

# Equality and Diversity Report and Objectives

## 2016-17

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## **1. INTRODUCTION**

### **1.1 The Equality Delivery System**

NHS England's EDS2 prompts the partnership working that has been developed with patients, members of the public and NHS staff to enable us to continually review our equality performance and identify actions and initiatives that can be prioritised for the future. There are four Goals within EDS2, which relate to 18 Outcomes, found below.

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

All NHS Trusts are required to measure EDS2 progress through a series of inter-related steps, such as governance arrangements and leadership commitment. We have in place clearly identified local stakeholders and roles within the local authority which help us to ensure inclusivity within the mainstream business.

This Report enables us to share our examination of equality within the Outcomes across the 9 protected characteristics outlined by the Equality Act: age; disability; gender reassignment; marriage/ civil partnership; pregnancy/ maternity; race; religion/ belief; sex; and sexual orientation.

### **1.2 About this Document**

This document recognises some key improvements made against the objectives set for the year April 2015 to March 2016, and outlines the objectives prioritised for this year (2016-17).

Representatives from the Trusts Equality & Diversity team attend regular Equality Meetings led by the Somerset Clinical Commissioning Group (CCG) and the Trust is able to keep up to date with partners working within other agencies across the region. Other groups attended include Somerset Council's "Gypsy & Traveller Forum" (on which 'health' is a regular agenda item and attendance is shared with the CCG) and SEAG (Somerset Engagement Action Group).

## 2 Our performance against EDS Outcomes

This table indicates the grade that was decided after reviewing the evidence for each outcome.

| Goal                      | Outcome   | New Grade 2015-14 | Comments on assigned grade   |
|---------------------------|---|-------------------|--|
| 1. Better health outcomes | 1.1 Services are commissioned, procured and designed to meet the health needs of local communities. | Not applicable    | As a local Trust we provide services that have been procured by the local commissioning group. On occasion however we do look at other services that we may wish to provide and arrange procurement of them.   |
|                           | 1.2 Individual peoples' health needs are assessed and met in appropriate and effective ways         | Achieving         | <p><b>Research</b> is a recognised way of measuring service quality, and the Trust is very successful in recruiting patients into appropriate research studies. By being involved in such studies we can achieve evidence based improvements to care and also improved patient experience.</p> <p>The <b>Complex Care Hub</b> (formerly Symphony Hub) is part of the national Vanguard work stream being delivered at Yeovil District Hospital NHS Foundation Trust. The Hub has been designed to provide a co-ordinated and integrated approach to the management of patients with complex health needs. Patients with multiple (3 or more) long term conditions or frequent hospital inpatient admissions can be referred through Primary or Acute care to be considered for inclusion to the Hub. This joined up approach to patient care from the Hub is leading to a reduction in secondary care admissions and an increase in self-management and patient satisfaction.</p> <p>An additional work stream from the Trust's Vanguard status is the setting up of a new, Primary Care operating company called Symphony Healthcare Services (SHS). Whilst the company is a subsidiary of Yeovil Hospital and monitored by the Hospital's Trust Board, it will be managed and operated independently by a separate senior management team. Primary Care Practices from South Somerset have been invited to integrate with SHS and currently three local practices have done so – Yeovil Walk-in-Centre, Buttercross Surgery and Ilchester Surgery. There are imminent plans for further South Somerset practices to integrate within the next few months. All Practices that are fully integrated into SHS will benefit from economies of scale and a larger back of house infrastructure which will ensure value for money in the future. Examples of support services which can be accessed include IT, Facilities, Human Resources and Finance functions.</p> <p>Clustering primary care practices in such a way gives the opportunity to scale up service provision and provide a much more flexible use of the current workforce. The development of new models of care within SHS will enable better pathways for the patient, increased access, the potential to reduce demand for secondary care and will enable care to be provided locally in the community.</p> |

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|  | <p>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> | <p>Developing</p> | <p>TrakCare is an Electronic Health Record (EHR) implemented to support care to our patients. It will replace many of our existing systems, for example Patient Administration System (PAS and SwiftPlus); Maternity (Stork); Emergency Dept (Symphony); Pharmacy; Order Comms (Indigo4) and Scheduling for AHP's (SADIE). TrakCare will link to existing systems such as Radiology &amp; PAC's (Carestream) and Cancer systems (MOSAIQ and Somerset Cancer Register).</p> <p>Implementation is split into carefully scheduled phases:</p> <ul style="list-style-type: none"> <li>• Phase 1: replacing PAS, Maternity, ED, Pharmacy stock control and introducing Theatre stock control (Winter 2015)</li> <li>• Phase 2: Clinical Decision support, e-prescribing and medicines administration as well as e-documentation for assessments, careplans and clinical workflows to support clinicians delivering improved safety and patient care. Phase 2 will also give us the opportunity to set up workflows and advance alerts for helping us to prioritise (Spring 2016).</li> </ul> <p>New processes will be tested over the following months with staff training planned on the use of the system.</p> <p>The Pharmacy department are working with the SW AHSN and Somerset LPC on a pilot scheme for referring patients to community pharmacies. This pilot commenced in March 2016 and is ongoing.</p> |
|  |  | <p>Developing</p> | <p>Complex Care Hub (as outlined in 1.2) 'Patient knows best' electronic care plan is used: includes medication information with regular pharmacy reviews, escalation plans, SWAST (and other agency input) and out of hours information. This system is accessible by all services involved, with the patient maintaining ownership, allowing them to grant permission to their relatives as they wish.</p> <p>Active links are in place with enhanced recovery and primary care, with GPs and the care team using a Symphony scale of concern (1-10), e.g. 10-7 used by YDH to ascertain level of contact required (10 = daily contact; 9 = 3x weekly; 8 = 2x weekly; 7 = fortnightly) and 6-4 used by GPs.</p> <p>A Dashboard system is also utilised to review care requirements with other specialties, e.g. OT/Physio, and assess the amount of time spent with these areas.</p> <p>COPD winter checklists are completed and shared with GPs to ensure that medical reviews are undertaken.</p>   |
|  | <p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p>    | <p>Developing</p> | <p>We do not feel that we can be 100% clear of any likelihood or potential mistreatment or abuse so 'achieving' would be unrealistic. Whilst we strive to ensure we provide the safest possible place in which to receive healthcare, a constantly changing service user offers no guarantee. To some extent we can control the actions of our staff, but we cannot guarantee the actions of our patients and visitors, although ensuring measures are place to help to minimise potential challenges.</p>  |

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|   |  |                | The Trust's Safer Medicines Group continues to lead on 4 medication related issues - anticoagulation; missed doses; medicines reconciliation; and high risk medicines - and is responsible for implementing changes to the prescribing, administration and handling of medicines within the Trust in order to minimise risk and to improve patient safety.  |
|   | 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities                   | Not applicable | As a local Acute Trust we do not manage screening, vaccination or other health promotion services, (only flu vaccinations to staff)   |
| 2. Improved patient access and experience | 2.1 Patients, carers and communities can readily access hospital and should not be denied access on unreasonable grounds | Developing     | The Acute Trust cannot account for community health or primary care services. The PAS system does record some of the protected characteristics but information relating to access, denied or otherwise, is not recorded.  |
|   | 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care                 | Achieving      | The Trust use care planning to inform patients, careers and Trust staff of the choices made by patients and the specific needs they have.<br><br>During admission, where appropriate, patients discuss their requirements and are encouraged to ask questions about all aspects of their care that enables staff to deliver care in a way that supports both their health and well-being  |
|   |  | Developing     | Within Complex Care Hub (as outlined at 1.2 and 1.3), patients set their own goals with their care co-ordinator, and are issued with a wristband (including Hub contact details) to identify them as part of a Hub (patient notes contact a Hub bookmark). Regular "huddles" are held to ensure correct care is being administered and the patient has ownership of their own plan on the "Patient Knows Best" system which also allows them to grant access to their relatives as necessary. |
|   |  | Achieving      | Mysurgery app – implemented in 2015 - helps patients coming into the Hospital gain the best possible outcome from their surgery by telling them how they can prepare for surgery in a step-by-step, simple, jargon-free way. Whether they're a prospective patient, relative or carer, they can use the app to find out what to expect from their care, the information they need to provide, useful questions to ask and any warning signs to look out for.                                  |
|   | 2.3 People report positive experiences of the NHS  | Achieving      | A large number of compliments are received every month and are recorded by the Patient Experience team. Those received in writing or by email are always acknowledged and responded to in a timely way. Compliments are forwarded to the staff involved and reported in the Trust's weekly "ConectBriefing". Patients can also compliment a team or individual directly.  |

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|  | 2.4 People's complaints about services are handled respectfully and efficiently   | Developing | The Trust's complaints policy is based on national guidance from the DoH. All formal complaints (verbal, email or written), whether raised directly from a patient or on their behalf, are registered and fully investigated by the Trust and all complainants are contacted by telephone at the earliest opportunity and thanked for their feedback. Complaints are administered through the Patient Experience team who adhere to guidelines on the completion of investigations and final response to the complainant. Approximately 10 meetings take place each month with relatives or patients who have raised concerns via the PALS service or complaints process. Senior staff within the Trust are very committed to this process.   |
| 3. A representative and supported workforce<br><i>2013: Empowered Engaged and well supported staff</i> | 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels  | Achieving  | A 'new starter' form was implemented in 2015 which enables improved gathering of information which can then be used to help with staff engagement, key to full equality within the organisation.<br><br>In addition, the implementation of new recruitment software (TRAC) in 2016 will enable us to report on ethnicity through each stage of the recruitment process.   |
|  | 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. | Achieving  | Locally we strive to ensure that all staff are paid equally, in accordance with the national NHS' commitment to equal pay.  |
|  | 3.3 Training and development opportunities are taken up and positively evaluated by all staff   | Achieving  | The Trust's Training Academy is dedicated to the design, co-ordination and delivery of training to all staff. Courses are evaluated by the Academy and a recent Training Needs Analysis captured specific requirements (as well as observations) that staff had about the support available to them. This has enabled the Academy to continually review and improve all training provision and delivery throughout the organisation.<br><br>New training initiatives continue to be developed, for example TrakCare, Complex Care Hub, to ensure staff are up to date with new systems and processes within the organisation.   |
|  | 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source  | Developing | Security is monitored by the local security management team who can be called upon at any time to deal with issues or concerns which may arise. A new schedule of in-depth Conflict Resolution training is in place in 2016 (in addition to basic mandatory security awareness sessions) to ensure that all NHS staff receive training in accordance with NHS Protect Standards and Health & Safety guidance.<br><br>Equality Inclusion Clinics continue at intervals throughout the year to enable staff to openly discuss any E&D situations. A new Equality & Diversity email address has been created to provide a confidential method for staff to contact the team, and new members are continually encouraged to join the Trust's E&D Forum.<br><br>Interest is being sought in 2016 with regard to the creation of Staff Networks, so that particular groups have their own voice within the Trust, which in turn will link to the E&D Forum. |

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|                         | 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives                      | Developing   | Working patterns are frequently reviewed to fit around an ever changing workforce and continually evolving services. All Flexible working requests are managed through a clear equitable process by line managers with advice from a HR Business Partner/Advisor. The new E-Rostering system allows for flexible working options to be automatically factored into the rostering system to ensure it is recognised and implemented. Reports can be drawn from the system is required to analyse and review arrangements in place.   |
|                         | 3.6 Staff report positive experience of their membership of the workforce  | Achieving  | <p>An Employee Assistance Programme (EAP) has been implemented, offering specialist information and support to staff on a range of topics, such as counselling (available face-to-face, via phone or online), debt management support, stress intervention support, career guidance service, and also has a comprehensive website with information and guidance. A freephone 24 hour/ 365 day hotline is available to all staff.</p> <p>Staff are also encouraged to attend 'Inclusion Clinics', run throughout the year, at which they can share ideas for E&amp;D, raise concerns or observations that they may have. They can also email the E&amp;D team directly using a new email address, created in March 2016. A local E&amp;D Forum meets on a quarterly basis and comprises staff from all areas of the hospital. Membership is open to all but is entirely voluntary. for the first time at the end of May. Members are invited from all areas.</p> <p>Both the Inclusion Groups and the Forum are mentioned to all new members of staff at the monthly Trust Induction and details are shared throughout the organisation.</p> |
| 4. Inclusive leadership | 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations                               | Achieving  | <p>Board and senior leaders are required to attend E&amp;D training.</p> <p>A 1-day "E&amp;D For Managers" training course took place in February 2016, facilitated by an external E&amp;D Consultant and the Trust's E&amp;D Lead. The programme provided details insight and discussion into relevant HR and E&amp;D legislation to provide managers with an improved understanding of E&amp;D, particularly in areas such as recruitment, supporting of staff, equality impact assessments and the whole patient and visitor experience.</p>   |
|                         | 4.2 Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed. | Achieving  | Reports are provided at intervals to the local Governance Assurance Committee, and to the Quality Assurance Committee.  |
|                         | 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination        | Achieving  | <p>Two new training programmes were implemented in 2015/16: Leadership Development and Management Development. Both programmes support all new and existing line managers at various levels of the organisation.</p> <p>Equality and Diversity training was delivered during March 2016 – this training included sessions run by HR and recruitment on practical equality issues.</p>   |
| Ongoing                 |  | The Trust has an Equality Forum comprising 16 members of staff from across the organisation. The group meets on a quarterly basis and helps to inform the Equality Lead, receives and circulates information and contributes to key documents, including this Report. Membership is voluntary and open to all staff. |   |

### 3 Update on Trust Objectives and Action plan

When the EDS was originally implemented, an action plan was compiled which identified areas for progression following analysis of the key outcomes and the improvements outlined within the document “what we do to achieve the outcomes of the EDS”. This Action Plan specifically included the following areas for improvement:

1. Facilities for our patients who suffer with Dementia.
2. Support all patients who wish to access our services, including interpretation, making a complaint, and PAL's.
3. Patient and staff data to allow us to make more positive changes in the coming years.
4. Equality training for staff and managers to support them in managing equality issues and care for all of our patients.
5. Support for staff about stress and bullying and harassment (in line with the feedback from the staff survey).

These specific areas have been reviewed in line with EDS2 and the information is provided in the table below, along with the Goals into which these objectives fit. Additional objectives have been added to inform continued implementation of EDS principles.

| Overarching EDS Goal          | Specific Objective   | Action / Progress  | Who                            | Completed or completion date |
|-------------------------------|--|--|--------------------------------|------------------------------|
| <b>Better health outcomes</b> | Complex Care Hub   | Symphony Healthcare Services has been launched: this subsidiary of Yeovil Hospital (overseen by its Trust Board but managed externally) has assumed responsibility for three local GP practices: Yeovil Walk-in Centre, Buttercross Surgery, in Somerton, and The Ilchester Surgery and more GP surgeries are anticipated over the coming months. As Symphony Healthcare Services practices, they – and other practices which choose to integrate in the future – will benefit from a larger infrastructure and shared support services such as financial management, IT, HR, and facilities management. | Complex Care Hub Project Group | Ongoing                      |
| <b>Better Health Outcomes</b> | Referral to Pharmacy scheme  | Pharmacy are working with the SW AHSN and Somerset LPC on the pilot which commenced in March 2016. A number of IT and operational difficulties have hindered the impact this new process can currently achieve and some of the lessons learned and future directions are being presented to the SW Chief Pharmacists Conference in May.  | Pharmacy                       | Ongoing                      |
| <b>Better Health Outcomes</b> | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse | The Safer Medicines Group continues to lead on 4 medication related issues: anticoagulation, missed doses, medicines reconciliation and high risk medicines: <ul style="list-style-type: none"> <li>• Policies and procedures relating to anticoagulation are being reviewed across the Trust including a bridging protocol.</li> <li>• A new Warfarin Administration Record has been approved and will be introduced across the Trust very</li> </ul>   | Pharmacy: Safer Medicine Group | Ongoing                      |

| Overarching EDS Goal | Specific Objective | Action / Progress  | Who | Completed or completion date |
|----------------------|--------------------|--|-----|------------------------------|
|                      |                    | <p>shortly. It has been designed to support the safe prescribing and administration of this high risk medicine.</p> <ul style="list-style-type: none"> <li>• Good quality data relating to missed doses is now being collected which has allowed the group to focus on wards and clinical areas where patients are more frequently exposed to missed doses. A missed dose subgroup has been set up to discuss issues relating to missed/omitted doses and training for nursing staff has been arranged.</li> <li>• Medicines reconciliation ensures that medication prescribed on admission to hospital corresponds to those the patient was taking prior to admission and that intentional changes to medication are documented and communicated to patients and GPs on discharge. An enabling protocol for pharmacists is being introduced which will allow restricted medicines to be transcribed on admission if missing from a patient's drug history.</li> <li>• Access to patients' Summary Care Records has significantly improved the process of reconciling medication and this access is to be extended to all areas where there are direct admissions to hospital. Improvements have been made to the discharge summary so there is clear information for patients and their GPs relating to the hospital stay which includes medication changes.</li> <li>• The Safer Medicines Group are working on a High Risk Medicines Policy which will support the early identification of patients taking high risk medicines.</li> <li>• Pharmacy receive a twice daily update identifying patients within the Trust who have been admitted with/developed AKI. This list is disseminated to all pharmacists to help target patients on the wards and to review their medication using the Think Kidneys Medicines Optimisation toolkit. Changes have been made to the e-discharge summary to include details relating to AKI during admission, stage, evidence of medicines review and changes made to medication.</li> <li>• A medicines helpline has been set up by pharmacy and is open between 2pm and 3pm Monday to Friday. This aims to support patients and their carers post-discharge with any medication related enquiries.</li> </ul> |     |                              |

| <b>Overarching EDS Goal</b>                     | <b>Specific Objective</b>   | <b>Action / Progress</b>  | <b>Who</b>   | <b>Completed or completion date</b> |
|---|---|---|--|-------------------------------------|
| <b>Improved Patient access and experience</b>   | Record and understand key patient trends and concerns including patient data, survey results and complaints | The Trust participates in regular national surveys and identifies and implements processes in order to collect data relating to inpatients and outpatients regarding all protected characteristics. This data is recorded on the PAS system and numbers and themes raised via the PALS service and complaints procedure are reported monthly, quarterly and annually in a variety of reports to a number of strategic committees. | Patient Experience   | Ongoing                             |
| <b>Improved Patient access and experience</b>   | Complex Care Hub  | Symphony Healthcare Services has responsibility for three local GP practices which will benefit from a larger infrastructure and shared support services such as financial management, IT, HR, and facilities management.<br><br>Patients within the Hub are managing their care plans at home with support from the Complex Care Hub team.   | Complex Care Hub Project Group   | Ongoing                             |
| <b>A representative and supported workforce</b> | Ensure that training needs are met for staff, particularly those implementing change                        | Recruitment of nurses, including from outside of the UK, is ongoing and a programme of structured training - "Return to Acute Care Environment" - is provided on a bi-monthly basis to ensure adequate support in their transition.   | Pathway Support Programme Manager<br>Human Resources<br>E&D Lead<br>Yeovil Academy | Ongoing                             |
| <b>A representative and supported workforce</b> | Equality & Diversity Initiatives  | Expressions of interest are being sought relating to the creation of "Staff Networks" which could provide staff from a range of characteristic groups with a 'voice' within the organisation. It is acknowledged that staff do not necessarily wish to be identified by a characteristic but if Networks are created, they will be supported by the E&D team and link to the E&D Forum to ensure that the 'voice' is heard.       | E&D Lead   | Developing                          |
| <b>A representative and supported workforce</b> | Improved security provision for staff and patients – zero tolerance   | Local security management is provided throughout the Trust, and regular Conflict Resolution training sessions are scheduled in order to maintain the organisation's zero tolerance policy for staff and patients.   | LSMS   | Ongoing                             |
| <b>Inclusive leadership at all levels</b>       | Review Board papers to ensure E&D principles are incorporated   | Board papers which have a specific E&D impact make reference to it within their content, and risks are identified through the Corporate Risk Register seen by the Board and its committees. Updates are also provided to the Trust's Quality Assurance Committee.   | E&D Lead<br>Company Secretary  | Developing                          |