommendation of the Trust as a place to work or receive treatment. At 3.76, above average (3.72) but down from 3.78 last year.
- 67% BME staff have a positive belief compared to 91% of white staff.
- BME staff were more motivated and keen to recommend CLCH than their white colleagues, but less satisfied with the support they got from their immediate managers

### **3.16 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation**

#### **Achieving**

- BME Staff Conference.
- Mentoring of BME Staff by Board/Exec members being established.
- Senior Commitment to the WRES Action Plan

### **3.17 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**

- The CLCH Equality Impact Assessment policy and system are now in place.
- All papers include a section equality implications
- Need to run more training for managers in conducting equality impact assessments

### **3.18 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

#### **Developing**

- Unconscious Bias Training as been provided as part of induction and mandatory refresher up until Jan 17.
- The Stat/Man Booklet which has replaced this contains guidance on how to work in a culturally competent way.
- The Trust has an agreed set of values and behaviours which guides the way that all staff behave at work.
- Our management and leadership development courses need to promote awareness of cultural difference and understanding.

## **4. Conclusion.**

### **Overall CLCH EDS2 grading: **Developing****

The Trust has identified that there are some areas where development is required. An action plan will be developed outlining how CLCH will bring each objective up to or surpassing an [achieving](#) grade will be shared and agreed at the CLCH Quality Committee Meeting, the plan will then be implemented across each of the operational divisions.

The Trust recognises that there is a need to engage with patients and the public in finalising the EDS2 grading. For 17/18 the Patient Experience team will facilitate an EDS2 grading exercise with key stakeholders, patients, carers, members of local community groups, other members of the public, representatives of local voluntary and community organisations, NHS staff and representatives of staff-side organisations.

The agreed grading outcomes will be published January 2018.