



TRUST EQUALITY DELIVERY SYSTEM (EDS2) REPORT 2019

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EDS2 grading 2019:

GREEN (Achieving)

Introduction

Our approach to the Equality Delivery System 2 (EDS2) in 2019 has focused on patient, service user and carer inclusion. This is because considerable focus for our Diversity and Inclusion development work over recent years has been on workforce inclusion and we wish to ensure that we also review our clinical services and plan for further development in those areas also. For this reason, only the EDS2 outcomes on Goals 1 and 2 have been rated this year.

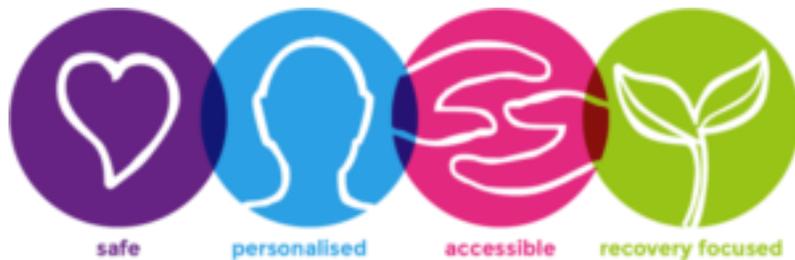
We have also opted to take a key focus on BAME inclusion throughout, while being mindful of other groups and intersectionality also. The reasons for this are that we are aware that, on the whole, our BAME communities are under-represented in our service delivery, and also we are aware that we are only at the beginning of a journey for our workforce to be much more culturally intelligent and more aware, understanding and skilled in managing complex issues of race inclusion and exclusion.

It is noted that the Trust has continued to maintain a strong focus on improving diversity and inclusion, as outlined in our Diversity and Inclusion Annual Report for 2018-19. Much of this has taken a focus on workforce inclusion, with the view that if we get it right for our workforce, then inclusion for our service users will naturally follow. Key good practice examples of Diversity and Inclusion for 18-19 (outlined in our Diversity and Inclusion Annual Report) are summarised on the next page.



Trust Quality Priorities and Trust Values and the EDS2

Our Trust Quality Priorities - Safe, Personalised, Accessible and Recovery-Focused (known as 'SPAR') and our Trust Proud to CARE Values (Compassionate, Approachable, Responsible, Excellent, Compassionate) are closely aligned to delivering on diversity and inclusion as a core part of 'what we do and how we do it'. As an organisation rated 'Outstanding' by the CQC in 2019, we strive to make continuous improvement and to further develop our culture of inclusion.



The Trust performed strongly on Outcomes 1 and 2 in 2018, with 7 of the 8 indicators rated as GREEN (Achieving) and one as AMBER (Developing).

This year we have rated GREEN (Achieving). We recognise that we have more to do to reach people in seldom heard groups in order to gain their feedback and to better understand their experiences of Trust services, or any difficulties that they may face in accessing Trust services before we are in a position to rate any indicators PURPLE (Excelling).



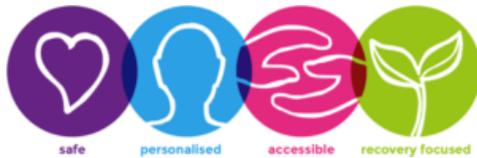
Good Practice in Delivering and Developing Equality, Diversity and Inclusion in 2018-19

Quarter 1, April – June 2018

- We held a 'Listening into Action' session with our Black, Asian and Minority Ethnic (BAME) colleagues to learn more about their experiences working at the Trust. This event would later develop into a major work programme for the Trust to make essential tangible improvements in the experiences of our BAME colleagues.
- The Trust and its Staff Side Representatives were shortlisted and 'Highly Commended' in the Healthcare People Management Association (HPMA) 2018 Awards for our partnership working to develop inclusion across the Trust and beyond. We also proudly supported our Staff Side Chair, Jenny Harvey, when she was made the Stonewall UK North West Role Model of the Year 2018.
- The Trust was well-represented at Stoke Pride and the event was an excellent opportunity to raise awareness of mental health and the work of the Trust in our local communities.

Quarter 2, July – September 2018

- In July 2018, we reviewed and refreshed our Equality Impact Assessment (EIA) approach and held an education session about this for our Trust managers and leaders at the Trust Leadership Academy.
- In August 2018, we also raised awareness across the Trust about BME Advocacy Services specifically for people with Black and Minority Ethnic (BME) ethnicity provided via ASIST Advocacy.
- In early September 2018, we held our Second Symphony for Hidden Voices Inclusion Conference, at which we launched our Staffordshire and Stoke on Trent STP BAME Leadership Programme 'Stepping Up' which would involve almost 100 BAME NHS employees from across the STP over the coming months.
- Cohort One of the Stepping Up programme began later in September 2018
- We launched our 'Staff Nurse Story' video at the Symphony Conference, a video which would have a profound impact on the inclusion approach of the Trust.
- We also held a second 'BAME Listening into Action' session to plan action in response to learning from the session held earlier in May 2018.



Quarter 3, October – December 2018

- In October 2018, we launched our Trust Inclusion Council, led by our Chief Executive and with membership including BAME colleagues who participated in our BAME Listening into Action work. The Inclusion Council would oversee 5 BAME Workplace Race Inclusion projects focussing on:
 1. Improving BAME recruitment and selection
 2. Improving BAME colleague access to education and development
 3. Reducing and preventing racist incidents and responding better to these incidents
 4. Developing a culture of race inclusion
 5. Developing our communications for a more diverse and inclusive organisation
- In November, our two new BAME Inclusion Facilitators commenced in this new role to champion and develop BAME inclusion across the Trust. These one day a week secondment posts were filled internally for a period of 12 months.
- We also held our first Suicide Prevention Conference on behalf of the Staffordshire STP. This event was a huge success and would be the start of an annual event, with a second conference held in October 2019.
- In December 2018, Cohort Two of the Stepping Up programme concluded.
- We also continued to develop the work of our Trans Inclusion Interest Group.

Quarter 4, January – March 2019

- We delivered two Inclusive Recruitment development days for recruiting managers across the Trust (also inviting managers from across STP organisations) in January and in March 2019 to develop understanding about the role of unconscious bias in recruitment and to develop behaviours that consciously worked to minimise the impact of such bias and to create a fairer and more inclusive approach.
- We celebrated LGBT History Month in February, kicking off with an LGBT focussed 'Feel Good Friday' Event for staff, with a range of stalls at the Harplands.
- Cohort 3 of Staffordshire Stepping Up was held over February to March 2019, the biggest cohort of the 3!

The Trust trained approximately 20 senior managers (reverse mentees) and 20 BAME and/or LGBT colleagues (reverse mentors) in Reverse Mentoring leading the way to our Reverse Mentoring pairings being made and a 6-month educational journey commencing from April 2019.



The EDS2 is changing

The Equality Delivery System 2 (EDS2) provides a framework for NHS organisations to ensure that the Public Sector Equality Duty (from the Equality Act 2010) is met. EDS2 is mandatory within the NHS Standard Contract.

EDS2 gradings are determined by answering the question – ‘How well do people from protected groups fare compared with people overall?’

Under-developed	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

EDS3 is anticipated early in 2020, so this is the last time that the Trust will use the EDS2 framework. The EDS3 is designed to be a more objective and data-driven system which will be operated across local health systems (incorporating commissioning and provider services). This will involve much closer partnership working on the EDS with our System Transformation Partnership (STP) colleague organisations.

The focus of EDS3 will be on visible impact and improvement, no merely about having EDS as an agenda item at formal meetings. Services assessed will be responsible for delivering on action generated.

Workforce elements of EDS3 are anticipated to link closely to the existing NHS workforce equality standards (Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)).



EDS2 - At A Glance Overview:

2019 – Service User / Carer Indicators

EDS Grading Key: (**Purple**) Excellent (**Green**) Achieving (**Amber**) Developing (**Red**) Under-developed

		2018	2019
1.0	Outcome One: Better Health Outcomes	GREEN - ACHIEVING	GREEN - ACHIEVING
1.1	○ Services are commissioned, procured, designed and delivered to meet the health needs of the local communities	Green - Achieving	Green - Achieving
1.2	○ Individual people's health needs are assessed and met in appropriate and effective ways	Green - Achieving	Green – Achieving
1.3	○ Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Green - Achieving	Green - Achieving
1.4	○ When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Green - Achieving	Green - Achieving
1.5	○ (wording amended to apply to Trust services) Services reach and benefit all local communities	N/A - Not reviewed	Amber – Developing
2.0	Outcome Two: Improved Patient Access and Experience	GREEN – ACHIEVING	GREEN - ACHIEVING
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	Green - Achieving	Green - Achieving
2.2	○ People are informed and supported to be as involved as they wish to be in decisions about their care	Green - Achieving	Purple - Excelling
2.3	○ People report positive experiences of the NHS	Green - Achieving	Green - Achieving
2.4	○ People's complaints about services are handled respectfully and efficiently	Amber - Developing	Amber – Developing



Consultation with Patients, Service Users and Carers 2019

This year, the Trust has consulted face to face with patients, service users and carers through holding 2 Open Space Events, one in February 2019 and one in November 2019. These sessions have been well attended with approximately 100 attendees at each event (made up of a mix of roughly 50:50 service user/carers to Trust staff). Service User / Carer representation for the purpose of this exercise included representatives of various third sector organisations (eg LifeWorks Staffordshire, Healthwatch Stoke/Staffordshire) and Trust Service User Carer Representatives, as well as other members of the public.

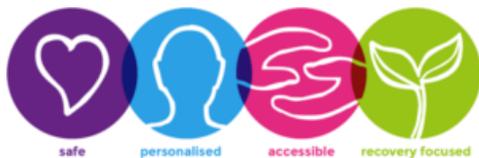
The focus of these Open Space Events has been on:-

- Sharing details of Trust progress in the last year
- Sharing details of innovative practice
- Sharing details of Trust plans
- Providing opportunity to influence and shape the Trust's Priorities for the coming year linked to our SPAR Quality Priorities (Safe, Personalised, Accessible, Recovery Focused) which align closely to the EDS2 standards
- Providing opportunity to provide feedback about the Trust in a public forum
- Additionally, providing opportunity to provide feedback in a confidential written forum

At both events a SPAR / EDS2 survey was issued to service user / carers in attendance. Feedback from these surveys is attached at Appendices 1 and 2 respectively. An Easy Read version of the survey was included in November 2019 in response to feedback received in February 2019.

Supporting Information for the 2019 EDS2

- The outcome of voting at the February and November 2019 events is summarised at Appendix 1.
- Service User and Carer voting on Quality Priorities is summarised at Appendices 2 and 3.
- Feedback received about the November event is summarised at Appendix 4.
- Trust Friends and Family results are summarised at Appendix 5.



Patient, Service User and Carer Experience – Summary

1.0	Outcome One: BETTER HEALTH OUTCOMES	Data Sources	2019 EDS2 Rating	Action for 2019-20
1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of the local communities</p> <ul style="list-style-type: none"> ○ Of 2990 respondents to the Friends & Family Test (FFT) in 2018-19, 65% were extremely likely to recommend the Trust to their loved ones, and a further 26% likely to recommend (ie 91% likely or extremely likely to recommend Trust services) ○ Of the 49 BAME respondents to the FFT 67% were extremely likely and 25% likely to recommend the Trust (ie 91.8% of BAME respondents likely or extremely likely to recommend the Trust). This is in line with the result for white respondents. ○ Both white and BAME respondents were overwhelmingly positive about the care they received from Trust staff, with many thanking the Trust for supporting their recovery. ○ SPAR / EDS2 Survey Feb & Nov 2019: <ul style="list-style-type: none"> ○ 62.5% respondents agreed ○ 16.7% disagreed ○ 20.8% were unsure ○ Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> ○ <i>Have formerly worked on Ward 3 Harplands, which was continually under staffed with up to 29 patients when max for risk management meant to be 22</i> ○ <i>No commissioning for personality disorder, eating disorders or Autism. These people are referred to CMHTS which don't have specialist training to provide effective care</i> 	<p>2018-19 FFT data</p> <p>2018-19 FFT data</p> <p>2018-19 FFT data</p> <p>Feb/Nov 2019 SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p>	<p>Green – Achieving</p>	



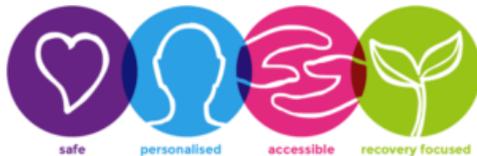
	<ul style="list-style-type: none"> ○ <i>As a service user my needs were met eventually</i> ○ <i>They try</i> ○ <i>People on autistic spectrum let down. Not enough staff understand autism. No funding given to local autism charities</i> ○ Comments received in SPAR / EDS2 Survey Nov 2019:- <ul style="list-style-type: none"> ○ <i>You discriminate against autism, these needs are not met - they are pushed from pillar to post along with their families</i> ○ <i>More service user involvement</i> ○ <i>Understanding health needs before meet needs information from everyone</i> ○ <i>Ethnic minority groups need help as well</i> 	<p>Nov 2019 SPAR / EDS2 survey</p>		
<p>1.2</p>	<p><i>Individual people's health needs are assessed and met in appropriate and effective ways</i></p> <ul style="list-style-type: none"> ○ Of 2990 respondents to the Friends & Family Test (FFT) in 2018-19, 65% were extremely likely to recommend the Trust to their loved ones, and a further 26% likely to recommend (ie 91% likely or extremely likely to recommend Trust services) ○ Of the 49 BAME respondents to the FFT 67% were extremely likely and 25% likely to recommend the Trust (ie 91.8% of BAME respondents likely or extremely likely to recommend the Trust). This is in line with the result for white respondents. ○ Both white and BAME respondents were overwhelmingly positive about the care they received from Trust staff, with many thanking the Trust for supporting their recovery. ○ SPAR / EDS2 Survey Feb & Nov 2019: <ul style="list-style-type: none"> ○ 65.2% respondents agreed ○ 13.0% disagreed 	<p>2018-19 FFT data</p> <p>2018-19 FFT data</p> <p>2018-19 FFT data</p> <p>Feb/Nov 2019 SPAR /</p>	<p>Green - Achieving</p>	



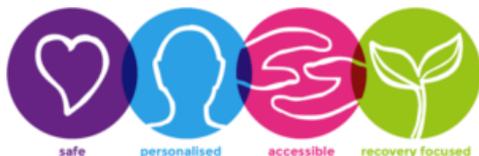
	<ul style="list-style-type: none"> ○ 21.7% were unsure ○ Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> ○ <i>Improvements still needed</i> ○ <i>Where possible</i> ○ <i>Not if you are an autistic spectrum where services are not appropriate for the person</i> ○ Comments received in SPAR / EDS2 Survey Nov 2019:- <ul style="list-style-type: none"> ○ <i>Sometimes, yes</i> ○ <i>Within NHS day services yes - but within statutory services like Greenfields it is not easy in assessment or getting to assessment phase</i> ○ <i>because paper centred, LD get missed</i> ○ <i>Cannot get assessment. Too much "sign-posting" to other services who send you back to where you started.</i> ○ <i>I was very lucky</i> 	<p>EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p> <p>Nov 2019 SPAR / EDS2 survey</p>		
1.3	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <ul style="list-style-type: none"> ○ SPAR / EDS2 Survey Feb & Nov 2019: <ul style="list-style-type: none"> ○ 37.5% respondents agreed ○ 16.7% disagreed ○ 45.8% were unsure ○ Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> ○ <i>There is often a 'gap' between discharge from NSCHT to other services</i> ○ <i>Still inconsistencies moving on to services particularly Adult to Older Peoples services</i> ○ <i>When referring on to CMHT's service users are on long waiting lists to be allocated workers</i> ○ <i>Could be improved</i> 	<p>Feb/Nov 2019 SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p>	<p>Green - Achieving</p>	



	<ul style="list-style-type: none"> ○ <i>It's all or nothing - it should be personalised, but it still feels you have to fit in the box</i> ○ Comments received in SPAR / EDS2 Survey Nov 2019:- <ul style="list-style-type: none"> ○ <i>You have to get a service to begin with</i> ○ <i>All messages are not transmitted</i> ○ <i>I think the transition for example from a ward or home treatment to outside support needs more</i> ○ <i>Funding and transport</i> ○ <i>No preparation for transition once 16 - "Drop off edge of cliff"</i> ○ <i>Depends on the staff member involved</i> 	<p>Nov 2019 SPAR / EDS2 survey</p>		
<p>1.4</p>	<p><i>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</i></p> <ul style="list-style-type: none"> ○ SPAR / EDS2 Survey Feb 2019: <ul style="list-style-type: none"> ○ 54.2% respondents agreed ○ 12.5% disagreed ○ 33.3% were unsure ○ Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> ○ <i>Not always</i> ○ <i>Treating someone with autism like other mental issues will not help and can cause harm</i> ○ Comments received in SPAR / EDS2 Survey Nov 2019:- <ul style="list-style-type: none"> ○ <i>You don't understand autism which can lead to suicide</i> ○ <i>I think this can happen but the best interests are always made</i> ○ <i>Everyone makes mistakes</i> ○ <i>No services</i> ○ <i>Failure to provide appropriate services, arguably is "abuse"</i> 	<p>Feb/Nov 2019 SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p> <p>Nov 2019 SPAR / EDS2 survey</p>	<p>Green - Achieving</p>	



<p>1.5</p>	<p>Indicator amended to:- <i>I believe that, at NSCHT, services reach and benefit all local communities</i></p> <ul style="list-style-type: none"> ○ SPAR / EDS2 Survey Feb/Nov 2019: <ul style="list-style-type: none"> ○ 36.0% respondents agreed ○ 24.0% disagreed ○ 36.0% were unsure ○ Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> ○ <i>Not All</i> ○ <i>Still some work to be done on this. Some services are not the same in all areas</i> ○ <i>hard to reach are "just that"</i> ○ <i>Some do, others are lacking</i> ○ Comments received in SPAR / EDS2 Survey Nov 2019:- <ul style="list-style-type: none"> ○ <i>Gaps need addressing</i> ○ <i>NHS Day Services are amazing in doing this</i> ○ <i>Not everyone knows what they need to</i> ○ <i>Isolation is common. GP's don't have resources to provide appointments "10 minute slots"</i> ● It is recognised that the Trust has further work to do to reach and meet the needs of people in a number of vulnerable or minority groups, including our BAME populations, the homeless, travelling community, European community and other groups. ● Excellent work has been developed by the Trust in recent years to improve physical healthcare for people with learning disabilities, through the work of our Health Facilitation Team working at UHMM, and for people with mental health conditions, through the Mental Health Liaison Team working at UHNM, also with our Ward 4 physical health ward at Harplands. These programmes form part of our local plan to support our wider healthcare system. 	<p>Feb/Nov 2019 SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p> <p>Nov 2019 SPAR / EDS2 survey</p>	<p>Amber - Developing</p>	<p>ACTION for 2020 and beyond: Develop work to better reach our vulnerable and minority group communities, including our BAME communities, the homeless, travelling community, European community and others.</p>
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safe personalised accessible recovery focused

Overall Rating	Outcome One: Better Health Outcomes		GREEN – ACHIEVING	
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2	Outcome Two: IMPROVED PATIENT ACCESS AND EXPERIENCE	Data Sources	2019 EDS2 Rating	Action for 2019-20
2.1	<p><i>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</i></p> <ul style="list-style-type: none"> - 2018-19 FFT contained no evidence of anyone being inappropriately denied access to Trust services - In both February and Novmeber 2019, there were a number of comments with regard to lack of access to services for people with Asperger's / Autism within the Trust. It is recognised that this is an issue as there is currently no commissioned service for Aspergers / autism. The Trust will take this up with commissioners. - SPAR / EDS2 Survey Feb & Nov 2019: <ul style="list-style-type: none"> o 54.2% believed that, at NSCHT, people, carers and communities can readily access Trust services o 20.8% disagreed o 25.0% were unsure - Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> o <i>Again, some work needs to be done as services are different in Newcastle and Stoke</i> o <i>Improving</i> o <i>I have had a good experience</i> o <i>Only if you are supported by a good GP who knows what's out there</i> 	<p>FFT 2018-19</p> <p>FFT 2018-19</p> <p>Feb/Nov 2019 SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p>	<p>Green-Achieving</p>	<p>The Trust will raise the level of concern expressed about the lack of services for people assessed as having Asperger's / autism with commissioners.</p>



	<p>- Comments received in SPAR / EDS2 Survey Nov 2019:-</p> <ul style="list-style-type: none"> ○ <i>People with autism will be told we are not commissioned for autism. People with autism have mental health needs too</i> ○ <i>At most times but not always</i> ○ <i>But again systems like GP's are not always easy - especially regarding mental health</i> ○ <i>Help people there</i> ○ <i>Depends on beds</i> ○ <i>Cannot get diagnosis. Stopping medications when transferring to other services under combined services. G.P.'s are looking at budgets and cutting meds.</i> 	<p>Nov 2019 SPAR / EDS2 survey</p>		
<p>2.2</p>	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <p>SPAR / EDS2 Survey Feb 2019:</p> <ul style="list-style-type: none"> ○ 73.9% believed that, at NSCHT, people are informed and supported to be as involved as they wish to be in decisions about their care ○ 8.7% disagreed ○ 17.4% were unsure <p>- Comments received in SPAR / EDS2 Survey Feb 2019:-</p> <ul style="list-style-type: none"> ○ <i>When mentally capable, yes</i> ○ <i>There are some people who have had care plans drawn up without being involved which shouldn't happen</i> ○ <i>working towards more inclusivity</i> ○ <i>Depending on their care worker</i> ○ <i>No group work</i> ○ <i>Better access to Direct Payments for personal assistants to get into community</i> <p>- Comments received in SPAR / EDS2 Survey Nov 2019:-</p> <ul style="list-style-type: none"> ○ <i>You need to understand the condition without training or employing someone who understands autism</i> 		<p>Purple - Excelling</p>	



	<ul style="list-style-type: none"> ○ Explanations are not good ○ Care Plans - Medical Model not the whole person ○ I would like to think they are and 100% should be ○ Help people that need help ○ Tricky to get everything right <p>Lack of communication between services means people/young "fall through the net" carers/patients are "told" not partnership if you question then "black listed". Services need to change!</p>			
2.3	<p>People report positive experiences of the NHS</p> <ul style="list-style-type: none"> ○ Of 2990 respondents to the Friends & Family Test (FFT) in 2018-19, 65% were extremely likely to recommend the Trust to their loved ones, and a further 26% likely to recommend (ie 91% likely or extremely likely to recommend Trust services) ○ Of the 49 BAME respondents to the FFT 67% were extremely likely and 25% likely to recommend the Trust (ie 91.8% of BAME respondents likely or extremely likely to recommend the Trust). This is in line with the result for white respondents. ○ Both white and BAME respondents were overwhelmingly positive about the care they received from Trust staff, with many thanking the Trust for supporting their recovery. ○ Of the 25 respondents to the February and November 2019 SPAR / EDS surveys, three identified that they were LGBT+. These individual were overwhelmingly positive in their responses to the survey. <p>SPAR / EDS2 Survey Feb & Nov 2019:</p> <ul style="list-style-type: none"> ○ 65.2% stated that their experiences of the Trust were generally positive 	<p>2018-19 FFT data</p> <p>2018-19 FFT data</p> <p>2018-19 FFT data</p> <p>Feb/Nov 2019 SPAR / EDS2 survey</p> <p>Feb/Nov 2019</p>	<p>Green - Achieving</p>	



	<ul style="list-style-type: none"> ○ 17.4% disagreed ○ 17.4% were unsure <p>- Comments received in SPAR / EDS2 Survey Feb 2019:-</p> <ul style="list-style-type: none"> ○ <i>Generally!</i> ○ <i>Fighting for support for my son with Asperger's and OCD (MH issues)</i> <p>- Comments received in SPAR / EDS2 Survey Nov 2019:-</p> <ul style="list-style-type: none"> ○ <i>I have complained re lack of services over 10 years and although there is a diagnostic autism service there are no follow-up services</i> ○ <i>They are getting better – today's event was good</i> 	<p>SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p> <p>Nov 2019 SPAR / EDS2 survey</p>		
2.4	<p>People's complaints about services are handled respectfully and efficiently</p> <p>The Chief Executive is the Responsible Officer for formal complaints. The Complaints Manager is responsible for the day to day management of formal complaints.</p> <p>In the last 12 months there have been 43 formal complaints of which 47% were completed within the 40 working day timescale.</p> <p>There were 274 PALS contacts which were related to access and waiting times, safe, high quality co-ordinated care access and waiting times, and information and choices.</p> <p>Learning from complaints is initially disseminated to the directorate and teams involved in the complaint. The IO formulates the draft action plan to ensure that any recommendations are allocated appropriately and timescales agreed. The learning to the wider organisation is shared via our "Learning Lessons" programme. Lessons learned are also incorporated into the Listening, Responding</p>	<p>Trust Complaints data 2018-19</p>	<p>AMBER – developing</p>	



<p>and Improving training, which is delivered by the Patient Experience Team. The Patient Experience Team delivers bespoke training on handling complaints.</p> <p>Themes from complaints during 2018/19 included care planning and the attitude of staff. In response to this the following changes have been made:</p> <ul style="list-style-type: none"> • Monthly audits (via the inpatient safety matrix and the care-planning and risk assessment community audit) have demonstrated improvements. The next step will be including care-planning within the work we are taking forward regarding person-centredness. • To respond to the theme relating to staff attitudes the patient experience team has carried out bespoke training with teams. Complaints information sheets, detailing the spoken words/attitudes of staff who have been reported in complaints, are also shared during the 'Listening, Responding and Improving' training and 'Learning Lessons' sessions. <p>We have been made aware of three complaints being referred to the PHSO in the past 12 months. Following initial review by PHSO it was decided not to proceed with any of the complaints.</p> <ul style="list-style-type: none"> - SPAR / EDS2 Survey Feb & Nov 2019: <ul style="list-style-type: none"> ○ 56.5% stated that they believed that people's complaints about services are handled respectfully and efficiently at NSCHT ○ 21.7% disagreed ○ 21.7% were unsure - Comments received in SPAR / EDS2 Survey Feb 2019:- <ul style="list-style-type: none"> ○ <i>Don't know</i> ○ <i>No experience of this</i> ○ <i>I wrote a complaint in March 18, had response Dec 18!!</i> 	<p>Feb 2019 SPAR / EDS2 survey</p> <p>Feb 2019 SPAR / EDS2 survey</p>		
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	<p>- Comments received in SPAR / EDS2 Survey Nov 2019:-</p> <ul style="list-style-type: none"> ○ <i>Complaints escalated but still not resolved. MP's argue still not changed.</i> 	Nov 2019 SPAR / EDS2 survey		
Overall Rating	<p>Outcome Two: IMPROVED PATIENT ACCESS AND EXPERIENCE</p>		<p>GREEN – ACHIEVING</p>	

Other feedback provided via Feb 2019 survey

- *'Lifeworks Staffordshire (01782 615222), 12 Merrial St, Newcastle, is a local charity that helps people on the autistic spectrum (14+). We support over 500 clients and their families in any way they need ie diagnosis, benefits, housing, work, strategies, groups, accessing, services, we do not have ANY core funding from the NHS or council but are regularly contacted by GP's, services, job centre, DWP, for information and how a person on the spectrum can access what we do.'*
- Feedback on specific groups, comments left:-
 - **People experiencing homelessness**
 - *Is not considered part of this Trust's remit. Other services eg Brighter Futures, Arch, Number 11 etc deemed more relevant to street homelessness*
 - *Needs more work with other agencies to make sure people are not being discharged with nowhere to live*
 - **People who misuse drugs and/or alcohol**
 - *This is difficult for CHC now services have been fragmentised*
 - **People who are geographically isolated**
 - *Depends on postcode regarding funding for services available*



CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The Trust has again worked hard to develop a culture of greater inclusion throughout 2019 and to really embed an inclusion focus throughout the whole organisation. A key aspect has been the developing role of our Inclusion Council throughout 2019, which has evolved from having a mainly single-focus approach (centring around BAME inclusion) to, more recently, cultivating a more multi-dimensional approach across the protected characteristics and other equality groups. Much of the focus of our inclusion development work in 2019 has been on workforce-orientated elements such as the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Gender Pay Reporting requirements.

To redress this balance, the focus of the EDS2 for 2019 has been to engage with service users and carers, and to seek their feedback in relation to access and experience of Trust services (using EDS2 Outcomes 1 and 2), as well as to invite them to participate in voting and discussions around the Trust's Priorities for the year ahead. The key vehicle for enabling this has been the Open Space Events held in February and November 2019.

It is noted that the approach taken does have limitations. It is highly challenging to undertake a both deep and wide evaluation of service access and experience across the whole organisation. For this reason, our Trust Friends and Family Test feedback has also been used to supplement the feedback obtained at the Open Space events and to inform our EDS2 gradings.

Overall, the Trust is performing strongly against the EDS2 Outcomes 1 and 2 (and associated standards). The Trust has maintained 'Green' (Achieving) ratings across those areas identified as 'Green' in 2018 and has converted the indicator previously identified as 'Amber' (relating to the handling of formal Trust complaints) to 'Green'. We have additionally included review of the indicator 1.5 '(Trust services) reach and benefit all local communities' and have rated this as Amber (Developing). This will be an important area of focus for the Trust in 2020.

Recommendations

1. To incorporate the feedback from service user and carer voting in the Trust priorities for 2020-21.
(Who: Director of Nursing / Head of Nursing)
2. To take forward the actions noted in the above report, specifically:-



- i. *Develop work to improve our 'reach' to our vulnerable and minority group communities, including our BAME communities, the homeless, travelling community, European community and others.*
(Who: Trust D&I Lead, Directorate Associate Directors and service leads)
 - ii. *The Trust will raise the level of concern expressed about the lack of services for people assessed as having Asperger's / autism with commissioners.* **(Who: Jonathan O'Brien; Matt Johnson & Trust Autism Strategy Group)**
 - iii. *Ensure that Trust Care Plans are fully person-centred by looking at the whole person, not just their diagnosis and treatment plan* **(Who: Directorate Associate Directors via their Service Heads and teams)**
 - iv. *Review materials outlining Trust services and work to develop the 'reach' of this information, including sharing with and targeting to our diverse local communities (including vulnerable groups), including information about 24/7 direct access to our Access Service* **(Who: Directorate Associate Directors via their Service Heads; Trust Comms Team)**
 - v. *Ensure that there are facilities for induction loop at Trust event venues and that this is activated on the day*
(Who: Trust D&I Lead; Trust Comms Team; organisers of Trust events)
 - vi. *Develop an outline commitment to our Staff Networks for 2020*
(Who: Trust D&I Lead in conjunction with Director of Workforce, OD & Inclusion)
 - vii. *Develop and extend the role of Peer Mentors across community and 'bridge' services*
(Who: Director of Nursing / Head of Nursing)
3. To note the new approach to the EDS that is anticipated for 2020 and beyond that will require a wider 'health system' approach. As part of this, to support the identification of a suitable service area or pathway to review and to work in partnership with our STP colleagues to develop equality, diversity & inclusion throughout this area.
(Who: Led by Director of Workforce, OD & Inclusion with Diversity & Inclusion Lead; relevant Associate Directors and Service Leads as appropriate)

END



LIST OF APPENDICES

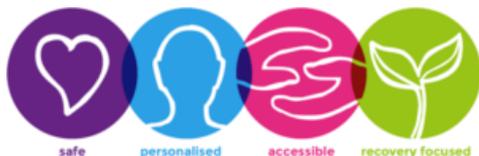
APPENDIX 1: Results of SPAR / EDS2 Surveys - February and November 2019

APPENDIX 2: Service User & Carer Voting On Quality Priorities February 2019

APPENDIX 3: Service User & Carer Voting On Quality Priorities November 2019

APPENDIX 4: Feedback From November 2019 Open Space Event

APPENDIX 5: Trust Friends And Family Test Feedback 2018-19



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APPENDIX 1: RESULTS OF SPAR / EDS2 SURVEY

KEY: FEBRUARY 2019 (N=10) = PURPLE; NOVEMBER 2019 (N=15) = BLUE

Question	Yes	No	Not Sure	Comments Received
BETTER HEALTH OUTCOMES				
1.1 I believe services at North Staffordshire Combined Healthcare Trust (NSCHT) are designed and delivered to meet the health needs of local communities	5 <u>10</u> 15 62.5%	2 <u>2</u> 4 16.7%	3 <u>2</u> 5 20.8%	<ul style="list-style-type: none"> • Have formerly worked on Ward 3 Harplands, which was continually under staffed with up to 29 patients when max for risk management meant to be 22 • No commissioning for personality disorder, eating disorders or Autism. These people are referred to CMHTS which don't have specialist training to provide effective care • As a service user my needs were met eventually • They try • People on autistic spectrum let down. Not enough staff understand autism. No funding given to local autism charities • You discriminate against autism, these needs are not met - they are pushed from pillar to post along with their families • More service user involvement • Understanding health needs before meet needs information from everyone • Ethnic minority groups need help as well
1.2 I believe at NSCHT individual people's health needs are assessed and met in appropriately and effectively	8 <u>7</u> 15 65.2%	0 <u>3</u> 3 13.0%	2 <u>3</u> 5 21.7%	<ul style="list-style-type: none"> • Improvements still needed • Where possible • Not if you are an autistic spectrum where services are not appropriate for the person • Sometimes, yes • Within NHS day services yes - but within statutory services like Greenfields it is not easy in assessment or getting to assessment phase • because paper centred, LD get missed • Cannot get assessment. Too much "sign-posting" to other services who send you back to where you started. • I was very lucky



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<p>1.3 I believe at NSCHT transitions from one service to another are made smoothly with everyone well-informed</p>	<p>3 <u>6</u> 9 37.5%</p>	<p>1 <u>3</u> 4 16.7%</p>	<p>6 <u>5</u> 11 45.8%</p>	<ul style="list-style-type: none"> • There is often a 'gap' between discharge from NSCHT to other services • Still inconsistencies moving on to services particularly Adult to Older Peoples services • When referring on to CMHT's service users are on long waiting lists to be allocated workers • Could be improved • It's all or nothing - it should be personalised, but it still feels you have to fit in the box • You have to get a service to begin with • All messages are not transmitted • I think the transition for example from a ward or home treatment to outside support needs more • Funding and transport • No preparation for transition once 16 "Drop off edge of cliff" • Depends on the staff member involved
<p>1.4 I believe, at NSHCT, people's safety is prioritised and they are free from mistakes, mistreatment and abuse</p>	<p>3 <u>10</u> 13 54.2%</p>	<p>1 <u>2</u> 3 12.5%</p>	<p>6 <u>2</u> 8 33.3%</p>	<ul style="list-style-type: none"> • Not always • Treating someone with autism like other mental issues will not help and can cause harm • You don't understand autism which can lead to suicide • I think this can happen but the best interests are always made • Everyone makes mistakes • No services. • Failure to provide appropriate services, arguably is "abuse"



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<p>1.5 I believe that, at NSCHT, services reach and benefit all local communities</p>	<p>3 <u>6</u> 9 36.0%</p>	<p>2 <u>4</u> 6 24.0%</p>	<p>5 <u>4</u> 9 36.0%</p>	<ul style="list-style-type: none"> • Not All • Still some work to be done on this. Some services are not the same in all areas • hard to reach are "just that" • Some do, others are lacking • Gaps need addressing • NHS Day Services are amazing in doing this • Not everyone knows what they need to • Isolation is common. GP's don't have resources to provide appointments "10 minute slots"
IMPROVED ACCESS AND EXPERIENCE				
<p>2.1 I believe that, at NSCHT, people, carers and communities can readily access Trust services</p>	<p>6 <u>7</u> 13 54.2%</p>	<p>1 <u>4</u> 5 20.8%</p>	<p>3 <u>3</u> 6 25.0%</p>	<ul style="list-style-type: none"> • Again, some work needs to be done as services are different in Newcastle and Stoke • Improving • I have had a good experience • Only if you are supported by a good GP who knows what's out there • People with autism will be told we are not commissioned for autism. People with autism have mental health needs too • At most times but not always • But again systems like GP's are not always easy - especially regarding mental health • Help people there • Depends on beds • Cannot get diagnosis. Stopping medications when transferring to other services under combined services. G.P.'s are looking at budgets and cutting meds.

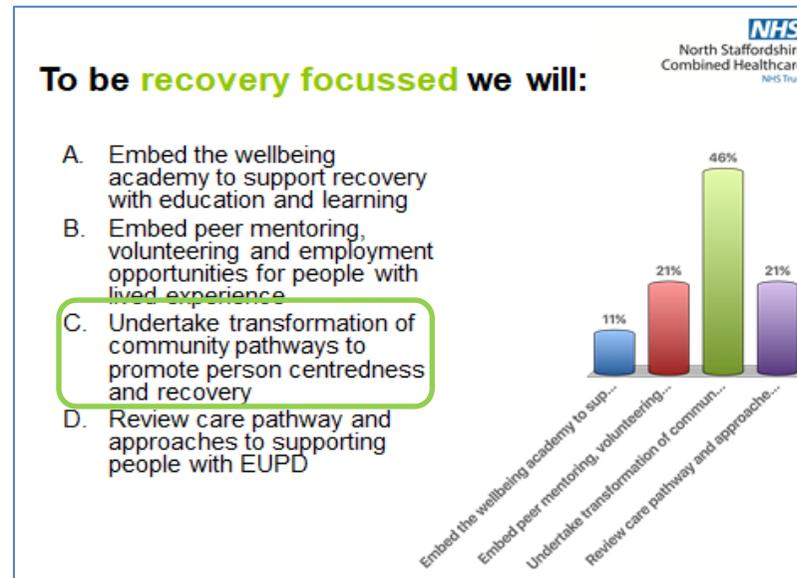
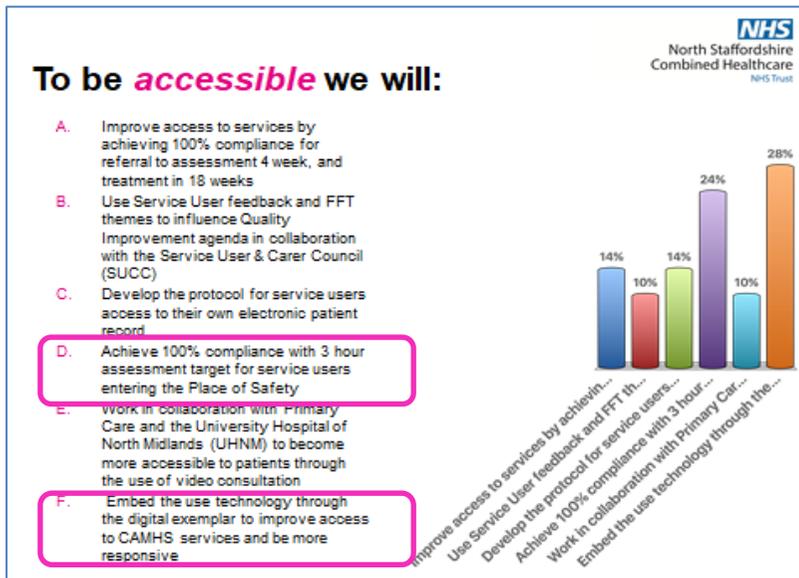
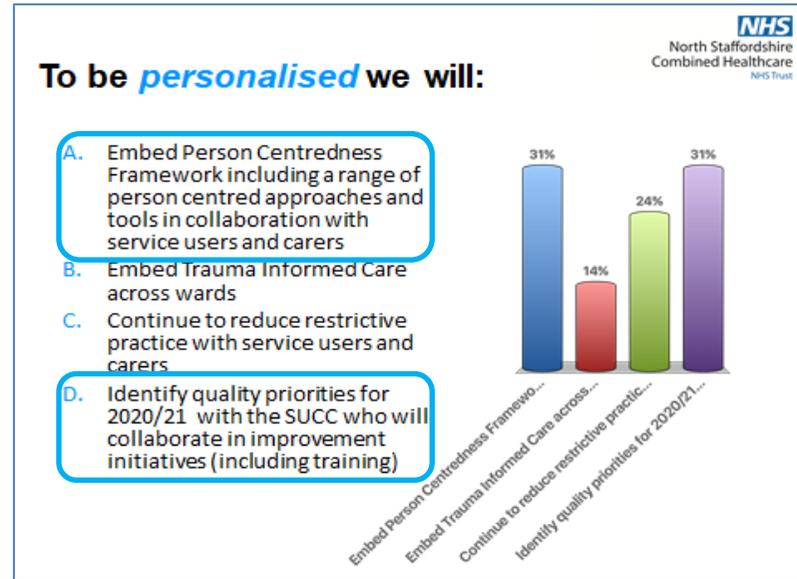
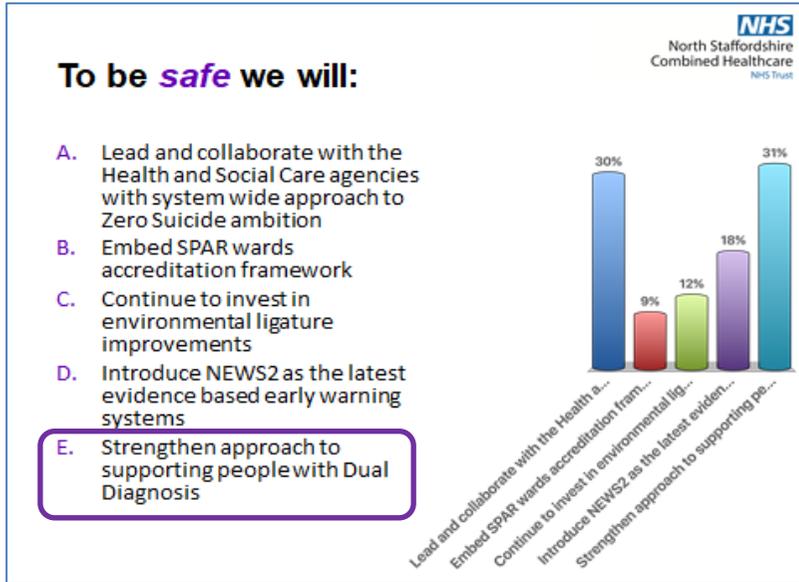


safe personalised accessible recovery focused

<p>2.2 I believe that, at NSCHT, people are informed and supported to be as involved as they wish to be in decisions about their care</p>	<p>6 <u>11</u> 17 73.9%</p>	<p>1 <u>1</u> 2 8.7%</p>	<p>3 <u>1</u> 4 17.4%</p>	<ul style="list-style-type: none"> • When mentally capable, yes • There are some people who have had care plans drawn up without being involved which shouldn't happen • working towards more inclusivity • Depending on their care worker • No group work • Better access to Direct Payments for personal assistants to get into community • You need to understand the condition without training or employing someone who understands autism • Explanations are not good • Care Plans - Medical Model not the whole person • I would like to think they are and 100% should be • Help people that need help • Tricky to get everything right • Lack of communication between services means people/young "fall through the net" carers/patients are "told" not partnership if you question then "black listed". Services need to change!
<p>2.3 My experiences of NSCHT are generally positive</p>	<p>7 <u>8</u> 15 65.2%</p>	<p>1 <u>3</u> 4 17.4%</p>	<p>2 <u>2</u> 4 17.4%</p>	<ul style="list-style-type: none"> • Generally! • Fighting for support for my son with Asperger's and OCD (MH issues) • I have complained re lack of services over 10 years and although there is a diagnostic autism service there are no follow-up services • They are getting better – today's event was good
<p>2.4 I believe that people's complaints about services are handled respectfully and efficiently at NSCHT</p>	<p>5 <u>8</u> 13 13.0%</p>	<p>2 <u>3</u> 5 56.7%</p>	<p>3 <u>2</u> 5 56.7%</p>	<ul style="list-style-type: none"> • Don't know • No experience of this • I wrote a complaint March 18, had response Dec 18!! • Complaints escalated but still not resolved. MP's argue still not changed.



APPENDIX 2: Service User & Carer Voting on Quality Priorities February 2019



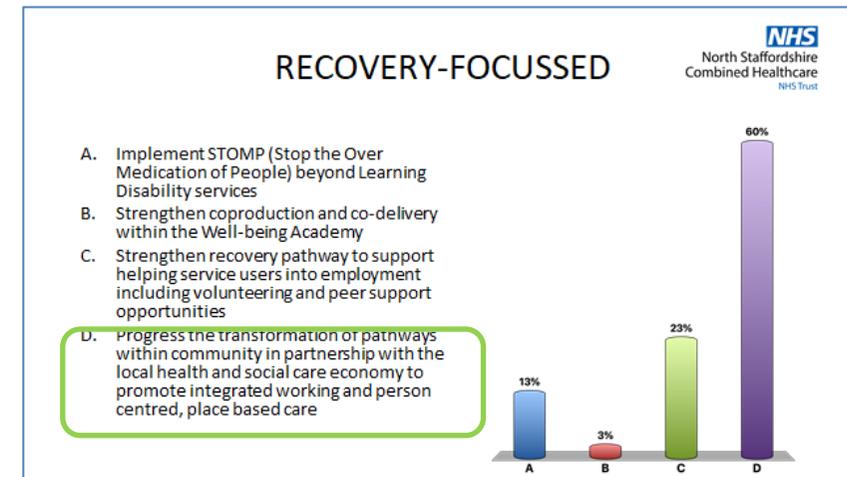
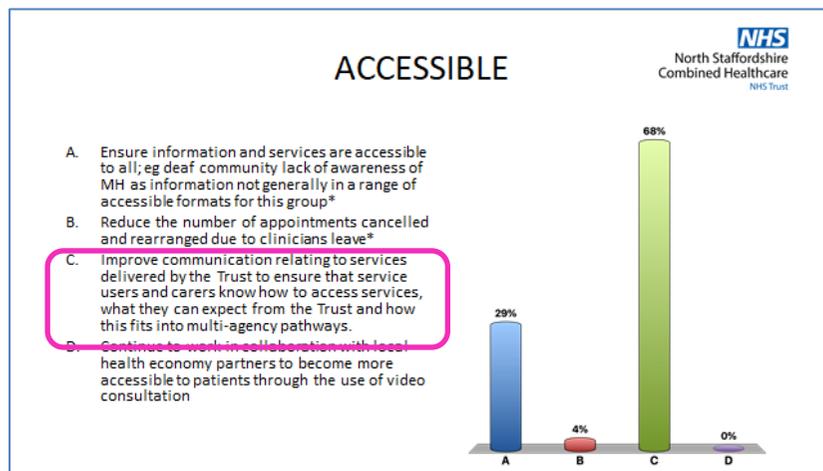
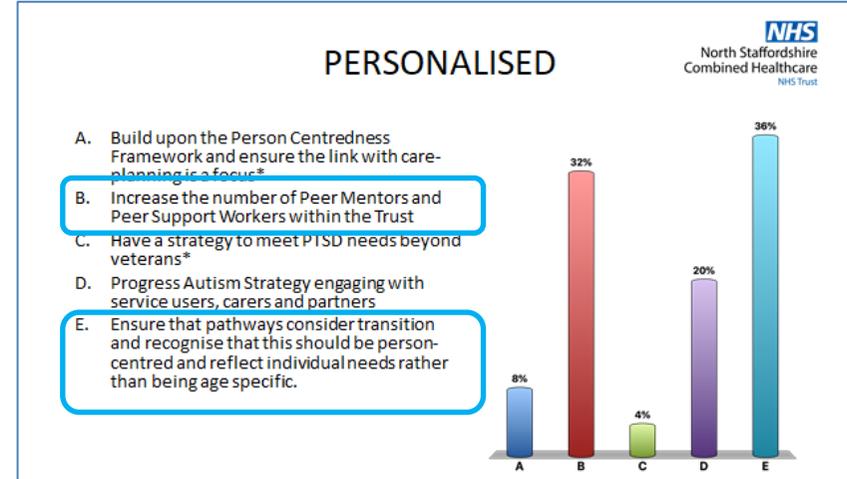


The above highlighted areas were built into the Trust's plans for 2019-20 and progress on these was shared at the November 2019 Open Space Event as below:-

- **Lead and collaborate with the Health and Social Care agencies with system wide approach to Zero Suicide ambition**
We have continued to work with partners across the region on the implementation of the joint strategy and have recently coordinated and hosted the 2nd Annual Conference. We have trained a small number of staff in the 'Connecting with People' model of Suicide Prevention and have secured funding to train more staff in the 'train the trainer' model – this will be rolled out in the new year and will equip staff with further knowledge, skills and tools to use to support people.
- **Introduce NEWS2 as the latest evidence based early warning systems**
Early Warning System relating to PH – we implemented NEWS previously and have recently implemented NEWS2 which is an improved version – helps staff in identifying and making decisions when someone PH deteriorates.
- **Peer mentoring, volunteering and employment opportunities for people with lived experience**
 - Peer Support – We've introduced Peer Support training which Peer Mentors and Peer Support Workers complete – 10 week course – one cohort has completed (7) and the second is underway (6) – there will also be a 3rd focussed on CAMHS in January. Implemented Peer Mentors role in a number of areas (community and in-patient) and have 6 Peer Support Workers.
 - Step On goes from strength to strength and have supported 52 people into employment this year – 7 of those within the Trust.
- **Develop Person Centredness Framework including a range of person centred approaches and tools in collaboration with service users and carers**
Person Centredness Framework – we agreed the principles last year and are now working on the tools - on-page profiles have been implemented and you may have seen these across the Trust – the web-page with the information and resources is under development and will be available on the external site.
- **Use of technology through the digital exemplar to improve access to CAMHS services** CAMHS Digital Exemplar presentation given as next item on the day's Agenda.



APPENDIX 3: Service User & Carer Voting on Quality Priorities November 2019



The areas highlighted will be prioritised in the Trust's plans for 2020-21.



APPENDIX 4: Feedback from November 2019 Open Space Event

OPEN SPACE EVENT

Wednesday, 27 November 2019

Feedback

What was good?

- Information on volunteering and how it can leave to peer support worker and other careers
- How people with experience are recognised as valuable rather than the text books so much!
- The (Peer Support Worker) video was strong and brought home a very strong message.
- The session was good, learned quote at lot. – I second this.
- Find out about other services.
- Venue: great but room temperature a bit cold. Food good but not labelled.

What wasn't so good?

- Some options very difficult to understand. Too much jargon. Choices for voting are restricted.
- Would be good to see a more varied and diverse representation of service users; i.e. local BME community input. More publicising needed.
- I think you need to look more closely about the Peer Support Group that you already have that is effective i.e. Sutherland Craft Group run by service users, that is now being asked to leave. Surely this is what true peer support looks like. Run by service users for service users.

Future ideas of topics

- More recovery stories from service users.
- Recognising neuropathic pain regarding mental health. More support with this.



VOTING ON QUALITY PRIORITIES

SAFE

- B41% - D37%
- Love A, but not sure about Zero approach to suicide
- If we do a loneliness strategy will this be joint with the local authority?
- Helpful to see wards working towards – rather than strategy. I've been involved with Autism Strategy for 10-15 years but there still isn't a service.
- We need to avoid people from falling between services.

Veterans

- Join up with LA loneliness strategy

Personalised

- E36% - B32%
- Signposting - appropriate.
- Radio good way to promote services.
- All of them need to be taken into account, difficult to choose as they are all linked to persons need.
- **Very** difficult to choose as they are **all** very important.
- Radio more focus on the message – Help is out there.

Accessible

- Delay in diagnosis (CAHMS).
- Make sure that people who are accessing services for the first time – e.g. Someone was admitted to Harplands after trying to take his own life. On discharge was told he would receive an appointment through from Greenfields. Letter came, appointment is next year. 6 months after his discharge.
- Leaving hospital with no plan or thought for after care. Addictions come under mental health. Need more connections with after care.



- Have text message/DM consultations as an alternative option to video consultation.
 - Balances immediacy/time to think on responses.
 - User may be too embarrassed for face to face.
 - Would save on band width/data usage.
- X: WhatsApp/Facebook/ perhaps develop a specific app.

Recovery Focussed

- Medication for people with ADHD – can't get medication as can't get into services in first place. This can cause problems for carers and for person.
- Service users should have the correct medication reviewed on a regular basis.
- Transport to get to these places.
- Need more workshops for LD and mental health on the day.
- Implement STOMP into local care homes/residential homes.
- Better links following discharge to community. Introducing services such as Day Services (Combined).

EDS2 Consultation Feedback (posted on display boards)

- *Lack of NHS Services for people on Autistic Spectrum. You need to support local charities who offer support before they go under (Lifework Staffordshire, 01782 615222)*
- *People with Asperger's Syndrome just fall through the net and don't receive any support*
- *Could NSCH work with GP surgeries in the city in order to highlight those people who are diagnosed and given medication for mental health problems over a long-term. Sometimes these people need extra professional support to get well (PTO added but no further info on the back).*



EDS2 Consultation Survey (Any other comments..)

- I am very proud of Combined Health but feel we still have a long way to go. Looking at the whole person not just their diagnosis and treatment plan. We still need to be better informed on what services there are within Combined as this will enable choice. Induction loop needs to be on at every event (Contact details provided and message left with opportunity to discuss further - LF).*

ACTION: Ensure that Trust Care Plans are fully person-centred by looking at the whole person, not just their diagnosis and treatment plan

(Who: Directorate Associate Directors via their Service Heads and teams)

ACTION: Review materials outlining Trust services and work to develop the 'reach' of this information, including sharing with and targeting to our diverse local communities (including vulnerable groups)

(Who: Directorate Associate Directors via their Service Heads; Trust Communications Team)

ACTION: Ensure that there are facilities for induction loop at Trust event venues and that this is activated on the day

(Who: Trust D&I Lead; Trust Comms Team; organisers of Trust events)

- I believe we need more support with Staff Networking BAME, LGBT, Neuro - more display at Harplands. Allocated time to be involved and initial budget to formulate groups*

ACTION: Develop an outline commitment to our Staff Networks for 2020

(Who: Trust D&I Lead in conjunction with Director of Workforce, OD & Inclusion)

- Is there going to be more PTSD recognition and neuropathic pain/issue recognition and support when thinking about Mental Health. More services needed for people to access as weekends - when it is hard - creative aspects/support. Peer mentors to bridge a gap between crisis point - hospital admission - to support out in communities - help to get there*

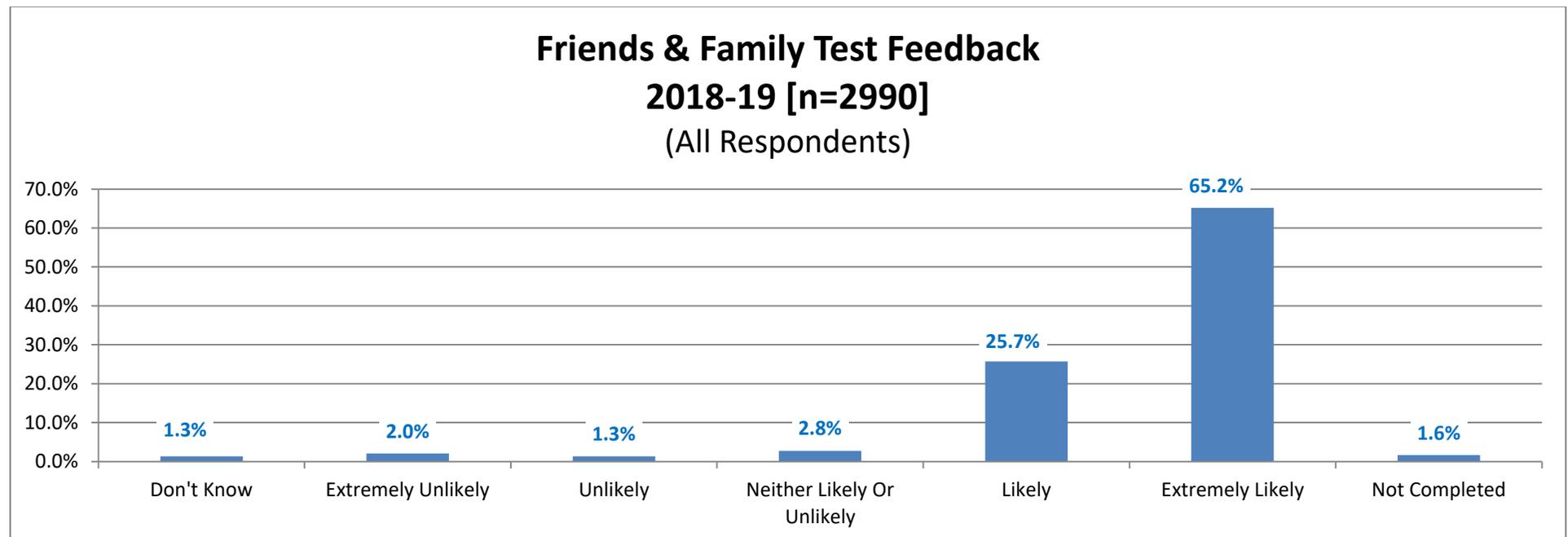
ACTION: Continue to raise awareness regarding 24/7 direct access to Access Service that any service user can self-refer to or contact if they are struggling out of hours. Develop and extend the role of the peer mentors in community and 'bridge' services.



APPENDIX 5:

Trust Friends and Family Test Feedback 2018-19

All Respondents	No.	%
Don't Know	39	1.3%
Extremely Unlikely	61	2.0%
Unlikely	40	1.3%
Neither Likely Or Unlikely	83	2.8%
Likely	769	25.7%
Extremely Likely	1949	65.2%
Not Completed	49	1.6%
Grand Total	2941	100.0%





Friends and Family Test Feedback 2018-19 by ethnicity

BAME SU/carer responses	Count	%
Don't Know	1	2.0%
Extremely Unlikely	2	4.1%
Unlikely	0	0.0%
Neither Likely nor Unlikely	1	2.0%
Likely	12	24.5%
Extremely Likely	33	67.3%
Grand Total	49	100.0%

White SU/carer responses	Count	%
Don't Know	38	1.3%
Extremely Unlikely	59	2.0%
Unlikely	40	1.4%
Neither Likely nor Unlikely	82	2.8%
Likely	757	26.2%
Extremely Likely	1916	66.3%
Grand Total	2962	100.0%

