

Appendix 1

The Equality Delivery System (EDS2)

Assessment Document – Goal 2

May 2016

EDS2 GOAL 2. Improved patient access and experience

Objective 2: Improve the experience of people with learning disabilities who use health services.

EDS2 Outcome	Action(s)	Timescale	Evidence	Lead
<p>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</p> <p>2.2 People are informed and supported to be as involved as they wish to be in decisions about their care</p>	<ul style="list-style-type: none"> Review Trust Learning disabilities policy and guidance 	Nov 2015	<ul style="list-style-type: none"> Learning disabilities policy and guidance reviewed, implemented and available on Trust intranet site 	Equality & Diversity Lead
	<ul style="list-style-type: none"> Review learning disability patient flag up on Icare system 	Oct 2015	<ul style="list-style-type: none"> Learning disability patient flag up implemented across the Trust 	Acute Health facilitation team, Corporate nurses and IT
	<ul style="list-style-type: none"> Review Learning disability patient survey 	Nov 2015	<ul style="list-style-type: none"> Learning disability patient survey reviewed and implemented 	Equality and Diversity lead and LD team
	<ul style="list-style-type: none"> Maintain and update Learning disability information resource on E&D webpage 	On going	<ul style="list-style-type: none"> Learning disability information resource available on E&D 	
	<ul style="list-style-type: none"> Identify areas and launch Keele University Learning disability' Making a Difference together' a health toolkit 	Aug 2015	<ul style="list-style-type: none"> Learning disability toolkit launched in identified areas and evaluated by Black Country Partnership Foundation NHS Trust - available in E and D website 	BCPF NHS Trust and Equality and Diversity lead
<ul style="list-style-type: none"> Continue with Learning disability training programme in conjunction with Learning disability Health Facilitation Nurse teams 	On going	<ul style="list-style-type: none"> Learning Disability/Safeguarding conference 'Making a difference – nothing about me without me' held at Birmingham Heartlands hospital 	HEFT & C&WPT LD nurses and head of safeguarding	
		Aug 2015	<ul style="list-style-type: none"> Learning disability training programmed delivered across the Trust (by LD team and head of 	Equality and Diversity lead

	<ul style="list-style-type: none"> • Review Trust E&D/LD Steering Group TOR and membership • Implement SLA with Coventry & Warwickshire Partnership Trust for the provision of Learning Disability Acute Liaison Service • Embed new Interpreting service provider for Trust 	<p>Aug 2015</p> <p>On going</p> <p>April 2015</p>	<p>safeguarding)</p> <ul style="list-style-type: none"> • The Trust Equality and Diversity reporting mechanism is being reviewed, it is envisaged the new forum will co-ordinate and participate in the delivery of the 2016/2017 EDS2 Action Plan • Acute Liaison Service provided by Health Facilitation Nurse team • Monthly performance meetings • Monitor usage, performance, cancellations and cost 	<p>Equality and Diversity lead, procurement and contract manager</p>
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EDS Review Assessment 2015 – Scores Summary

Goal 2:	Improved Patient Access and Experience	Assessment
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.	<i>Developing</i>
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	<i>Developing</i>
2.3	People report positive experiences of the NHS.	<i>Achieving</i>
2.4	People's complaints about services are handled respectfully and efficiently.	<i>Developing</i>

GOAL 2	Improved Patient Access and Experience
OUTCOME 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.
CRITERIA	<p>Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge for people when they try to access services.</p> <p>For all protected groups assess and grade how well the service is assessed, taking into account the fairness of reasons when access is denied.</p> <p>Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.</p>
EDS Grade 2014 /15	DEVELOPING
EDS Grade 2015 /16	DEVELOPING
Reasons for Rating	<p>OUTCOME: The Trust provides some evidence that patients, carers and communities from protected groups readily access services and feedback on access is generally good.</p>
	<p>MAINSTREAM PROCESSES: The Trust uses mainstream processes to make progress on this outcome.</p>
Key Gaps	<p>PATIENT EQUALITY MONITORING DATA Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.</p>
Plans to Address Key Gaps	<p>During 2015 the Trust Head of Equality & Diversity engaged internal and external key stakeholders to review equality monitoring of sexual orientation; transgender; disability and marriage & civil partnership within hospital activity. A further consultation will be undertaken in 2016 to inform the review of method of collecting data via patient equality monitoring form and setting up equality monitoring pilots with timelines (encompassing all 9</p>

	<p>protected characteristics).</p> <p>Proposal for equality data collection, including resource requirements and actions will be incorporated within EDS2 Action Plan 2016/17 (currently being developed).</p> <p>Goal:</p> <ul style="list-style-type: none"> • Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. • The Trust will work in collaboration with Clinical Commissioning Groups, Birmingham, Solihull and Sutton Coldfield Councils and other local providers to share equality data and jointly promote and challenge inequalities.
<p>Examples of Equality Progress - Patient Access</p>	<p>EQUALITY & DIVERSITY TRAINING</p> <p>During 2015 improving patient access was a central theme in all the equality and diversity training programmes delivered to Trust staff, to enhance knowledge, self-awareness, improve personal behaviour and attitude to deliver accessible, person-focused services to patients, visitors and colleagues. Our portfolio of training includes:</p> <ul style="list-style-type: none"> • Mandatory equality and diversity training online (Moodle) • Equality impact assessment • Disability equality • Learning disabilities awareness • Human rights • Deaf/deafblind communication awareness • Customised equality and diversity sessions <p>DEMENTIA INITIATIVES</p> <p>During 2015 the following dementia initiatives were introduced to improve services for patients and carers:</p> <ul style="list-style-type: none"> • The magnet (forget me not flower the national symbol for dementia) is placed above the bed space of a person diagnosed with dementia to highlight that communication and care may be needed to be adjusted to

the patients' needs.

- Referring to the completed 'About Me' booklet found at the patient's bedside.
- Local press and nursing journals published articles on the 'About Me' documentation and its launch at HEFT.
- A successful carers conference held at Solihull Hospital was attended by over 200 carers and HEFT staff
- Each Trust hospital site decorated a Christmas tree for staff and visitors to make a pledge or write a memory on a forget me not flower which was placed on the tree. These were well received and raised the profile of dementia and the carer's role
- There is a continual display in all health information areas on all three HEFT hospital sites which contain the latest leaflets, booklets and contact numbers for various organisations to aid signposting and offer support groups for users to contact.
- Ongoing analysis of the Carers survey. These are reviewed and currently shared at the Carers Forum and the Dementia Steering Group. Appropriate actions have been identified to improve the Dementia Care. The Carer's survey completion rate will increase with local ownership and staff education process.

LEARNING DISABILITY TOOLKIT

During 2015 Keele University Learning Disability' Making a Difference together' a health toolkit has been launched in three areas within the Trust, these are: Emergency Department, Obstetrics & Gynaecology, Outpatients. The toolkit is also available on the E and D website. The Black Country Partnership Foundation Trust will undertake the evaluation of the toolkits in these areas

REVISED EQUALITY IMPACT ASSESSMENT TOOLKIT

During 2015 the Trust continued to undertake equality impact analysis (equality impact assessments) on all policies and practices to ensure that our services, policies and practices do not directly, indirectly, intentionally or unintentionally discriminate against the users of our services or our staff. Where a negative impact is found, there is mitigation of the impact through the development and implementation of equality improvement plans.

The Equality Impact Assessment training for staff was delivered during 2015. In addition face to face individual training/support sessions were also provided to policy and service developers.

	<p>During 2015 the review of Trust's Equality Impact Assessment Toolkit was identified as an Equality Objective (EDS2) for 2015/2016 to improve the existing process and make it more robust. The review commenced in February/March 2016. It is envisaged that the new toolkit will be implemented in May/June 2016.</p>
	<p>EVIDENCE</p>
<p>Policies / Procedures</p>	<p>The Trust can demonstrate that patients, carers and communities from protected groups can readily access services, and are not denied access on unreasonable grounds. The Trust provides services to all patients based on clinical need, and no groups are positively discriminated against.</p> <p>The Trust continues to have a number of policies and practices in place to ensure services are accessible to all. These include:</p> <ul style="list-style-type: none"> • Being Open Policy • Community Engagement Strategy • Domestic abuse Policy • Discharge Practices Policy & Procedure • Learning Disabilities Policy/Guidance for staff • Direct access to Learning Disabilities Acute Liaison Nurse Team • Safeguarding Vulnerable Adults Policy • Safeguarding Children Policy • Patient Transfer Policy (Adults & Children) • Same Sex Accommodation Policy • Interpreting and Translation Services Operational Policy • Access to carer support (Trust Carers Forum) • Provision of appropriate equipment / beds / hearing loops etc. for disabled patients • Access to multi-faith chaplaincy services <p>All the Trust's new work schemes are designed and constructed in accordance with Disability Legislation and the building Regulations Part M Standards.</p>

Patient Information	All patient information and correspondence is available in large print, audio, braille and other languages on request.
Engagement	<p>Below is a summary of all engagement in relation to inclusion and diversity (encompassing access) during the last 12 months:</p> <p>Supporting Carers, The Trust recognises that carers and relatives play a vital role in the care of patients with dementia and is committed to improving how we work with and support carers of our patients. A carers survey is undertaken every quarter in all inpatient areas. The survey responses are analysed, reviewed and shared at the Trust Carers Forum, the Dementia Steering Group, and the Head Nurse for Patient Experience compiled a report for quarter 4 for the dementia CQUiN.</p> <p>In quarter 2 and 3 2015, 500 survey were given out 44 surveys were returned (a response rate of 8.8%).</p> <p>The following responses were received to the following questions:</p> <p><u>Whilst your relative was in hospital how supported have you felt by the hospital?</u></p> <ul style="list-style-type: none"> • 73% of carers said that they felt fully supported by the hospital • 22% of carers said that they felt partially supported by the hospital <p>Of the 10 carers who stated that they felt partially supported by the Trust; reason for feeling partially supported was themed as follows:</p> <p><i>The length of time it's taking to find a home for their relative to go in.</i></p> <p><u>During the stay in hospital did staff ask you for your input?</u></p> <ul style="list-style-type: none"> • 75% of carers said they were asked by staff for their input • 20% of carers said they were not asked by staff for their input <p>Of the 9 carers who stated that they were not asked for their input by staff; reason for not asked for their input</p>

was themed as follows:

Dementia is an awful disease and requires a great deal of understanding which not all of the nurses have.

In response to Carers survey a set of actions have been identified to improve Dementia Care as follows:

- To improve on going carers feedback; consider alternative approaches to giving out the Carers' Survey (i.e. local level, online and postal)
- To improve ownership at a local level; amend the survey to enable local data to be collected by clinical area and site data to be shared in each clinical area on a monthly basis.
- To improve staff knowledge and skills when caring for a patient with Dementia, clinical staff are required to undertake level 2 dementia training. To develop a dementia Moodle page for level 2.

In addition, a successful Carers Conference was held at Solihull Hospital in 2015, attended by over 200 carers and Trust staff. There is a continual display in health information areas on all three HEFT hospital sites which contain the latest leaflets, booklets and contact numbers for various organisations to aid signposting and offer support groups for patients/carers to contact.

The Trust hosted the Safeguarding and Learning Disability Conference 'Making a difference – no decisions about me without me' in October 2015 at Solihull. A wide array of guest speakers included National, Regional and Local Learning Disability and Safeguarding experts/leads from NHS organisations, Keele University and Patient/Carer Voluntary Organisation.. The conference highlighted the need for a collaborative approach to develop and implement learning disability services across NHS organisations, keeping patient/carers/family at the centre of a safe and timely patient care delivery. The Trust has launched the Keele University 'Making a Difference together' a learning disability health toolkit in Emergency, Main Outpatients and Maternity areas. The evaluation of the toolkit will be undertaken by Black Country NHS foundation Trust.

The Trust Head of Equality & Diversity attended Good Hope Hospital Patient Community Panel meeting to discuss Trust EDS2 Equality Objectives 2015/2016 and to ascertain views of the panel about hospital services. This forum provides an opportunity for collaboration between the Trust, patients, carers and the local communities to facilitate working together to enhance patient experience across all Hospital sites and within Solihull community. Some panel members have volunteered to support the Trust learning disability agenda, for example implementing the learning disability feedback toolkit and assisting with questionnaires and patient and carer feedback.

The Trust Head of Equality & Diversity attended a multi-agency LGBT event " 'Get Out Stay Out' at University of Birmingham. The event provided opportunity to ascertain the views about Trust services. As a result, collaborative work with local health partners, University of Birmingham and Stonewall has been initiated to look at employment and patient care practices which includes developing and implementing Stonewall 'Employment Index' standard. In addition links have also been established with 'Finding A Voice ' a Birmingham South Asians LGBT support group.

The Trust Head of Equality & Diversity and the Head Nurse for Patient Experience hosted Informatics Workshop 'Meeting the Health Needs of People with Learning Disabilities Through Effective use of Information' in conjunction with the Solihull Learning Disability Commissioner at Heartlands hospital and was attended by learning Disability Health Facilitation Nurse Teams and representatives from Solihull Clinical Commissioning Group. As a result, staff members from the Trust Corporate Nurse team are working closely with the Trust IT team to develop a Learning Disability patient flagging up system to ensure appropriate referral/assessments and patient care needs are addressed in a timely and safe way.

Pan Birmingham Faith Advocacy Group:

The Head Nurse for Patient Experience is Chair of the Pan Birmingham Faith Advocacy Group. The group meets four to six times a year. Membership consists of representation from Bereavement Services at the Birmingham acute NHS Trusts; CCG; the HM Coroner's office; Birmingham and Solihull Registry offices;

	<p>Birmingham City Council Bereavement Services; in addition to representation from various faith communities. The aim is for these key stakeholders to form a cooperative through which to explore existing and new ways of working across traditional boundaries. For example; to work together with external agencies, to act as advocates for community members, to provide optimum service and best practice respecting both cultural/religious requirements and relevant legal implications. One of the actions of the group is to monitor progress of the early adopter implementation of the Death Certification Reforms, considering the implications and effect on the local faith communities,</p> <p>The Trust Head of Equality & Diversity met with members of the Gypsy, Roma and Travellers Community at Naseby Centre, Alum Rock in Birmingham to ascertain their views about the Trust services. Overall positive feedback was obtained.</p> <p>The Trust Patient Experience Lead Midwife met with a disabled wheel chair user to review the maternity services and disabled access to identify attitudinal and physical barriers experienced by disabled patients using maternity services. A local improvement plan will be developed and implemented within this area.</p>
<p>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Head of Equality and Diversity.</p> <p>Annual Equality and Diversity (service delivery) Monitoring Report</p> <p>The Trust produces a Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Equality and Diversity Service Monitoring report 2015/2016</p>



Public Sector Equality
Duty Equality & Diver

**National
Patient
Surveys**

FRIENDS AND FAMILY TEST

The friends and Family Test requires all patients, after discharge, to be asked: **How likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?**

The results for January 2015 showed that 94% of patients would recommend the Trust's A&E Department to friends and family.

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.2	People are informed and supported to be as involved as they wish to be in decisions about their care..
CRITERIA	Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge in relation to information and support people receive, so they can be involved in decisions about them. For all protected groups assess and grade how well people are informed and supported. Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.
EDS Grade 2014 /15	DEVELOPING
EDS Grade 2015 /16	DEVELOPING
Reasons for Rating	OUTCOME: The Trust can demonstrate that support to patients involved in care decisions and treatment choices is good, but there is currently a lack of evidence to allow comparison in relation to the 9 protected characteristics groups as a whole.
	MAINSTREAM PROCESSES: The Trust uses mainstream processes to make progress on this outcome
Key Gaps	PATIENT EQUALITY MONITORING DATA Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.
Plans to Address Key Gaps	During 2015 the Trust Head of Equality & Diversity engaged the internal and external key stakeholders to review equality monitoring of sexual orientation; transgender; disability and marriage & civil partnership within hospital activity. A further consultation will be undertaken in 2016 to inform the review of method of collecting data via patient equality monitoring form and setting up equality monitoring pilots with timelines ((encompassing all 9 protected characteristics). Proposal for equality data collection, including resource requirements and actions will be incorporated within

	<p>EDS2 Action Plan 2016/17 (currently being developed).</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation.</p> <p>The Trust will work in collaboration with Clinical Commissioning Groups, Birmingham, Solihull and Sutton Coldfield Councils and other local providers to share equality data and jointly promote and challenge inequalities.</p>
<p>Examples of Equality Progress - Patient Access</p>	<p>Patient Advice and Information Database (PAID)</p> <p>The Trust uses the award winning Patient Advice and Information Database (PAID) to supply timely, accurate information for patients, relatives and carers as an essential part of the care pathway. The patient Advice and Information Database (PAID) revolves around the patient and is an electronic means of controlling and distributing patient information leaflets through the Trust's Intranet.</p> <p>The Patient Advice and Information Database has been designed and written in-house, and is still evolving, incorporating the requests we received during the original pilot and on-going use of the system.</p> <p>Each time an information leaflet is printed a record is automatically entered into the electronic patient record for that patient, allowing staff to view a complete history of patient information leaflets issued to any patient. Each leaflet is personalised with the patient's name, hospital number, date of birth, sex and NHS number. The system is accessible anywhere in the Trust and is available 24 hours a day, 7 days a week, giving healthcare staff access to the full range of patient information leaflets currently approved by the Trust. A reporting facility has also been developed. Among the reports available are a "Top Ten leaflets issued" report, and a chart showing system usage. This enables us to monitor patterns in leaflet requests and identify any "gaps" in information leaflets requested.</p> <p>All NHS Trusts supply information for their patients. Many use pre-printed leaflets and booklets, but increasingly more organisations are using the Intranet as a means of storing information leaflets. This project goes much further. The database is not a repository for storing information leaflets, but a system that links into</p>

other key hospital systems. It takes the process of providing information for patients and places it as an event in the patient's journey timeline, along with clinical letters and results reporting. We believe that this is a considerable improvement against the more traditional methods of information provision.

Making the information database project part of the Trust's EPR development raises the profile of providing information for patients. The database involves both the clinician and the patient in the information giving process. The patients feel that the information is worth reading and are able to trust it because it has been given to them by a health professional.

Benefits to Patients

- Patients have timely access to written information detailing the benefits and risks associated with their proposed treatment.
- Patients are given information in advance of their treatment, allowing them time to read and understand the condition they have been diagnosed with and the treatment offered to them. Contact telephone numbers are provided and patients are encouraged to telephone if they have any questions or queries.
- Patients are given consistent, clinically approved information
- The leaflets are personalised with the patients' details, and handed to them by a health professional.

Benefits to Staff

- Information is designed and written in-house and disseminated via the Trust's Intranet. It reflects local practice, and is accessible to any health professional in any area with computer/printer access
- Designed around web browser "point and click" technology, the system is easy to use. Key words can be entered to bring up information relating to specific topics i.e. pregnancy
- All staff now have equal access to providing information for patients as they can send a draft leaflet to the Patient Information Manager who can format the information ready for the database, departments do not have to find funding to have leaflets professionally printed.

The Patient Advice and Information Database was recently awarded the Information Standard.

PATIENT INFORMATION CENTRES

Patient information areas located on three hospital sites. They provide information to patients/carers and visitors on the latest health information leaflets, booklets and contact numbers for various organisations to aid signposting and offer support groups for patients/carers to contact. About 120,000 people visited this service across the three Trust hospital sites.

BEREAVEMENT VIDEO - DVD – I Didn't Know That:

Trust worked together with the National Council Palliative Care and the local community to produce a DVD, "I didn't know that"; a training and education tool to enhance knowledge and relationships with the local communities. It highlights ten key points – five for healthcare staff and five for community advocates. It has been well received and is available nationally on the Dying Matters website

PAN BIRMINGHAM FAITH ADVOCACY GROUP:

A multi faith group involving Birmingham NHS acute trusts, local communities the HM Coroner and Registry Office. The group which is managed by trust personnel meets every 2 to 3 months, bringing together key stakeholders to form a cooperative through which to explore existing and new ways of working across traditional boundaries.

RAPID RELEASE PROCEDURE

Within Trust Bereavement services there is a rapid release procedure which allows deceased patients to be released from hospital within an appropriate timeframe to meet religious and cultural requirements.

All families are offered a bereavement follow up support service which is provided through partnership working with Cruse Bereavement Care Birmingham. This service has been utilised by people of all faiths and none.

	EVIDENCE
Policies / Procedures	<p>The Trust has a number of policies / protocols in place to ensure patients are informed and supported. These include:</p> <ul style="list-style-type: none"> • Consent for Examination or Treatment Policy • Delegated Consent Competency Protocol • Safeguarding Vulnerable Adults Policy • Safeguarding Children Policy • Interpreter and Translation Services Operational Policy • Patient Transfer Policy (Adults & Children) <p>There is significant evidence that patients are well supported and informed in decisions about their care. Examples include a choice of where to have their out-patient appointment and operation. Patients who undergo an operational procedure have to sign a detailed consent form agreeing that they have understood the nature of the procedure they are about to have.</p>
Patient Information	<p>All patient information and correspondence is available in large print, audio, braille and other languages on request.</p>
Engagement	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing access) during the last 12 months:</p> <p>The Trust's Head of Equality & Diversity and the Head Nurse for Patient Experience engaged with learning disability and LGBT patients/carers and families about hospital services.</p> <p>In response to a family request glide beds are now provided to allow a relative to stay with the patient over night (e.g.at end of life or if a patient has a Learning disability). In relation to patients with learning disabilities, the Trust maternity service has developed a care pathway 'Guidelines for Providing Care to Pregnant Women & New Parents with a Learning Disability' for staff.</p> <p>Staff awareness sessions were held across all Trust sites and information was circulated to all wards and</p>

	<p>departments in March and November 2015 on how to access the new interpreting and translation booking process. Complete information is available on interpreting services page “ I ” on Trust intranet for staff.</p> <p>‘Meeting the needs of visually impaired people using HEFT services’, a comprehensive document was developed in 2015 which sets out policy, procedures and training needs in relation to the care and support of patients with a visual impairment. The need for this work arose following a complaint. This work began with research into current practice and levels of staff understanding about blindness and partial sightedness, not just within the ophthalmology department, but as evidenced across the hospital as a whole. The study provided an opportunity for wider learning within the Trust. The new guide lines will be launched in 2016.</p>
<p>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust’s Head of Equality and Diversity (Services).</p> <p>Annual Equality and Diversity Service Monitoring Report</p> <p>The Trust produces an Equality and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust’s Annual Equality and Diversity Service Monitoring report 2015/2016</p> <div data-bbox="533 970 607 1034" data-label="Image"> </div> <p>Public Sector Equality Duty Equality & Diver</p>
<p>National Patient Surveys</p>	<p>IN-PATIENT SURVEY 2015 (Picker)</p> <p>Results obtained from the National In-Patient Survey 2015 showed that:</p> <p>71% of patients surveyed stated that they were involved as much as they wanted to in decisions about their care and treatment (68% recorded in 2014)</p>



78% of patients surveyed stated that they were given the right amount of information about their condition or treatment (75% recorded in 2014).

70% of patients surveyed felt that they were involved in decisions about their discharge from hospital (66% recorded in 2014)

Of the 1212 patients eligible to complete the survey, 528 completed questionnaires were received. Of the 528 in-patients who responded to the survey: 48% were male / 52% were female. 4% were aged 16-35; 10 % were aged 36-50; 19% were aged 51-65 , 44% were aged 66-80 and 23% were 81+, . 62% had a long-standing condition / disability. 87% were of British White Ethnicity and 78% of Christian belief. 94% of patients were heterosexual.


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

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.3	People report positive experiences of the NHS
CRITERIA	Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge for people in relation to people's experiences of services. For all protected groups assess and grade how well the service is experienced. Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.
EDS Grade 2014 /15	ACHIEVING
EDS Grade 2015 /16	ACHIEVING
Reasons for Rating	OUTCOME: The Trust can demonstrate that patients and carers report overall positive experiences, but further evidence of patient experience by all protected groups is required to achieve higher grading.
	MAINSTREAM PROCESSES: The Trust uses mainstream processes to make progress on this outcome.
Key Gaps	PATIENT EQUALITY MONITORING DATA Equality monitoring of sexual orientation; transgender; disability, and marriage and civil partnership within in-patient and out-patient activity.
Plans to Address Key Gaps	During 2015 the Trust Head of Equality & Diversity engaged the internal and external key stakeholders to review equality monitoring of sexual orientation; transgender; disability and marriage & civil partnership within hospital activity. A further consultation will be undertaken in 2016 to inform the review of method of collecting data via patient equality monitoring form and setting up equality monitoring pilots with timelines ((encompassing all 9 protected characteristics). Proposal for equality data collection, including resource requirements and actions will be incorporated within EDS2 Action Plan 2016/17 (currently being developed).

	<p>Goal:</p> <ul style="list-style-type: none"> • Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. • The Trust will work in collaboration with Clinical Commissioning Groups, Birmingham, Solihull and Sutton Coldfield Councils and other local providers to share equality data and jointly promote and challenge inequalities.
<p>Examples of Equality Progress - Patient Access</p>	<p>Bereavement Feedback Form</p> <p>All families who attend Bereavement Services to collect death certification paperwork are given a feedback form to complete (voluntarily) and return in a freepost envelope. The questions include End of Life Care of the patient as well as bereavement care of the relatives and friends. On average the response rate across the Trust is 17% of the number of deaths with hospital issue of certification paperwork; however, because there is no date of death requested on the feedback form, the responses and numbers of deaths are not necessarily over the same period of time. See below a copy of the Bereavement service report - Quarter 4 2016.</p> <p> 2016 Q4 report.ods</p> <p>In response to a family of the deceased patient's complaint the Trust Bereavement Care Service has developed and implemented a 'Last Offices Check List and Notice of Death' to ensure care after death is appropriately provided.</p> <p> Last Offices Check List final).pdf</p> <p>The Medical Examiner (ME) Process</p> <p>The introduction of the Medical Examiner (ME) role forms part of the Government's proposal following the Shipman Enquiry and is being "piloted" within the Trust's Bereavement Services. The role of the ME is to</p>

	<p>scrutinize the deceased patients' notes; discuss the cause of death with the issuing doctor; and to speak to the relatives about the cause of death, giving them the opportunity to discuss any issues or concerns they may have about the circumstances leading to or surrounding their loved one's death. The aim of the process is to provide increased accuracy of the cause of death and streamline referrals to the HM Coroner all of which enables the relatives and friends of the deceased to continue their bereavement journey more smoothly. It provides opportunity to intercept complaints, managing any issues/concerns in a timely manner; escalating appropriately.</p> <p>Bereavement Follow Up Service</p> <p>The bereavement follow up service is offered to all families when collecting death certification paperwork from Trust bereavement services. Working in partnership with Cruse Bereavement Care, families are offered the service which comprises of one initial telephone call with the facility for subsequent calls as is felt necessary. The suggested time for the call is between four and six weeks following the patient's death. Many people are unable to anticipate how they will feel emotionally at this time; therefore the call offers a "safety net" of support. A transparent service which enables families to discuss any issues and concerns which may lead to positive and negative feedback to the Trust.</p>
	<p>EVIDENCE</p>
<p>Policies / Procedures</p>	<p>The Trust has a Community Engagement Strategy which outlines the Trust's values and objectives in relation to community engagement and acts as a mechanism for driving corporate consultation and the coordination of patient engagement across the Trust.</p> <p>The Trust has a clear approach in engaging with patients, carers and communities about the services it provides. Through the monitoring of national in-patient and outpatient surveys and the use of comment cards the Trust can demonstrate that many groups of patients have been listened to and service changes made accordingly.</p> <p>The Trust has a consistent approach to engaging with patients both in service redesign and patient experience</p>

	<p>across all protected characteristics.</p> <p>Engagement may take a range of forms, such as:</p> <ul style="list-style-type: none"> • Patient and Staff Surveys • Written Documents • Patient Community Panels • Trust Membership and Engagement Events • Attendance at other planned community events. <p>The Trust has very active Patient Community Panels which meet bi-monthly. This forum is consulted on service changes / re-designs and equality and diversity issues. Comments from patient feedback / surveys are taken very seriously and actions are taken to address any access problems identified. Results of patient experience are considered in the patient experience report and this report is part of the Board Quality report and also used as evidence for the CQC.</p>
Patient Information	All patient information and correspondence is available in large print, audio, braille and other languages on request.
Engagement	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing access) during the last 12 months:</p> <p>Same as 2.1 & 2.2</p>
Equality Monitoring	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust's Head of Equality and Diversity (Services).</p> <p>Annual Equality and Diversity Service Monitoring Report</p> <p>The Trust produces an Equality and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's</p>

	<p>Annual Equality and Diversity Service Monitoring report 2015/2016</p>  <p>Public Sector Equality Duty Equality & Diver</p>
<p>National Patient Surveys</p>	<p>IN-PATIENT SURVEY 2015 (Picker) Results obtained from the National In-Patient Survey 2015 showed that:</p> <p>97% of patients surveyed stated ‘Yes’ they felt that they were always / sometimes treated with respect and dignity whilst being examined and treated in hospital (<i>94% recorded in 2015</i>).</p> <p>82% of patients surveyed, rated 7 and above as having a good experience (<i>80% recorded in 2015</i>).</p> <p>Of the 1212 patients eligible to complete the survey, 528 completed questionnaires were received. Of the 528 in-patients who responded to the survey: 48% were male / 52% were female. 4% were aged 16-35; 10 % were aged 36-50; 19% were aged 51-65 , 44% were aged 66-80 and 23% were 81+,. 62% had a long-standing condition / disability. 87% were of British White Ethnicity and 78% of Christian belief. 94% of patients were heterosexual.</p> <p>Feedback from patient surveys is analysed and discussion forums encouraged to, determine whether patients are informed and supported across all patient groups.</p> <p>FRIENDS AND FAMILY EMERGENCY QUESTIONNAIRE</p> <p>Results obtained from the Friends and Family Emergency Questionnaire 2015/2016 October – March showed that:</p> <p>Total number of Friends & Family feedback received = 41,205 Number of positive comments = 36,002 (87%) Number of negative comments = 5,203 (23%)</p>

GOAL 2	Improved Patient Access and Experience
OUTCOME 2.4	People's complaints about services are handled respectfully and efficiently
CRITERIA	Within one or more service/care setting, provide evidence which shows there is significant equality progress or challenge in the handling of complaints. For all protected groups assess and grade how well complaints are handled. Assess how well other disadvantaged groups, including 'inclusion health' groups fare compared with people overall, where there is local evidence that indicates the need to do so.
EDS Grade 2014 /15	DEVELOPING
EDS Grade 2015 /16	DEVELOPING
Reasons for Rating	OUTCOME: The Trust takes complaints about services very seriously and has good processes for considering and responding to them. The Trust has information to demonstrate how effectively it responds to complaints by patients and carers and does analyse information by some, but not yet all 9 protected characteristics.
	MAINSTREAM PROCESSES: The Trust seeks to achieve improvements in handling patient and carer complaints about its services using mainstream processes through its Patient Services/Patient Experience Department. The Trust is compliant with Outcome 17 of the CQC review of compliance.
Key Gaps	PATIENT EQUALITY MONITORING DATA Equality monitoring of religion, sexual orientation; transgender; disability, and marriage and civil partnership within complaints analysis.
Plans to Address Key Gaps	During 2015 the Trust Head of Equality & Diversity engaged internal and external key stakeholders to review equality monitoring of sexual orientation; transgender; disability and marriage & civil partnership within hospital activity. A further consultation will be undertaken in 2016 to inform the review of method of collecting data via patient equality monitoring form and setting up equality monitoring pilots with timelines ((encompassing all 9 protected characteristics).

	<p>Proposal for equality data collection, including resource requirements and actions will be incorporated within EDS2 Action Plan 2016/17 (currently being developed).</p> <p>Goal:</p> <ul style="list-style-type: none"> • Once equality data is collated and recorded within hospital activity, data can be extracted and incorporated within activity analysis to identify any visible trends which require further investigation. • The Trust will work in collaboration with Clinical Commissioning Groups, Birmingham, Solihull and Sutton Coldfield Councils and other local providers to share equality data and jointly promote and challenge inequalities.
<p>Examples of Equality Progress - Complaints handled respectfully & efficiently</p>	<p>During 2015 the Patient Services/PALS Team in conjunction with Faculty of Education delivered training to Trust staff and volunteers to raise awareness and promote understanding of how to access and positively use concerns, complaints and compliments process to engage the Trust staff and services to address individual needs and improve experiences.</p> <p>The Patient Services department updated and recirculated the Patient information Leaflet re: compliments, comments, suggestions or reporting concern form includes age, gender, sexual orientation, race, religion/beliefs and disability for equality monitoring. The leaflet is available in all wards and departments for patients, carers and families. The feedback, suggestions and concerns are analysed, trends identified, reported and used to inform local improvement plans.</p> <p>BREAVEMENT FOLLOW UP SERVICE</p> <p>The bereavement follow up service is offered to all families when collecting death certification paperwork from HEFT bereavement services. Working in partnership with Cruse Bereavement Care, families are offered the service which comprises of one initial telephone call with the facility for subsequent calls as is felt necessary. The suggested time for the call is between four and six weeks following the patient's death. Many people are unable to anticipate how they will feel emotionally at this time; therefore the call offers a "safety net" of support. A transparent service which enables families to discuss any issues and concerns which may lead to positive</p>

and negative feedback to the Trust.

The bereavement follow up service process ensures:

- Transparency and governance: through discussion with an external party regarding hospital issues and experiences
- Community engagement through partnerships and working relationships with external services and agencies
- Families feel cared for and listened to- less likely for grievances to turn into formal complaints.
- Learning through complaints which are escalated appropriately when issues are identified and expressed by family members
- Compliments received regarding aspects of care are fed back to the appropriate service areas and staff

BIRTH AFTERTHOUGHTS

The 'Birth Afterthoughts' (BAF) service has been developed and implemented by the Trust Midwifery team. This service provides an opportunity to women to ask questions about any aspect of the care that was provided to them during their stay in hospital. For example, procedures, neonatal resuscitation or how much blood they lost etc. From Jan 2016 – April 2016 a total of 21 dedicated birth afterthoughts (BAF) sessions have taken place. Many of these sessions have been held in the woman's home address. The reason for offering the sessions in a woman's home is to alleviate any chance of the woman/family feeling distressed in the hospital environment and evoking negative feelings for them. The individual session allowed the woman to seek clarification in an open and honest forum with all her pregnancy and birth records available for review.






The main issues identified through Birth Afterthought sessions are:

- Lack of communication
- Wanting to know why certain decisions were made
- Concerns for the next pregnancy
- Lack/poor care

	<p>The issues identified relating to poor practice or clinical issues are investigated independently of the session through standard Trust process.</p> <p>In addition to 21 dedicated 'Birth Afterthoughts'(BAF) session held, a further 6 sessions were booked in May 2016. Research shows that women who access 'Birth Afterthoughts (BAF) sessions cope better in subsequent pregnancies and are able to move on with life. BAF has also been shown to reduce complaints.</p> <p><u>LEARNING FROM COMPLAINTS</u></p> <p>The midwifery service is committed to learn from patient experience of their services and to work together with the service users to improve patient experience. As a result, a staff training package has been developed from the main issues and key themes identified through complaints. The training is targeted to multidisciplinary audience at all levels and covers following key topics:</p> <ul style="list-style-type: none"> • Record keeping • Communication • Leadership • Meeting patient expectations • Understanding the complaints process <p>The training is a 4 hours session and there will an update session on mandatory midwifery training.</p>
	<p>EVIDENCE</p>
<p>Policies / Procedures</p>	<p>The Trust has recently ratified a new Complaints and Concerns Policy and Procedure. Details of how to complain / raise concerns are also clearly specified on the Trust Website and via Patient Information leaflet 'Tell us what you think about our services ' is available in all wards and departments. All material involved in all complaints is handled confidentially. Patients and carers are informed of their entitlement to refer complaints and concerns to other external bodies if they feel they have not been fairly heard or dealt with. All policies are equality impact assessed across all 9 protected groups.</p>

	<p>Patients can raise their concerns in a number of ways. By: e-mail; on-line; in person; in writing and via telephone or accessing Patient Opinion or NHS Choices - Sharing their experiences (both good and bad). Patients and carers can share their stories anonymously in order to improve health services in the future. These comments are recorded externally by 'Patient Opinion' and NHS Choices and then sent on to the Trust. The Trust responds accordingly and makes the necessary changes of improvement where applicable. Comment cards are available on all wards and departments</p> <p>The Trust's Policy on handling concerns, complaints, comments and compliments continues to hold the patient at the centre of the process and follows the Parliamentary and Health Service Ombudsman's six principles for good complaint handling. The Trust is never complacent and is constantly looking how to improve the process. The new guidelines for complainants issued by the PHSO 'My expectations for raising concerns and complaints' will also be used in conjunction with the information provided on how to raise a complaint.</p>
Patient Information	<p>The Trust is committed to making its complaints procedure as easily accessible as possible for everyone. Complaints information and correspondence can be translated into any language as necessary, as well as other formats, such as audio, large print and braille. Written statements will also be taken by Patient Services Staff. The Trust has access to interpreting services in all languages including British Sign Language if required.</p> <p>The Trust Patient Services team also provides accessible complaints information to LD patients and carers.</p>
Engagement	<p>Below summary of all engagement in relation to inclusion and diversity (encompassing access) during the last 12 months</p> <p>The Trust's Head of Patient Services & Engagement and the Head Nurse for Patient Experience attended 18 Patient Community Panels meetings in 2015, at the three Trust hospital sites, to engage and ascertain views of the panels about hospital services. Feedback is provided to the Trust committees and service areas to address areas of concerns. This forum provides an opportunity for collaboration between the Trust, patients, carers and the local communities to facilitate working together to enhance patient experience across all Hospital sites and within Solihull community. It provides a forum that facilitates engagement and open communication to support, maintain and develop the delivery of high quality, patient focused care across the Trust.</p> <p>A plan is in place to increase Friends and Family Test compliance and score. Work continues in collaboration</p>

	<p>with the CGG, Patient Community Panels and Divisional teams. Further immediate plans are to introduce dementia boxes, a learning disability toolkit and increased use of volunteers to support</p> <p>Following are examples of the work undertaken within the Trust hospitals to improve patient experience .The details were provided in the Patient Experience Report to Clinical Commissioning Group on a quarterly basis in 2015</p> <p>Noise at night</p> <ul style="list-style-type: none"> • Good Hope - Noise at night concerns are currently being reviewed. Quality reviews are in place for all wards at Good Hope. Out of all the wards there are 3 remaining to be reviewed. • Solihull – A Task and Finish Group set up at Solihull chaired by the Associate Head Nurse to look at issues raised and solutions for those issues. A further meeting is scheduled for March 2016. • A review of ward waking [of patients] times was undertaken. Some wards were non-compliant with requirements. All ward supervisory ward sisters have had a 1 to 1 meeting with the Head Nurse to establish expectation of patients waking times and how care should be delivered early in the morning. This will be monitored by Associate Head Nurses and Matrons. <p>Information re discharge home</p> <ul style="list-style-type: none"> • Good Hope – The Out of Hospital Manager for Good Hope is reviewing discharge plans and all discharges that are below normal standard are reported to the Head Nurse to investigate and formulate a response. These are in turn used for team meetings and lessons learnt. • Solihull – Re-issuing of discharge home leaflets at Solihull – this is completed and on-going in conjunction with the bed utilisation policy. • Heartlands – Planned re-launch of discharge expectation letters so this can be followed via the discharge and transfer of care policy.
<p>Equality Monitoring</p>	<p>All policies and changes across services are Equality Impact Assessed across all 9 protected characteristics and monitored by the Trust’s Head of Equality and Diversity (Services)</p>

	<p>Annual Inclusion and Diversity Service Monitoring Report</p> <p>The Trust produces an Equality and Diversity Monitoring Report on an annual basis. This outlines the progress the Trust has made in the key areas of Inclusion and diversity activity in service delivery over the last 12 months. Based on available data, this report provides a summary of service user activity across the Trust by ethnicity, gender, religion and age and the previous financial years. Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity. Please see below a copy of the Trust's Annual Inclusion and Diversity Service Monitoring Report 2015/2016</p> <p> Public Sector Equality Duty Equality & Diver:</p> <p>A copy of the Trust's Complaints report for the last two quarters during 2015 and a copy of the Trust's new Complaints and Concerns Policy and Procedure are given below</p> <p>  Board FFT update Apr v2 16.docx  CCG Report Nov for Oct and Q2 data.doc  CCG report February 2016 (Q3 data Oct to  Complaints and Concerns Policy and F </p>
<p>National Patient Surveys</p>	<p>IN-PATIENT SURVEY 2015 (Picker)</p> <p>The question 'if the patient wanted to complain about the care they received in hospital' was removed from the In-Patient Survey 2014 – therefore a local and national comparative score is unable to be measured this year.</p>

