Humber Foundation Trust NHS - Equality & Diversity - EDS2 Action Plan 2018 – 2019

NHS
Humber Teaching
NHS Foundation Trust

Key:

Excelling	Achieving	Developing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
1. Better Health Outcomes					
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities					
		This year has seen the continuing investment into patient services such as: **Sanctuary for people in emotional distress in St Andrew's Place, St George's Road, Hull**, Assisted by the Trust's Rapid Response Service the new facility provides access to a calm, safe environment and offers support, therapeutic interventions and expert assessment as required **SMASH: Pilot project to improve emotional resilience and mental health of young people:** this project in 10 schools in East Riding has yielded upstanding results, which shows on average young people engaged in the pilot have on average shown improvement in their education, learning and relationships by 35% **£700,000 grant received to improve mental health services at H&ER A&E which will provide a 24/7 mental health liaison service to HEY,** provide a one hour response time to emergency referrals and a 24 hour response to named acute ward. A new urgent care model has been developed for people with mental health needs improving access to assessment and treatment 24 hours a day but also access to a crisis pad in evenings and weekends as an alternative to more formal response. We have increased our number of beds to help people to remain in the local area wherever possible. We have worked with our commissioning partners to plan and implement a pilot scheme in primary care improving accessibility and reducing waiting times for those suspected of having a dementia.	The Trust will continue to work with commissioners to ensure that service specifications can meet the needs of all patients. To continue to ensure that all care pathways are inclusive. Over the next 12 months future Equality and Diversity developments will include service user/carer involvement to assist in the identification of priorities and service planning.	• CQC Action Plan • Adult Mental Health Transformation programme Project Plan • Care Group Quality Improvement Plans • E&D objectives	• Quality and Patient Safety Group • Senior Operational Management Group • Trust Board

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		We have invested significantly to refurbish our inpatient unit for people with dementia to improve way-fairing and promote recovery and well-being.			
1.2 Individual people's health needs are assessed and met in appropriate and effective ways					
		Assessment tools are well developed in relation to individual groups and take into account individual needs within specified care pathways.	To continue to ensure that all care pathways are inclusive. To improve patient and carer involvement in the development of services and pathways.	• CQC Action Plan • Adult Mental Health Transformation programme Project Plan • Care Group Quality Improvement Plans • E&D objectives	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse					
		Safeguarding policies and procedure service specifications CQC Report Annual Safeguarding Report Duty of Candour compliance Freedom to Speak up policy and campaign Safeguarding supervision structures We have had 13 reports made to the Freedom to Speak up Guardian since more formal recording commenced in June 2017. We consider this to be a significant improvement upon the nil return of the previous year as this is viewed as a 'failsafe' for the organisation. When surveyed 44% of 64 people who completed the survey said they felt that they could raise concerns if necessary.	Work continues to promote the raising of concerns by staff. To continue to improve staff training (mandatory) A Freedom to Speak up Guardian and a deputy are now in place one of whom is a safeguarding practitioner. Safeguarding training is above compliance rates trust wide and the	• CQC Action Plan • Staff attitude survey results • Quarterly Quality & safety Report • Quarterly safeguarding reports • Monthly reportable logs • Audit • Safeguarding quality reviews	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board • Safeguarding Forum

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			safeguarding team offer support, supervision, monthly development days and 5 day access to specialist advice during the week for any areas of concern for safeguarding or Mental Capacity Act. The Safeguarding Team have developed a safeguarding allegations against staff policy and are always contacted if there are concerns regarding safeguarding issues and staff members.		
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities					
		Further development of Learning Disability service provision Annual flu campaign Traveller community development Vaccination services Mental health liaison services at HEY SMASH project for young people Recovery college We have worked with our commissioning partners to plan and implement a pilot scheme in primary care improving accessibility and reducing waiting times for those suspected of having a	To continue to work with our commissioners, NHS and 3rd sector providers to raise awareness of mental illness and access to services for hard to reach communities. To improve the	• Care Group Quality Improvement Plans • Staff attitude survey • E&D objectives	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		dementia.	Trust website to include health promotion information. To improve our use of social media to reach all groups.		• Trust Board
2.		**Improved patient access and Experience**			
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					
		The Trust meets its statutory duties under the equalities act for disabled groups however Estates survey under review to further develop equality needs and requirements. Most properties have access and egress and alternative arrangements can be made on an individual basis if particular needs cannot be met. We have invested significantly to refurbish our inpatient unit for people with dementia to improve way-fairing and promote recovery and well-being. Following a review of the Trust's Building Accessibility Audits, last undertaken in 2013, these are to be re-commissioned from April 2018. This will be undertaken on a phased approach, focussing on patient/public accessible buildings in the first instance.	To ensure that our Estates Strategy includes the needs of all groups.	• Estates Strategy • Individual Service Plans	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
for section		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care			
		Examples of good practice for example: "Everyone struggles with different problems and situations, SMASH can deal with them all: said a child who attended SMASH 100% of the sessions but only had 60% attendance at school. Another said "I'm naughty at home but I don't argue with my parents as much and listen better in school" We have implemented family induction meetings to involve carers of people with dementia following admission to Maister Lodge. Patient Survey results. Our inpatient units hold regular community meetings to involve patients in decisions about unit life.	To ensure that our patients and their carers have the opportunity to be involved as they wish to be in decisions about their or a loved one's care.	• CQC Action Plan	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board
1.3		People report positive experience of the NHS			
		Friends & Family Test results 2017/18: 99.3%- score for friendliness/helpfulness. 98.8%- score for 'Were you given enough info?' 98.7%%- score for involvement. The Overall Experience Score for the Quality Health Community Mental Health Team Patient Survey 2017 was 74% (the national benchmark for the upper quartile was 73%). Positive patient experience examples include; the Trust is very good at informing service users of who to contact out of office hours when they have a crisis, the Trust is good at involving service users as much as they wanted in agreeing their care with someone and taking into account their personal circumstances and the Trust is very good at organisation; for those told who is in charge of organising their care and services. **Patient Experience examples:** • A patient or carer story is presented to the Trust Board	The Trust received a rating of 'good from the CQC this year. Although rated as good, the Trust recognises the need to constantly improve the experience of our patients and their carers', therefore this has been embedded into the Quality Improvement Plans to ensure that we	• Patient and Carer Experience Report • CQC • Care Group Quality Improvement Plans • E&D objectives	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Quality Committee • Trust Board

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		every month and at every Council of Governors meeting. • A Patient and Carer Experience forum and network have been established to give patients, service users and carers a voice of their lived experiences to help inform service improvements and learning. The forum provides a catalyst to identify patient, service user and carer interests in order to link them to appropriate Trust staff to support Trust activities. • The Trust is participating in the national Always Events programme, defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system". The Learning Disabilities inpatient team at Townend moved forward with their first • Always Event; "we will always be able to contact people who are important to us 24hrs a day". The second team to participate in the programme is Psypher who attended their launch event of cohort 6 on 1st February 2018.	have various ways for people to report on their experiences. A real time patient and carer experience dashboard will go live in April 2018. Phase one will include qualitative and quantitative FFT data and future phases will include information such as complaints, compliments, staff sickness to enable teams to triangulate patient experience information. The Trust will continue to participate in the Always Events programme and recruit additional teams. The Trust will have a strong presence at the 2018 Hull Pride event and will have a stand.		

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
1.4		People's complaints about services are handled respectfully and efficiently			
		The Complaints and PALS Department records and responds to complaints, concerns, comments and compliments received from all areas of the Trust. The Trust ensures that all potential complainants have the option to have their concerns dealt with informally via the PALS service or formally via the NHS Complaints Procedure. Offering both services through one department allows the Trust to monitor all concerns raised, whether formally or informally, to see if there are any trends and to provide a consistent approach for patients, carers and the public. Chief Executive Officer signs all complaints. The recent CQC inspection report highlighted that "staff met regularly with managers where they discussed the outcome of investigations of complaints and incidents to understand and share good practice, lessons learnt and changes".	We will continue to manage and respond to complaints, concerns, comments and compliments for all our services. To ensure that staff aim to resolve issues as they arise as close to the delivery of the service as possible, however, if a formal complaint is raised, to ensure staff are aware of the importance of a professional, open, honest and informative response to patients and carers when they raise a concern or complaint. To enhance and further roll out a training plan across Care Groups for Investigating Managers to	• Care Group Quality Improvement Plans • Complaints and PALS Policy	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Quality Committee • Trust Board

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			improve complaints investigations. The current Complaints and PALS policy to be reviewed and updated to reflect current practice. The CQC has reported positively about the Trust complaints handling this was also a high scoring area in the national patient surveys.		

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
2.		**A representative and supported workforce**			
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels					
		The trust adheres to the NHS standards for recruitment The trust is a mindful employer and has a renowned positive assets service which supports people with mental health conditions back into employment The Trust is registered with the Disability Confident programme	E&D annual plan, WRES identify areas of where the Trust can take additional positive action to enhance this recruitment process for staff in relation to the Equality Act and Public Sector Duties	• E&D objectives	• Workforce strategy group • Executive Management Team
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					
		There is job evaluation process in place and the Trust has not had any equal pay claims to date. The Trust uses standardised job descriptions where possible which are all processed using the job evaluation process.	E&D annual plan and WRES outlines areas where the Trust can take additional positive action.	• E&D objectives • WRES	• Workforce strategy group • Trust Board • Executive Management Team
3.3 training and development opportunities are taken up and positively evaluated by all staff					
		Staff attitude survey (SAS) reports positively in relation to staff accessing training and development. The Training department reported Number of training places taken up in 2017 – 2018 – 18358- on average 8.5 places per WTE staff member Number of staff completing E&D training in 2017 – 2018 (and shown as % of workforce) 985 out of 2700 staff = 36.48% completed 2017/2018	Additional training sessions provided as need arises based on performance compliance Additional training to be undertaken for new supervisors in line with PADR	• OD action plan • SAS results and action plan • L&D strategy	• Workforce strategy group • Trust Board • Executive Management Team

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		Overall compliance for E&D in 2017 – 2018 – 83.5% (3 year compliance) PADRs are expected to be undertaken on an annual basis as well as regular supervision across the trust and PADR and mandatory training are regularly reported on under the trust performance framework. SAS reports 85% of staff were appraised in the last 12 months although the Trust figure through performance reporting as at 31.03.18 was 81%.	Management development programme being refreshed Leadership strategy with behavioural framework New Trust values Patient group/ diagnosis specific training programmes procured/developed		

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		The Staff Attitude survey shows improvement is needed in relation to bullying and harassment generally. Bullying and Harassment is discussed through the trust PADR processes. Any individual issues or concerns are dealt with as appropriate using Human Resources Department for support.	The Trust is committed to zero tolerance however staff work in some very challenging environments within the Trust. This remains an area for improvement.	• E&D objectives • WRES • SAS results	• Workforce strategy group • Trust Board • Senior Management Team

3.5 flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		Staff attitude survey reports that 54% of staff surveyed were satisfied with the opportunities available for flexible working patterns and 20% expressing dissatisfaction, the remainder were neither satisfied or dissatisfied. Staff are very aware of how to submit flexible working requests (FWR) and wherever possible these are supported. HR support FWR through a supportive policy and practice.	The Trust continues to offer and promote flexible working in the Trust. In addition to this the Trust also supports the retire and return process in order to keep valued and skilled staff.	• SAS results	• Workforce strategy group • Trust Board • Senior Management Team

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
**3.6 Staff report positive experience of their membership of the workforce**
		Staff attitude survey 2017 reports 42.4% of those surveyed would recommend the Trust as a place to work which is a slight decrease from last year's result of 45%.	The Trust continues to go through unprecedented change which has an impact on staff morale. This is an area for improvement for the Trust, but the Trust remains committed to improving the culture of and working environment for its staff. The Trust has a Staff Charter, Staff award scheme and 3 Values (Caring, Learning and Growing) It also has a Personal Responsibility framework and Leadership Development Programme	• OD action plan • SAS results and action plan	• Workforce strategy group • Trust Board • Senior Management Team

Caring, Learning and Growing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
3.		**Inclusive leadership**			
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations					
		The recent CQC inspection report highlighted that the Trust promotes equality and values diversity and this is included within the "healthy organisational culture" pillar of the workforce and organisational development strategy 2017-22.	The Trust Board is committed to providing clear leadership and organisational direction in relation to the Equalities agenda	- E&D objectives - WRES - SAS results - CQC	- Workforce strategy group - Trust Board
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed					
		Equality Impact Assessments are undertaken for strategies, policies, procedures, processes, tenders and service transformations.	This remains the same as in previous years, however as the Trust has identified a need to strengthen this approach and will be focusing on a more robust process in 2018/19 paying particular attention to quality improvements.	- E&D objectives - WRES - SAS results - CQC	- Quality Committee - Trust Board
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination					
		Equality and Diversity training is mandatory but more engagement and positive action needs to be taken	The Trust continues to meet its Public Sector duties and recognises further improvement is required	- E&D objectives - WRES - SAS results - CQC	- Senior Management Team and Executive Management Team - Trust Board

Caring, Learning and Growing