



# **HEFT EDS Framework**

**And**

# **CQC Regulation Action Plan**

<b>1. Better health outcomes for all</b>			
<b>The NHS is asked to achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</b>			
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing, and reduce health inequalities			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
<p>Equality Impact Assessment on new/revised Trust services/policies. Undertaken and published.</p> <p>Guidance/support provided to Trust staff to ensure all business cases, for developing services, include an Equality Impact Assessment</p> <p>Collect/monitor/publish Equality data.</p>	<p>Ongoing consultation with patient and staff groups.</p> <p>Ongoing support in providing consultation mechanisms to staff groups</p> <p>Work collaboratively with IT/HR and other departments to extend the strands of data collected. Work closely with internal and external stakeholders.</p>	<p>Equality Impact Assessments/Action Plans on E&amp;D Trust webpage.</p> <p>Continue the delivery of Equality Impact Assessment training.</p> <p>Equality data used to improve services for local communities such as those from ethnic/cultural/religious backgrounds and people with learning disabilities etc.</p> <p>Using national and regional demographic information to enable the Trust Board to strategically and accurately plan future services. e.g., interpreting, Chaplaincy, single sex accommodation.</p>	

Data/information	Engagement	Action	RAG rating
<p>The Trust has put in place comprehensive service to meet the healthcare needs of patient with learning disabilities. (CQC Regulation 17, 1E,1F,1G,1H, 1I,1J,1K)</p> <p>LD and hearing service offered within the community as well as hospital based to ensure needs of the patient are met</p> <p>Referrals accepted from anywhere; LD individual themselves, family, carers, residential homes, community LD nurses, other LD services, ENT, GP, other audiology services etc. 2x referral forms have been developed – generic for anyone to complete except LD individual, and the same form which has been made accessible to LD individuals to complete themselves if they wish to self refer Care pathway for LD and hearing service encompasses the Modernising of Hearing Aid Services protocols to ensure patients with learning disabilities receive the same high quality service.</p>	<ul style="list-style-type: none"> <li>• Trust consults with people with Learning Disabilities and their families/carers.</li> <li>• The Trust consults and works collaboratively with commissioning organisations/Learning disabilities teams.</li> <li>• Reports explaining results and interventions sent to patients, GP and any other relevant parties to keep everyone in the loop</li> <li>• Consent to assess adults with learning disabilities accessing hearing services, sought from GP, if referral did not come for ENT or GP</li> <li>• Staff have been trained to support adults with learning disabilities appropriately. Service users accessing our service are supported by our LD team, enabling the individual to build a rapport and confidence with the same member of staff throughout their journey.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed and implemented a Learning Disabilities Policy</li> <li>• Introduced mechanisms to identify and flag up patients with Learning Disabilities</li> <li>• Developed and implemented protocols and pathways of care which are readily adjustable to meet the healthcare needs of patients with Learning Disabilities</li> <li>• Providing comprehensive information jointly designed and agreed with people with Learning Disabilities and representatives of local bodies/local advocacy organisations</li> <li>• Treatment options are provided to patients with Learning Disabilities</li> <li>• Information provided to ensure families/carers, who support patients with Learning Disabilities, are aware of Disability legislation and carers rights</li> <li>• Ongoing Learning Disability Awareness training in keeping with relevant Equality and Human Rights legislation provided to staff.</li> <li>• Representation of people with Learning Disabilities and their families/carers are involved in the Trust LD Steering group with Trust Board members/local groups and other relevant forums.</li> </ul> <p>Undertake audits to seek the views and</p>	

<p>“Valuing People Now”, “Building the National Care Service”, “Nothing About us Without Us”, “Rights, independence, choice and Inclusion” and other White papers have all been consulted when developing the care pathway</p> <p>Best Practice Standards for Audiology have been adhered to for LD service</p> <p>Membership of the HALD SIG group: Hearing and learning disability specialist interest group to ensure we receive updates of latest practices and information is shared: Quarterly meetings</p>		<p>interest of people with Learning Disabilities and their families/carers Report/publish and use audit findings to improve the service delivered to patients with Learning Disabilities.</p> <p>Ongoing Communication training and hearing aid maintenance provided to patients, family, carers, residential homes as part of the care pathway for LD and Hearing.</p>	
<p>1.2 Patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways</p>			
<p><b>Data/information</b></p>	<p><b>Engagement</b></p>	<p><b>Action</b></p>	<p><b>RAG rating</b></p>
<p>The Multi-faith Chaplaincy team / service continues to provide spiritual and religious care for patient / visitors / staff on a 24/7 basis; across all the three main Trust sites. The service includes routine visiting, provision of religious services; supporting patients / relatives during illness and End of Life. In addition; the team, in conjunction with other departments, is involved in</p>			

<p>the organisation of the annual Staff Memorial Services and other annual Trust services. The team is supported by a number of Chaplaincy volunteers, from various religions, who contribute to patient care.</p>			
Data/information	Engagement	Action	
<p>Multi-faith Chaplaincy team / service provide spiritual and religious care for patient / visitors / staff on a 24/7 basis; across all the three main Trust sites. s, is involved in the organisation of the annual</p>	<p>The service includes routine visiting, provision of religious services; supporting patients / relatives during illness and End of Life. In addition; the team, in conjunction with other departments</p>	<p>Staff Memorial Services and other annual Trust services. The team is supported by a number of Chaplaincy volunteers, from various religions, who contribute to patient care.</p> <p><b>Multi-faith Chaplaincy Team Activity</b>                      Planned Visits to Patients = 13286                      Out of Hours Calls = 384                      Holy Communions in Chapel / Wards = 4960                      Visits Around the Time of Death = 307                      Other Calls to Wards or Areas = 228                      General Ward / Areas Visits by Chaplains = 3973                      Anointing / Prayers on Wards = 5935                      Individual Baby Funerals = 66                      Baptisms / Formal Blessings of Infants = 125                      Contacts with Staff = 2799                      Contacts with Volunteers = 1237                      Patients or Carers Ministered to in Office / Chapel = 816                      Training Sessions given to Staff / Volunteers = 70                      Visits to Wards / Areas by Volunteers</p>	
<p>Hearing assessment carried out which adheres to BSA guidelines (British</p>	<p>Reports explaining results and interventions sent to patients, GP</p>	<p>Whilst health needs of service users are being identified and treated appropriately, several</p>	

<p>society of Audiology). Thinking outside of the box white paper consulted for accepted methods in adapting techniques to patients needs, whilst ensuring accurate, frequency specific data is obtained Specialist testing provided if standard testing not suitable.</p> <p>Service provision includes:</p> <ul style="list-style-type: none"> <li>• Home / Residential visits</li> <li>• Hearing screening</li> <li>• Diagnostic Hearing Assessments</li> <li>• Otoscopy</li> <li>• Tympanometry</li> <li>• Conditioning care plans</li> <li>• Conditioned Pure Tone Audiometry</li> <li>• Desensitisation care plans</li> <li>• Oto acoustic Emissions</li> <li>• Full range of Auditory Electrical Potential assessment</li> <li>• Access to sedation / GA for objective testing where required</li> <li>• Visual Response Audiometry</li> <li>• Speech testing</li> <li>• History taking to meet TTSA guidelines</li> <li>• Observational hearing performance</li> <li>• Impression taking</li> <li>• Hearing Aid fitting using Real Ear Measurement / Coupler</li> </ul>	<p>and any other relevant parties to keep everyone in the loop</p> <p>Verbal consent actively sought from service user</p> <p>Feedback obtained from service users and carers/family members/other LD services regarding our LD and Hearing service.</p>	<p>issues still remain unresolved:</p> <p>Estimated target population of LDs with hearing loss are still not accessing our service. Based on the 2001 consensus there is an estimated 30,000 adults with a LD in the Birmingham area. It is estimated that 40% of adults with a LD will have some degree of hearing impairment, hence 11,650 adults with a LD and hearing loss.</p> <p>National data indicates that approximately 80% of adults with LD are not accessing their local hearing services. Hence the need to advertise our service more actively.</p> <p>In advertising our service to encourage more referrals, more staff is required to meet demand. Hence we are in the process of completing a business proposal to obtain further funding.</p> <p>We estimate that with 1x band 7 2.5 days/wk, 1 x FTE band 6, 1x band 5 3 days/wk and 1 x band 4 4 days per wk, would allow us to target 10% of the overall population of LD adults in Birmingham. Once more, given the support and funding, we project that the service can be run at a profit.</p>	
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<p>fitting to prescription targets</p> <ul style="list-style-type: none"> <li>• Follow up appointment(s)</li> <li>• Hearing Therapy support which may include Assistive Listening Device Assessment, counselling, training for carers and communication advice</li> <li>• Individual Management Plans and reports for patient/caregiver, GP, other professionals</li> <li>• Liaising with other appropriate services including carers, key support workers, day centres, advocates etc</li> <li>• Yearly or 3 yearly reassessments for patients depending on needs</li> </ul>			
<p>1.3 Changes across services are discussed with patients, and transitions are made smoothly</p>			
Data/information	Engagement	Action	RAG rating
<p><b>Reviewed service/new build</b></p>			
<p>Feedback questionnaires given to patients and carers/LD services to assess service provision</p>	<p>Feedback extremely positive, with individuals stating that the service is unique and meets needs the service user.</p>	<p>Funding and support to continue service, enabling us to provide service to more of the population who have no similar specialist service accessible. With more funding, this would enable us to not only see more patients, but to assess and provide intervention quicker, as we currently do not meet 18wk target.</p>	

1.4 The safety of patients is prioritised and assured			
Data/information	Engagement	Action	RAG rating
Single sex accommodation is provided to ensure patients are treated with dignity and respect.(CQC Regulation 17 1G)	Systems in place to escalate and investigate any breaches of Same Sex Accommodation. Patient Feedback sought monthly – reported to Trust Board.	Same sex patients cared for in single sex accommodation. Single sex toilet and bathroom facilities provided close to patient bed area. New escalation criteria in place for patients requiring repatriation from critical care areas.	
BSA guidelines and MHAS met and adhered to  Verbal consent obtained from patients. Time given to patients to build trust if required. Testing procedures explained throughout to put patient at ease. Results discussed with patients, as well as possible interventions, so agreed plan of action.  If GA/sedation required, discussion with patient, family members, carers, managers, LD nurses, ENT undertaken to ensure this is the best course of action which will ultimately provide benefit to the patient. Should we go ahead, liaison with other services who may also need to carry out investigations, carried out to try and ensure this is all done under the same sedation if possible, to avoid causing the patient any anxiety or distress.			
<b>2. Improved patient access and experience</b>			



<b>The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</b>			
<b>2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds</b>			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
Continue to provide Interpreting/Translation services as required.(CQC Regulation 17 1E)	Continue to engage with national and regional NHS/commissioning organisations to ensure service reflects the patient needs and NHS directives.	Review the Trust's Interpreting/Translation Services Operational policy/service on a regular basis using service uptake data/demographic changes.	
Patients human rights and religious/spiritual beliefs are respected.(CQC Regulation 17 1G)	Service uptake data/patient demographics used to review and redesign services.	Multi-faith Chaplaincy service provided to patients to affirm the dignity and self-worth of an individual who may or may not belong to a faith group.	
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
Trust-wide culturally sensitive end of life bereavement service is provided. (CQC Regulation 17 1G,1H,1I)	Head of Bereavement services leads national, regional and organisational End of Life/Bereavement Care initiatives. Leads on the development of policy, processes, and pathways of care. Organise/stage national/regional conferences and seminars and educational curriculums.	The service reflects individual belief.  Out of hours bereavement service available to relatives  comprehensive information, guidance and support are available for bereaved relatives and friends  Education and training provided to staff.	
<b>2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment</b>			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
HEFT in- house Interpreting Team is providing interpreting support in six South Asian languages primarily for	Patient/community groups such as, User Advisory groups, Heartlands Older People Forum,	The GHH/SH sites are being covered for all languages by BILCS interpreting services provided by HoB PCT; this service is only for	

<p>BHH site.</p> <ul style="list-style-type: none"> <li>90% of short notice calls for Mirpuri, Punjabi, Urdu, Sylheti and Bengali languages are met within 30minutes of receiving the call. 99% was achieved against this target, despite year on year increase in short notice calls.</li> <li>95% of planned interventions are attended at the appointed time. 100% was achieved against this target despite year on year increase in appointments booked by hospital staff</li> </ul> <p>The Interpreting team continues to provide an excellent service, in order to ensure patients are provided with informed choice.</p> <p>In addition; the in-house / external service protects the Trust against possible clinical / corporate risks and meets the mandatory requirements of the external reviewers such as the CQC Regulations.</p>	<p>Council of disabled People, Disability Resource Centre, Asian Elders Association</p> <p>The interpreting service is invaluable; this involves: clinical consultations on wards / departments, consenting patients with staff, involvement with multi-disciplinary teams</p>	<p>planned interventions. Outcomes from Service;</p> <p>In-house interpreting activity 2011: 2335 face to face interpreting sessions in six S. Asian Languages</p> <p>BILCS interpreting service activity 2011; 5249 face to face interpreting sessions provided on four Trust sites in 50 languages including British Sign Language.</p> <p>In addition; the in-house / external service protects the Trust against possible clinical / corporate risks and meets the mandatory requirements of the external reviewers such as the CQC regulations..</p> <p>The Trust's team also provides a written translation service and contributes to training in the areas of cultural awareness / competence for staff and basic "Urdu Language".</p>	
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2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised

Data/information	Engagement	Action	RAG rating
To be updated			


2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
Complaints/Governance			
To be updated			

<b>3. Empowered, Engaged and Well-Supported Staff</b>			
<b>The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs</b>			
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			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated			
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated			
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated			
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			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated	Employment Policies		
	What we have in place at HEFT – mediation etc		

3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives
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<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated	HR Policies		
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated	Wellbeing		

<b>4 Inclusive leadership at all levels</b>			
<b>NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champion</b>			
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			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
	EEAG Forum and representation at Board level from MC and MS.		
	TOR for EEAG		
	EEAG action plan to HR Committee		
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
Faculty of Education website ( <a href="http://www.heftfaculty.co.uk">www.heftfaculty.co.uk</a> )	Training available to line managers	<ul style="list-style-type: none"> <li>• The following educational programmes, developed by Pam Chandler’s team and advertised on the Faculty of Education website (A-Z)                             <ul style="list-style-type: none"> <li>▪ Equality &amp; Diversity - Deaf/Blind Communication Awareness</li> <li>▪ Equality &amp; Diversity - Disability Equality Training</li> <li>▪ Equality &amp; Diversity - Equality Impact Assessment</li> <li>▪ Equality &amp; Diversity - Human Rights (including professional decision making and accountability)</li> <li>▪ Learning Disabilities 2 hour sessions &amp; customised sessions for individual departments</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>▪ Equality and Diversity customised sessions for managers e.g. matrons, midwives/sisters and Estates manages</li> <li>• In addition the Masters level Leadership programme also covers Equality and Diversity issues.</li> </ul>	
Dyslexia website	Jointly developed between the E & D team and the Faculty of education, accessible by all staff.	A guide to diagnosis, advice, adjustments and useful contact details. All staff can access this website by the Trust intranet A – Z index.	
		<ul style="list-style-type: none"> <li>• Plus Pam Chandler’s programmes and policies developed and implemented</li> </ul>	
4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes			
<b>Data/information</b>	<b>Engagement</b>	<b>Action</b>	<b>RAG rating</b>
To be updated			