

EDS2 Rag Rating Panel Workshop 6th June 2016 Review

Attendees

Ian Allin

Nene Valley Patient Participation Group

Mandy Thompson

Peterborough Association for the Blind / service user

Enzo Petruzzello

Learning Disability Advocate

Olga Bagnoli

Italian Community Peterborough

Kerry Matthews

Guide Dogs

Sylvie wheeler

Peterborough Association for the Blind / service user

Geeta Pankhania

Millfield Medical Centre

Giogina Coviello

GP Patient Participation Group

Janet Way

HR Business Partner, Hinchingsbrooke Trust

Dr Andrea Banham

Equality, Diversity and Inclusion Project Lead, Hinchingsbrooke Trust

Neil Doverty

Chief Operating Officer, Peterborough and Stamford Hospitals NHS Foundation Trust

Speakers

Natalie Craner

Equality and Disability Advisor, Peterborough and Stamford Hospital NHS Foundation Trust

Peter Oldfield

Finance Director

Lesley Crosby

Deputy Chief Nurse Peterborough and Stamford Hospital NHS Foundation Trust

Ian Crich

Director of Workforce and Organisational Development Peterborough and Stamford Hospital NHS Foundation Trust

Sue Rampal

Equality Advisor, Cambridge and Peterborough Foundation Trust

Apologies

Sister Mary-Clare Mason (Faith Group), **Soomitra Kawal** (Cambridgeshire and Peterborough CCG), **Bryan Tyler** (Peterborough Disability Forum/DIAL), **Sabina Giga** (PCVS), **Helen Sismore** (Guide Dogs), **Ginny Matthews** (SENSE), **Jacqueline Price** (Action for Blind), **Sue Finch** (DeafBlind UK), **Sally Mumford** (PSHNFT), **Deborah Gallagher** (Peterborough City Council)

RAG Rating Panel Workshop

The workshop began with an introduction and housekeeping from Natalie Craner and Sue Rampal. This was followed by an update on what the panel at last year's EDS rag rating event highlighted to the Trust and what action was taken in response to the comments made. Natalie began the Trust rag rating section by showing the panel the NHS England EDS2 video which explains the EDS2 purpose, process and intended outcome. Natalie informed the panel that this rag rating event is specifically about Peterborough and Stamford NHS Foundation Trust. Natalie explained the use of coloured cards to allow the Trust to get a comprehensive account of the panels' grades in regards to each objective. It was explained that we would go through each objective and highlight what we had achieved, provide evidence where possible (on a display board/table) and ask for input from the panel, including what RAG Rating they considered the hospital to have achieved for the objective.

EDS2 grading summary table 2015/2016

EDS2 Goals	Approved Grading for 2015	Approved Grading for 2016
1.1		
1.2		Not assessed
1.3		
1.4		Not assessed
1.5		Not assessed
2.1		
2.2		
2.3		Not assessed
2.4		Not assessed
3.1		Not assessed
3.2		Not assessed
3.3		
3.4		Not assessed
3.5		Not assessed
3.6		
4.1		
4.2		
4.3		Not assessed

Goal 1 - Better Health outcomes for all (5 Sections)

1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing and reduce health inequalities

- ✓ Services are commissioned on annual basis (covering the period April to March) with Clinical Commissioning Groups with the process starting in September prior to the financial year.
- ✓ Where service specifications are included within the agreed contract, these are completed using the standard service specification template which considers national and local health needs of communities. Any nationally created service specifications are also reviewed to ensure local health needs are considered.
- ✓ The Trust puts a considerable effort in ensuring the delivery of the services is effective including Translation services, Patient Experience Team which develop meaningful involvement & development of partnerships between patients & carers to shape current and future services with Equality, Diversity & Disability in mind.

Previous RAG Rating **Amber**

The Finance Director explained to the panel that the Trust has no decision making powers over what services are commissioned as this is decided by the local Clinical Commissioning Group (CCG); however the Trust does work with the CCG during their service commissioning process. The Trust is able to ensure that the delivery of the services it is commissioned to provide are done in an effective and inclusive way. Various strategies and processes in place to ensure this is shared with the panel.

Issues highlighted

No issues were highlighted by the panel.

The Trust attempted to explain that we are unable to influence commissioning and we are only able to provide services that we are commissioned to provide. It is felt that the panel have downgraded us due to their beliefs of what we should provide as a Trust and the commissioning intention they feel we should have rather than what we have. It is felt they have failed to understand that we have no influence over commission, but are involved in discussions.

RAG Rating Panel agreed rating of **Amber**

Goal 1 - Better Health Outcomes for all (5 Sections)

- *1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed*
 - ✓ Embedding of white board rounds
 - ✓ Working with the System Resilience Group (SRG)
 - ✓ New STP working groups as these focus on key pathways for particular patient groups
 - ✓ CQUIN – ready, steady, go which looks at the transition of adolescents into adult care
 - ✓ Safe discharge is a CQD Trust wide objective for 2016/17

- ✓ Clic Sargent charity who support teenagers with cancer (19-24yr olds). They are based on our Haematology/Oncology ward and support our geographical patients where ever they receive treatment.

Previous RAG Rating **Green**

It was explained to the panel what the Trust has in place to ensure smooth and informed transitions from services within the hospital including documentation, working partnerships with community partners and multi-disciplinary team meetings and daily whiteboard rounds. Safe discharge was discussed with the panel, who were advised that there is a low readmission rate and that patients' care on discharge to the community is co-ordinated prior to discharge.

Issues highlighted

Concerns regarding transition of care from the Trust to the community were raised. The panel were advised that there is a system in place within the Trust as well as joint working with Social Services and community services to ensure safe discharges.

RAG Rating Panel agreed rating of Green

Goal 2 - Improve patient access and experience (4 Sections)

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

- ✓ Specialist Nurses including Parkinson's, Dementia, Disability
- ✓ Development of Learning Disability Links
- ✓ Transgender Policy
- ✓ Development of Trust website to AA web accessibility standard
- ✓ Access policy ensuring equality for anybody seeking our services
- ✓ All policies are required to have Equality impact Assessments (EQIAs)

Previous Rag Rating **Green**

The Deputy Chief Nurse informed the panel of the specialist services within the Trust, including specialist nurses. The development of the Trust website to the web accessibility AA standard was discussed. The panel were informed of new policies that have been put in place including the Transgender Policy. The Deputy Chief Nurse explained that as a Trust we are continuing to working with our local communities to make them aware of schemes and systems/process in place within the hospital.

Issues highlighted

Lack of leaflets available in Italian was raised. It was explained the Trust is unable to provide all our leaflets in all of our service users languages as a standard as leaflet content is regularly reviewed and updated and due to the cost. The panel were assured that any leaflet can be obtained in the language they require on request.

RAG Rating Panel agreed rating of *Green*

Goal 2 - Improve patient access and experience (4 Sections)

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

- ✓ Carers CQUIN with dedicated
- ✓ Appointment of Patient Experience Manager
- ✓ Appointment of a Disability Nurse
- ✓ Purchased 12 Disability Call Bells
- ✓ Number of staff have been supported to attend the Action on Hearing Deaf awareness course
- ✓ Scoping for the implementation of the Accessible information Standard (AIS)
- ✓ Iwantgreatcare

Previous RAG Rating *Green*

The Deputy Chief Nurse explained that the Trust have appointed a Patient Experience Manager who is leading on the Friends and Family Survey work within the Trust. The panel were advised of new initiatives in place within the Trust regarding Disability and reasonable adjustments including the purchase of disability call bells and staff being supported to attend specific training. The panel were informed that the Trust is in the process of scoping the Accessible Information Standard.

Issues Highlighted

None

RAG Rating Panel agreed rating of *Green*

Goal 3 - Empowered, engaged and well supported staff (6 Sections)

3.3 Training and development opportunities are taken up and positively evaluated by all staff

- ✓ Further improvement of the Trust mandatory training compliance and reporting processes have continued to be a priority for the Trust
- ✓ The Trust's overall mandatory compliance rate has increased by 10% in a year from 82% to 92%

Previous RAG Rating *Green*

The Workforce Director informed the panel that mandatory training continues to be taken up and positively evaluated by staff. The Trust has increased their compliance from 82% to 92%. It was explained how this has been achieved through various blended methods of training including face to face, e-learning and a bespoke training sessions. The panel raised questions about training when someone has a disability and how the Trust manage the tension of working and training. It was explained that all identified needs of staff can be

accommodated through various methods and discussions with subject matter lead. The different options of training help to manage potential tensions of working and training commitments and that staff are given protected time to complete their training requirements. Staff with disability can be offered bespoke 1:1 training sessions depending on their need.

Issues highlighted

None

RAG Rating Panel agreed rating of Green

Goal 3 - Empowered, engaged and well supported staff (6 Sections)

3.6 Staff report positive experiences of their membership of the workforce

- ✓ National Staff Survey responses for this subject are monitored to ensure all staff have an equal experience working in the Trust and action plans are put in to place where required.
- ✓ Our Exit Interviews process has been reviewed and revised and this is published on the Intranet for both staff and managers to follow this information is collated and anonymised and is fed back to departments to provide insight (positive and negative) feedback.
- ✓ Staff retention data has informed work within departments to improve staff engagement and employee experience. Staff turnover levels have decreased to 11.48% for 2015/16, compared with 13.97% for 2014/15; we continue to manage the challenging resourcing market especially for nursing and medical staff nationally.
- ✓ Mentoring system for new consultants who may need support as they take on these key roles

Previous RAG Rating Green

The panel were informed of processes in place to monitor the staff culture and experiences, and actions resulting from the monitoring, including the new mentoring programme for new consultants. It was highlighted that the Trust is currently above national average for staff satisfaction which can be demonstrated through the increase in the Trusts staff retention data.

Issues highlighted

The panel raised the issue of bullying within the Trust and what is being done to monitor and rectify any instances. Assurances given that this is monitored on the Trust staff survey and through other systems and actions are progressed where needed.

The panel highlighted that it would have been more insightful to have the data broken down by protected characteristic. They were advised this is something that the Trust could look at for future events.

RAG Rating Panel agreed rating of Green

Goal 4 - Inclusive leadership at all levels (3 sections)

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation

- ✓ Recruitment briefs for any external consultancies include the requirement to ensure equality & diversity requirements are considered
- ✓ The Trust Management Board approves all corporate governance policies - these all require an equality impact assessment. Examples of these are: Freedom of Information Act Policy (March 2016), Learning & Development Policy (April 2016), Policy for Overseas Visitors (December 2015)
- ✓ Board annual report considers workforce diversity
- ✓ Purchase of a digital wireless conference microphone system including Braille keys, individual amplification and microphones

Previous RAG Rating **Green**

Natalie discussed with the panel various ways that the Board and senior leadership demonstrate their commitment to equality. The panel were able to see and use the digital wireless conference microphone system at the event and were advised that it is being used at board and public meetings.

Issues Highlighted

None

RAG Rating Panel agreed rating of **Green**

Goal 4 - Inclusive leadership at all levels (3 Sections)

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are being managed

- ✓ The Board works to a template that requires positive affirmation regarding the impact of papers or proposals on equality and diversity characteristics
- ✓ All Trust policies are required to have an equality impact assessment completed before approval

Previous RAG Rating **Amber**

Natalie informed the panel that since the last event the Board template has been updated to include a specific section regarding equality and diversity consideration and it is in use within the Trust.

Issues highlighted

The panel would like to have seen evidence of the template.

RAG Rating Panel agreed rating of **Green**

Lunch break and networking

Afternoon Session

The panel provided the following responses to the following questions.

What are we doing well?

- The patient buggy
- Acute psychiatric liaison service on site
- Availability of interpreting services
- Disabled parking
- Text reminders to service users for appointments
- Improvements made in engaging people and community groups
- A smoother service and better facilities over the past 4 years
- Continuity of service from the hospital to home – experience was very good.

The panel acknowledged that people don't always notice things that are going well.

What are we not doing so well?

- The availability of car parking spaces, especially in the afternoons
- Access to the hospital when the buses stop outside the Cavell Centre
- More consideration for older people
- Experiencing and witnessing rudeness of staff

What could we do better?

- Communication between staff and the patient/carer/family throughout the whole episode of care, not just on one department
- More continuity of care through same staff looking after same patients when working.
- Security patrols in the car park, especially in relation to abuse of parking in disabled bays.
- Regular checks and update of patient basic information.

Overall the Trust need to work on and improve staff attitudes, improve communication, data collection, and improve parking

Panel evaluation of the event

	1 (Extremely poor)	2	3	4	5	6 (Excellent)
Presentation content	1	1	1	1	2	0
Presentation delivery	0	2	0	2	2	0

The presentations helped to understand the subject better	1	1	0	0	4	0
Presentation materials	1	1	1	2	1	0
Event length	0	0	3	0	1	1
Venue	0	0	0	0	3	3

Of the attendees six completed evaluation forms and out of these three requested to be involved in future events.

Other comments provided by the respondents;

- Lack of information on specifics for the protected groups
- It would be helpful to have more evidence in advance so we can make better more informed decisions
- Disappointing not to have more input/attendees

What we will do for future events;

- Send out evidence of friends and family survey to panel prior to the event.
- Include more data statistics broken down by protected characteristics.
- Summaries to be more focused on the nine protected characteristics