

EDS Outcome 1.1 (EDS Goal 1 – Better health outcomes for all)

“Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities”



Excelling



Achieving



Developing



Undeveloped

Trust	NHS Rotherham	EDS Grade
	Key documents: <ul style="list-style-type: none"> • Better Health , Better lives 2008-2015 • Health summit and consultation 2011 • Joint Strategic Needs Assessment 2011 • NHS Constitution • Public health annual report 2011 • Public Health profile – Yorkshire & Humber Observatory • Single Equality Scheme 2012-13 • Single integrated Plan 2012 • Strategic Intelligence review 2008-2009 	Developing

<p>Evidence</p>	<ul style="list-style-type: none"> • Equality Impact Assessment has been carried out on all the Transformational Initiatives • Equality Key performance indicators in quality schedules have led to providing some evidence; however this is not consistent across services. • In January 2011 NHS Rotherham refreshed its strategy '<i>Better Health, Better Lives, Adding Quality and Value</i>'. The strategy was developed by integrating joint strategic needs assessments, analysing service provision, performance and financial positions and most importantly the insights of public and patients, which played a key role in determining the priority areas of work. • JSNA contain equality data and health inequalities information relating to the protected characteristics of End of life and Planned Care • Mind Your Own Business is delivered by NHS Rotherham and to provide support to Rotherham businesses including <u>free</u> training for managers and employees. Latest research conducted with 500 business leaders reveals that whilst understanding of mental health conditions amongst employers is broadening, major barriers remain in the way of people with mental health conditions seeking employment. Mind Your Own Business will also visit your organisation to conduct a Mental Wellbeing in the Workplace Needs Assessment. Tailored feedback and recommendations to improve staff wellbeing is provided alongside support to implement these changes. • Vaccination is one the most effective strategy to protect against infectious diseases. • There is a strategic steering group for Immunisation which exists within Rotherham, South Yorkshire and Yorkshire and Humber. Reports are provided by the HPA using Child Health Data for uptake, against the childhood immunisation programme, data for other programmes such as Flu, HPV and pneumococcal are provided via the Health Protection Agency 'Immunisation Form' data collection system. There is also a Mass Vaccination Group which deals with specific issues related to programmes requiring periodic or ad hoc vaccination of large numbers of people e.g. Seasonal Flu Vaccination, RSV vaccination, Pandemic Flu etc • Uptake of childhood immunisations is monitored via monthly and quarterly QUILTS. These are circulated to practices to identify areas for improvement. • Work is developing to improve engagement with Eastern European populations and travellers – this includes liaison with the specialist health visitor for this area. NHSR has also worked with RMBC on the development of English Language courses for new entrants/migrants that includes information on immunisation and attendance at the EU Migrants Partnership meetings. 	
------------------------	--	--

	<ul style="list-style-type: none"> • Vaccination and Immunisation Champions have been identified within each practice – meetings are held twice a year. • Communication and support between GP Practices and Child Health has improved resulting in earlier identification of specific issues • A Did Not Attend (DNA) pathway has been developed to establish roles and responsibilities improve communication and establish an escalation process. • The clinical pathway for neonatal immunisation for Hepatitis B has been reviewed and developed to ensure all at risk babies are identified and vaccinated – this is accompanied by an audit tool. Systems have been put in place to ensure follow up of those children who DNA for 4th dose and serology. These children are notified to the Health Protection Manager who contacts the Practice and HV as necessary. Children residing outside of Rotherham are referred to the Health Visitors in their area via the host Child Health Department. • The review of the clinical pathway for the management of and immunisation against TB has also been commenced in conjunction with colleagues from primary care, secondary care and HPU. Systems have been put in place to ensure follow up of those children who DNA for their BCG. These children are notified to the Health Protection Manager who contacts the Practice and HV as necessary. Children residing outside of Rotherham are referred to the HV in their area via the host Child Health Department. Process of neonatal immunisation is also being reviewed to allow vaccination prior to discharge. • Midwives are being engaged to support the immunisation programme, specifically seasonal flu, MMR for susceptible women, neonatal Hep B and neonatal BCG. • Work has begun and is ongoing to improve notifications of new GP registrations to Child Health Department to ensure no children are missed. • NHS Rotherham Health Small Grants • Operational minutes between commissioners and providers. • Public health commissioning is based on assessment of need identified through the JSNA and health equity audit processes to ensure it meets the needs of Rotherham residents and is targeted towards areas/groups with the highest need. Interventions commissioned are evidence based and designed to reduce health inequalities • Rotherham Occupational Health Advisory Service (ROHAS) is a community based resource to help people of Rotherham with work related health problems. 	
--	---	--

Feedback from interest groups	<ul style="list-style-type: none"> • More local input into JSNA (engagement + local evidence) • JSNA should be more widely promoted and integrated. • More evidence needed of analysis of equality data across the commissioning cycle • Gaps in provider submissions on equality related KPIs. • The role of the voluntary and community sector services was highlighted as essential in delivery front line services for all the interest groups consulted. • From ROPF highlighted that there are an improvement with equipment and technology however, professionalism and level of care are still lacking. 	
Areas for development:	<ul style="list-style-type: none"> • Referencing more of the protected characteristics within the Joint Strategic Needs Assessment, which will be possible following national publication of the Census data from 2011 which is planned for early 2012 • Using equality data more effectively in the prioritisation of service commissioning. • Devising a mechanism that will assist integration of voluntary/ community sectors within procurement 	

EDS Outcome 1.2 (EDS Goal 1 – Better health outcomes for all)

“Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways”

Trust	NHS Rotherham	EDS Grade
	Key documents: <ul style="list-style-type: none"> • Joint Strategic Needs Assessment 2011 • RMBC Community profile • Choice & Book for hospital appointments • Patient transport policy • Choice strategy 	Developing
Evidence	<ul style="list-style-type: none"> • An equality impact assessment has been carried out on most of the service specifications • An equality impact assessment has been carried out on Pharmaceutical needs assessment • Delivering Race Equality (DRE) action plan to improve access to mental health services • Learning disability health needs assessments • NHS Rotherham are providing support to GP’s in establishing patient centred reference groups for some practices • Quality Innovation Productivity Prevention and Quality & Outcome Framework • Strategic Health Authority assurance exercise for learning disability patient on safety • There are quarterly service providers contracts meeting where equality has been discussed • There are service levels agreement between NHS Rotherham and third sector organisation 	
Good practices	<ul style="list-style-type: none"> • More targeted communications which better meet the needs of population groups e.g. Easy Read leaflets • Needs Assessment in service specifications includes an equality impact assessment template which must be completed for the spec to be signed off • Learning Disability Health Needs Assessment + LD Health Sub Group + Action Plan • Extensive engagement on Alcohol and Stop Smoking Service (LTC, Young People) • Joint commissioned services (E.g. Mental Health, LD, Older People) rely on Expert Partnerships (with a service user input focus) • Mental Health & Learning disability contracts have quality CQUINS associated with a Care Programme Approach 	

	<ul style="list-style-type: none"> • A specific Learning Disability Health Needs Assessment was commissioned in 2010 and this feeds 	
Feedback from interest groups	<ul style="list-style-type: none"> • Further analysis of local evidence to prioritise health inequalities for the protected characteristics • Marketing of services to different groups is seen as a high priority by many local interest groups • Providing accessible information about services is particularly important in the move towards personalised budgets. • The role of the voluntary and community sector services was highlighted as essential in delivery front line services for all the interest groups consulted. 	
Areas for development	<ul style="list-style-type: none"> • Further analysis of local evidence to prioritise health inequalities for the protected characteristics • Marketing of services to different groups is seen as a high priority by many local interest groups • Providing accessible information about services is particularly important in the move towards personalised budgets 	

EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes for all)

“Changes across services for individual patients are discussed with them, and transitions are made smoothly”

Trust	NHS Rotherham	EDS Grade
	Key documents <ul style="list-style-type: none"> • Complaint procedures/ PALS • Duty to involve report 2010-11. • Service Users’ Care plan • JSNA 2012 	Developing
Evidence	<ul style="list-style-type: none"> • As a commissioner, NHS Rotherham places a requirement upon providers to work in partnership to ensure seamless care. Service specifications are developed which clearly specify the service to be provided and large scale changes are discussed with patients. We monitor attendance at these events by protected characteristics and try to target under-represented groups by engaging with their local interest group within the community • NHS Rotherham values feedback from patients and proactively engaged across the engagement continuum, e.g. Consultation Hub • Providing information to patients on services commissioned and inviting feedback • Engaging through focus groups • Engaging through workshops and events • Collaborating with patients and public in developing strategic and commissioning priorities • Targeting particular protected groups to obtain feedback and support engagement with health services. • Freedom of information Act requests responded to promptly and fully • An open and transparent complaint process, including the management of multiagency complaints • Continue to ensure that we work closely with Link to support engagement and advocacy • Engagement findings (patient surveys + community engagement) must feed into needs assessment / service design / monitoring • Member of Health Watch Developing Group to ensure structure meets local needs. • More engagement resource required to effectively engage with service users / carers / 	

	<p>communities</p> <ul style="list-style-type: none"> • Organisational requirement to engage and undertake EIA on changes • Our engagement resource has been significantly reduced which has had an impact on how we engage with service users and the public. • e.g. Health Network (BME + LGBT), Rotherham Older People Forum and Cancer Action Rotherham • Providing support to GP's in establishing practice participation groups for some practices. 	
Feedback from interest groups	<ul style="list-style-type: none"> • Continuation of engagement resource required to effectively engage with service users / cares / communities • Continue to ensure that we work closely with Link to support engagement • Engagement findings (patient surveys + community engagement) must feed into needs assessment / service design / monitoring. • The role of the voluntary and community sector services was highlighted as essential in engaging and consulting service users and carers on changes within services for all the interest groups consulted. • From Maternity Services Liaison Committee highlighted more integration between community health visitors and GP health visitors. • Feedback from ROPF highlighted that communication with health professionals are still lacking 	
Areas of development	<ul style="list-style-type: none"> • More engagement resource required to effectively engage with service users / cares / communities • Continue to ensure that we work closely with Link to support engagement. • Engagement findings (patient surveys + community engagement) must feed into needs assessment / service design / monitoring 	

EDS Outcome 1.4 (EDS Goal 1 – Better health outcomes for all)

“The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all”

Trust	NHS Rotherham	EDS Grade
Evidence	<p>Key documents</p> <ul style="list-style-type: none"> • Care Quality Commission • Staff Survey 2011 <p>Evidence</p> <p>NHS Rotherham has a zero tolerance approach to abuse, whether from patients or staff. Staff are encouraged to report all such incidents which are then investigated. A whistle blowing policy</p> <p>NHS Rotherham puts patients safely and quality at the heart of commissioning and has a Quality and Safety Group reporting to Rotherham Clinical Commissioning Group Committee. This group takes reports of all patient safety incidents and collates them into a patient safety dashboard to identify areas of risk. Quality meetings are held with all providers where risks and themes are discussed. Quality monitoring of providers by NHS Rotherham includes the Care Quality Commission registrations, quality accounts, CQUIN, quality Outcome Framework and Serious Untoward incidents. There are no indications in the data that any one protected characteristics group is more disadvantaged in terms of quality than patients from a non-characteristic group.</p> <p>Rotherham has established a new joint process for the monitoring and delivery of the Adult Safeguarding agenda and is strengthening existing working arrangements for Children’s Safeguarding. NHS Rotherham responded to the request by the Strategic Health Authority to undertake a self assessment of Children’s Safeguarding in response to the death of Baby P, in addition, NHS Rotherham with the Rotherham Council commissioned an Independent Review of all Children and Young People’s services, which included safeguarding. Additionally, NHS Rotherham has recruited a new Nurse Consultant for Children’s Safeguarding which will enable the continued review of arrangements to ensure statutory duties are met.</p> <p>Annual staff survey 2011</p>	Developing

	<p>Children safeguarding procedures and training</p> <p>Emergency planning</p> <p>GP lead for children and adult safeguarding</p> <p>Internal governance providing assurance to Board.</p> <p>Quarterly inequalities reports will be produced for each inequalities performance clinic. These reports include a mixture of process measures of progress in delivering the NHS Rotherham Inequalities Action Plan and outcome measures. To monitor progress on closing the health inequalities gap within Rotherham relevant outcome measures such as mortality rates will continue to be reported for Rotherham Neighbourhood renewal strategy target area as well as for Rotherham overall.</p>	
Feedback from Interest Groups	<ul style="list-style-type: none"> Although assurances are in place in the contract and quality schedule, they are not always monitored effectively and data disaggregated by equality groups is lacking. Mental health carers highlighted lack of consultation with them when service users are being allowed home leave or being discharged from hospital. 	
Areas for development	<ul style="list-style-type: none"> Increased monitoring of quality data by protected characteristic 	

EDS Outcome 1.5 (EDS Goal 1 – Better health outcomes for all)

“Public health, vaccination and screening programmes reach and benefit all local communities and groups”

Trust	NHS Rotherham	EDS Grade
	Key documents <ul style="list-style-type: none"> • Public Health Annual Report • Vaccination and Immunisation strategy 	Developing
Evidence	<ul style="list-style-type: none"> • NHS Rotherham Public health commissioned services which are provided to all Rotherham residents and/or all residents registered with a Rotherham GP. The health equity audit process identifies any gaps in provision to enable service redesign to ensure they reach all in need. • Breast screening programme have been well promoted to BME people through regular engagement with BME’s women’s group such as Tassibee • Screening work has taken place with the Learning Disabilities team around firstly the accuracy of the Learning Disability registers (where previously we had 3 versions of this) and secondly through the LD LES (locally enhanced service); this is where everyone with a LD is given an annual check. Part of this check it is recorded whether they have attended for a breast or cervical screen. This will give us an idea on how many women with a LD have had a screen, which will allow us to focus and target the HP work to encourage women to take up screening. • Health trainers work with the community to promote health and well being http://www.rotherham.nhs.uk/video/health-trainers.htm • Higher levels of screening for patients with learning disability • The Rotherham Health Trainer Service (RHTS) provides free, confidential, one-to-one, person-centred support to individuals to promote healthy lifestyle through the implementation and maintenance of lifestyle and behaviour change to produce health improvement outcomes related to modifiable health behaviours. • The RHTS meet with patients for up to one hour and for a maximum of 8 sessions, during which time a personal health plan (PHPs) will be completed. Using behaviour change and motivational interviewing techniques throughout the intervention, the Health Trainer provides the patient with a range of tools to promote increased self-efficacy, self-care, increase health literacy and most importantly, take responsibility for their own health. The HTs are also able to 	

	<p>refer directly to a range of other service that may be of benefit to the individual</p> <ul style="list-style-type: none"> • http://www.rotherham.nhs.uk/healthtrainers • NHS Rotherham has robust screening programmes for Cervical, Breast, Bowel, Diabetic Retinopathy and Antenatal and Newborn, which include all the protected groups. • Cervical Screening • The programme is delivered to women aged 25 – 65 years through a three or five year rolling programme using a call and recall system from the Open Exeter system of GP registrations • Breast • The programme is delivered to women aged 50 – 70 years (and those over 70 years on request) through a three year rolling programme using a call and recall system from the Open Exeter system of GP registration. From October 2010 the programme in Rotherham was extended to women between the ages 47 and 73 years • Bowel • The programme is delivered to men and women aged 60 -69 years on a 2 yearly basis. Call and recall uses the Open Exeter system to identify and invite those eligible for screening. From April 2010 we began offering extended screening to all people aged 70 – 75 years • Diabetic Retinopathy • The programme is offered to everyone above the age of 12 years with a diagnosis of diabetes on an annual basis • Antenatal • Delivery nationally is via midwifery services supported by the laboratory and is part of the pathway of care for all pregnant women in the UK • Newborn Screening • Delivery is via community midwives, health visitors, laboratories, child health records departments and newborn hearing screening coordinators • NHS Rotherham ensures that effective screening programmes are commissioned and operate to a high quality through performance monitoring. All populations in the target group are invited for screening. • NHS Rotherham will also work towards increasing the uptake of screening within their populations and especially within communities and groups where this is known to be lower than average. 	
--	--	--

	<ul style="list-style-type: none"> • Work is ongoing to take the findings from social marketing initiatives for both the Cervical and Bowel Screening programmes to be taken forward in an effort to reduce the barriers to screening and therefore increase uptake to screening. • Also continuing is the work to engage with groups i.e. TASSIBEE (an Asian women's group) and EU communities' link workers, to promote health messages and encourage screening. • There is work ongoing with the disability teams to ensure people with a disability have access to screening and any necessary adjustments are made to assist individual's access screening. This includes having robust and accurate registers of people with a disability and working together to ensure the individual is informed and is able to attend for screening. In addition all GP surgeries in Rotherham have a DES (Direct Enhanced Service for Learning Disabilities) where everyone with a disability will have an annual health check (and access to the cervical and breast screening programmes is one of the questions asked). These checks will assist us to identify where we need to target our services. • Although coverage for the screening programmes has improved across Rotherham, further work is needed to target those GP surgeries who have lower uptake. This tends to be in areas of higher deprivation and area where there are higher ethnic minority groups. 	
Feedback from interest groups	<ul style="list-style-type: none"> • LGBT Community Forum report anecdotal evidence of low uptake of Cervical & Breast screening by lesbian women (triangulates with national data) 	
Areas for development	<ul style="list-style-type: none"> • Monitoring take-up of vaccination and screening by protected characteristic. • Increasing take-up rate within specific protected groups 	

EDS Outcome 2.1 (EDS Goal 2 – Improved patient access and experience)

“Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds”

Trust	NHS Rotherham	EDS Grade
Evidence	<ul style="list-style-type: none"> Commissioned services (acute, community + mental health) require providers to do an equality impact assessment & comply with EA 2010. Primary Care service contracts require EA 2010 compliance. GP survey done in 2010, included questions on accessibility. Grants provided for improvement to access. Pharmaceutical Needs Assessment included assessment of access to pharmacies The online directory of voluntary, community and faith groups in Rotherham rotherhamgismo.org.uk provide a guide with comprehensive information about services available Choose and Book (www.chooseandbook.nhs.uk) promotes patient choice to those with online access. The evidence from Patient Surveys show a high percentage of offered Choice in Rotherham. The continuous development of Choose and Book comes from national user feedback Choose and Book has been in operation since 2004 and is now well-established as both a technological solution and a collection of business processes that, together, are able to deliver benefits covered by all four elements of the QIPP (Quality, Innovation, Productivity and Prevention) initiative. PALS have provided training to GP Practice staff regarding guidance on checking documentations for GP registration. Patients are informed by their GP about the referral to secondary care and are given options to choose where their treatment is carried out. PALS provide beneficial support which reassures staff to provide appropriate service. Develop the advisory process to ensure other commissioning groups have comprehensive knowledge of appropriate access. Patient Choice is a national programme that allows patients to choose their date and time of appointment to have their secondary care treatment that is convenient to them. The national 	Developing

	<p>data, (patient choice surveys), shows that Rotherham has maintained consistently high around the awareness of choice with patients. NHSR was top in the country for 2 years running. A local survey highlighted the same information as above. Patient choice was promoted and received well by many interest groups including Health Network and Rotherham Older People Experiences of Services. Rotherham has a good track record, being top in the country for patient awareness for 2 years which is ahead of others PCT therefore no areas of development are required, other than to carry on sharing good practice.</p> <p>QTV in health centres, website and language Line</p> <ul style="list-style-type: none"> • GP access and out of hours access • Dental access and emergency access • Pharmacy access and out of hours access • Pharmaceutical needs assessment and consultation • Patient Opinion- more positive than negative • Annual learning disability self assessment and learning disability health days • Plain English Information • Alternative format i.e. targeted information and video • Patient experience survey from Rotherham Doncaster and South Humber NHS Trust and Rotherham Foundation NHS Trust. • Reasonable adjustment for learning disability patients to access GP services • Information are accessible to a variety of groups on NHS Rotherham Website <p>Campaigns to support Improved access</p> <ul style="list-style-type: none"> • Single Point of access • Choose well 	
Feedback from interest group	<ul style="list-style-type: none"> • Access to dentist services for wheelchair users was highlighted by a service user • Carers have fed back that they often feel like they do not have a voice even though they have an intense understanding of the needs of the patient. They often feel that their views are not considered 	
Areas for development	<ul style="list-style-type: none"> • Increase the requirements on Providers to provide access data broken down by protected characteristics and challenge any gaps in data • Assurance frameworks must include equality performance indicators (ideally, based on the EDS) 	

	<ul style="list-style-type: none">• Ensure that commissioning engagement / patient feedback mechanisms include Carers & require providers to do the same.	
--	---	--

EDS Outcome 2.2 (EDS Goal 2 – Improved patient access and experience)

“Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment”

Trust	NHS Rotherham	EDS Grade
Evidence	<ul style="list-style-type: none"> IT Choose & Book system and required equipment is in place for all GPs to refer patients by Choose and Book. Evidence shows patients are offered Choice in Rotherham Within the PALS, there is a Community Advocacy Worker activity in Quarterly report: translation, information and support to EU Migrants at GP Practices Patients are informed by their GP about the referral to secondary care and are given options to choose where their treatment is carried out. Patient Choice is a national programme that allows patients a choice of where they have their secondary care treatment. It also allows patients to choose their date and time of appointment that is convenient to them. Experience survey Patient experience tracker for Rotherham Foundation NHS Trust patients – 5 survey questions Easy read information available for Learning disability patients. Mental Health Advocacy for Independent Mental Health Advocacy Out of area advocacy <p>Accessible Information</p> <ul style="list-style-type: none"> Accessible and interactive website, the design and format of which was informed by extensive consultation with patients and the public (some of whom experienced a variety of barriers to access) QTV system in many GPs practices and other locations Signposting to information through our PALS team System to ensure that information for patients is accessible, accurate and up to date which is supported by NHS Rotherham’s commitment to provide quality, accessible information to patients and the public. 	Developing

	Key mechanisms for this are through: <ul style="list-style-type: none"> Targeted information for patients on services available locally. 	
Feedback from Interest groups	<ul style="list-style-type: none"> Greater involvement of carers are needed Information is not always provided in accessible formats Communication about prescriptions / dosage needs to be improved, particularly when patient has visual impairments or other communications barriers. 	
Areas for development	GP PPGs <ul style="list-style-type: none"> The establishment in the majority of practices of patient participation groups as a result of the PPI DES between 20011-13 may give the opportunity to access wider feedback, and to hear concerns of patients from a new route, if communication mechanisms can be established to share information 	

EDS Outcome 2.3 (EDS Goal 2 – Improved patient access and experience)

“Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised”

Trust	NHS Rotherham	EDS Grade
Evidence	<p>PALS ‘Your Opinion Counts’ comment card: feedback documented in Quarterly reports</p> <p>Online feedback</p> <ul style="list-style-type: none"> NHS Rotherham has mechanisms to check and monitor online feedback, including use of Patient opinion NHS Choice and through the NHS R website <p>Informal feedback from community consultation and groups</p> <ul style="list-style-type: none"> NHS Rotherham’s commitment to ongoing engagement with communities also ensures that community organisations have the opportunity to flag up issues and concerns through informal mechanisms. <p>Information collected by service providers</p> <ul style="list-style-type: none"> En suite accommodation Respect and dignity indicators in quality schedule Single sex accommodation PALS attend health events and community groups to promote the PALS service and deliver advice and information on accessing and receiving local health care. Messages of thanks are often received at these events from patients who have previously used the service. All contact into the PALS service are treated in the strict confidence and written consent is obtained , prior to disclosing patient identification information. 	Developing
Feedback from Interest groups	<ul style="list-style-type: none"> Project work for the Patient & Public Involvement Group emerging from the review of Patient Experience data. Respect and dignity indicators in quality schedule 	
Areas for development	<p>Duty to Involve Report outlines consultation activity and its impact on commissioning decisions 2010-11</p> <p>Facility to get online feedback through ‘Your Voice’: NHS R website</p> <p>More timely reporting of patient experience data and embedding it in the commissioning cycle.</p> <p>Patient experience CQUIN new for 2012-13 contract + patient experience KPI integrated into quality</p>	

	<p>schedule, now have equality data requirements</p> <p>Patient Public Involvement reports requested from providers</p>	
--	---	--

EDS Outcome 2.4 (EDS Goal 2 – Improved patient access and experience

“Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently”

Trust	NHS Rotherham	EDS Grade
Evidence	<ul style="list-style-type: none"> • Each complaint letter written on behalf of NHS Rotherham is quality checked • Issues are lodged and actioned for RDASH Adult services • PALS will deal with concerns confidentially and promptly. • Quarterly reports detail patient experiences 	Developing
Feedback from interest groups	<ul style="list-style-type: none"> • Most Black and Minority Ethnic group do not often complain about services because they view the whole process to be time consuming and stress full. 	
Areas for development	Further analysis of complaints by protected characteristic.	

EDS Outcome 3.1 (EDS Goal 3 – Empowered, engaged and well-supported staff)

“Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades”

Trust	NHS Rotherham	EDS Grade
Evidence	<ul style="list-style-type: none"> • HR representation available to support interviews. • Implementation of the Safer Recruitment policy. • Interview scoring sheets and set questions/ model answers. • Recruitment and Selection Policy includes EIA with action plan • Recruitment and Selection Training for managers. • Use of the national NHS Jobs website to advertise posts – guaranteed interview via the two ticks scheme for applicants with a disability. 	Achieving
Good practice	<ul style="list-style-type: none"> • Recruitment and selection policies confirm that NHS Rotherham has a fair, open and transparent recruitment process. Due to the national requirement for running cost reductions, NHS Rotherham is not currently recruiting, but applies its Management of Change process to ring-fenced opportunities for redeployment of existing staff. • A Voluntary Redundancy (VR) Scheme was run in 2011. An Equality Impact Assessment was completed on the VR scheme and highlighted no significant issues in relation to the diversity profile of the workforce. The outcomes are currently monitored by the Strategic Health Authority. • NHS Rotherham has an Apprenticeship Scheme which has resulted in Apprentices working across the organisation during 2010-12 	
Areas for development	<p>Align policies and procedures across the South Yorkshire & Bassetlaw Cluster to ensure equal opportunities for all.</p> <p>Continue to monitor the impact of organisational change on the workforce profile.</p>	

EDS Outcome 3.2 (EDS Goal 3 – Empowered, engaged and well-supported staff)

3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay”

Trust	NHS Rotherham	EDS Grade
Evidence	The national Agenda for Change or Very Senior Managers Terms and Conditions are applied to all posts, ensuring equal pay. We have a clear Re-grading Procedure and Re grading panels consist of both management and staff side representatives. Nationally agreed Agenda for Change profiles are used when undertaking job evaluation. The national terms and conditions handbook is used.	Developing
Feedback from local interest groups	Organisational changes has resulted in members of staff being required to take on additional duties, this has resulted in some staff working at higher band , but no additional payment	
Areas for development	<ul style="list-style-type: none"> Align policies and procedures across the South Yorkshire & Bassetlaw Cluster to ensure equal opportunities for all Continue to monitor the impact of organisational change on the workforce profile. 	

EDS Outcome 3.3 (EDS Goal 3 – Empowered, engaged and well-supported staff)

“Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately”

Trust	NHS Rotherham	EDS Grade
Evidence	<ul style="list-style-type: none"> • All staff are required to have annual appraisal, 73% in the 2010/11 staff survey reported that they have had an appraisal or review. • During 2009-11 a Transformational Leadership Programme ran and evaluated very well in terms of reaction, learning and change. In light of the move to Clinical Commissioning and changing job roles, further training and development for staff may be needed. • Equality and Diversity training is mandatory for all employees with the latest e-learning package to be completed by all staff by March 2012. Further Equality and Diversity updated sessions have been delivered within the organisation 	Developing
Good practice	<p>Below are the training and the numbers of workers who have access them.</p> <ul style="list-style-type: none"> • Adult and children safeguarding - 93% • Equality and Diversity – 94% • Fire, Health and safety – 93% • Health and Safety- 84 % • Infection Control – 86% • Information governance – 90% • Moving and Handling – 82% 	
Feedback from interest group	<ul style="list-style-type: none"> • Staff commented the work environment is getting increasingly more stress full as colleagues leave either via Voluntary Redundancy and Voluntary Early Redundancy 	
Areas for development	<ul style="list-style-type: none"> • Consistent approach to training and development needed across the cluster 	

EDS Outcome 3.4 (EDS Goal 3 – Empowered, engaged and well-supported staff)

“Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all”

Trust	NHS Rotherham	EDS Grade
Evidence	<p>Staff are protected through a number of policies including:</p> <ul style="list-style-type: none"> • Dignity at Work Policy • Fraud and Conflict Resolution training are mandatory. • Grievance and Dispute Procedure • Whistle blowing Policy 	Developing
Feedback from interest Groups	Although policies are in place, staff may feel reluctant to report bullying and or don't feel that there are sufficiently accessible channels to report bullying through informal channels.	
Areas for development	<ul style="list-style-type: none"> • Align policies and procedures across the South Yorkshire & Bassetlaw Cluster to ensure equal opportunities for all. • Grievance and disciplinarians monitored by 6 protected characteristics and analysed in Annual Equality Report 	

EDS Outcome 3.5 (EDS Goal 3 – Empowered, engaged and well-supported staff)

“Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives”

Trust	NHS Rotherham	EDS Grade
Evidence	Key policies <ul style="list-style-type: none"> • Carer, Personal and Family Reasons Policy • Flexible working opportunities are open to all employees to apply. Flexible working policies agreed by staff side through joint management arrangements • Implementation of the Flexible Working policy includes flexi-time, 9 day fortnights, condensed hours, part time and term-time only contracts. • Leave for Domestic • There are a range of employment policies to support staff around the equality agenda and many have been updated in 2010/11 including the Retirement Policy, Leave for Domestic, Carer, Personal and Family Reasons Policy, and the Maternity Policy. Flexible working options are available to and accessed by staff. 	Developing
Feedback from interest group	<ul style="list-style-type: none"> • Although flexible working options is seen as an organisational strength by staff, there is the view that application of the flexible working processes is dependent on the approach of the line manager. 	
Areas for development.	<ul style="list-style-type: none"> • Align policies and procedures across the South Yorkshire & Bassetlaw Cluster to ensure equal opportunities for all 	

EDS Outcome 3.6 (EDS Goal 3 –Empowered, engaged and well-supported staff)

“The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population”

Trust	NHS Rotherham	EDS Grade
Evidence:	<ul style="list-style-type: none"> • Policies in this area include: • Alcohol & Substance Misuse Policy & procedure • Sickness Absence Policy • Managing Work Related Stress Policy • A confidential manger-referred or self-referred staff Counselling Service is offered to all employees. • Managing Work Related Stress Policy • NHS Rotherham supports seasonal campaigns for employees e.g. flu jabs, safe sun, healthy eating programmes, discounts at local gyms, weight management training programmes offered to all staff, health testing for staff • Occupational health referrals are available for all employees, as are fast track physiotherapy referrals. • NHS Rotherham delivers a Mental Health First Aid training to improve workplace mental health. 	Developing
Feedback from interest groups	Staff are experiencing high levels of stress and uncertainty in the current time of change and uncertainty. However there is now clear, regular communication to staff about changes which does help	
Good practice	NHS Rotherham has received a Mental Health First Aid Award for support in delivering training to South Yorkshire Fire & Rescue Service and organisational commitment to employing Mental Health First Aid Instructors (MHFAI). NHSR has two MHFAIs. One instructor has worked for the national mental health team for a number of years and has delivered and commissioned training for frontline workers in Rotherham to improve mental health literacy and early intervention and support for mental health problems. The other instructor is a Youth Mental Health First Aid Instructor and has been delivering training to staff who work with children and young people aged 11-18 years in Rotherham to tackle and improve emotional and mental well-being and reduce mental ill-health. The Oakdale Wellbeing Service offers	

	<ul style="list-style-type: none"> • Unlimited access to Oakdale's 24 hour counselling helpline • Support and signposting to appropriate services and sources of information • Structure courses of telephone counselling sessions • Structured courses of online counselling • Management advice <p>Recent users of the service reported:</p> <ul style="list-style-type: none"> • Very high levels of satisfaction • 100% would use the service again • 100% would recommend the service to a colleague • 100% receiving counselling improved clinically <p>The confidential 24 hour helpline is available on 0800 027 7844.</p>	
Areas for development	Align policies and procedures across the South Yorkshire & Bassetlaw Cluster to ensure equal opportunities for all.	

EDS Outcome 4.1 (EDS Goal 4 – Inclusive leadership at all levels)

“Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond”

Trust	NHS Rotherham	EDS Grade
Evidence	<p>In Clustering of PCTs from 1st October 2011, the NHS South Yorkshire & Bassetlaw Board became the Board for NHS Rotherham. Equality leadership is formally assigned to the Director of HR & Governance. The 5 Clustered PCTs are working together in partnership on aspects of Equality including:</p> <ul style="list-style-type: none"> • Equality Delivery System • Equality Objectives • Equality Strategy • Equality Training • Publishing Equality data <p>Equality and Diversity training is mandatory for all employees with the latest e-learning package to be completed by all staff by March 2012. Further Equality and Diversity updated sessions have been delivered within the organisation.</p> <p>Locally within Rotherham :</p> <ul style="list-style-type: none"> • NHS Rotherham has had in place an Equality Diversity & Human Rights Steering Group for a number of years. • NHS Rotherham Single Equality Scheme has been refreshed in light of the introduction of the Equality Delivery System. • The Equality Impact Assessment (EIA) process is embedded across the organisation and EIAs are published regularly on our website. 	Developing
Areas for development	<ul style="list-style-type: none"> • Continue to develop the alignment between the Cluster Equality role and the local Equality role. • Do managers encourage ‘equality champions’ to operate within the workplace in order to raise awareness of equality issues and encourage the development of initiatives to address inequality and promote understanding amongst wider team members? • Managers require a good level of awareness, understanding of equalities and access to adequate 	

	financial resources to support their staff with attending 'specific /extended' training opportunities?	
--	--	--

EDS Outcome 4.2 (EDS Goal 4 – Inclusive leadership at all levels)

“Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination”

Trust	NHS Rotherham	EDS Grade
Evidence	<p>Mandatory Equality & Diversity training is delivered via E-Learning. The Core Learning Unit has recently released new equality e-learning packages to replace the previous equality & diversity e-learning package. These packages have been updated to reflect the 9 protected characteristics and new responsibilities around discrimination. Equality training is mandated 3-yearly, but in light of the changes to the Equality Act, staff has been asked to update their training by the end of March 2012. The Equality Impact Assessment process is embedded within the organisation and was refreshed in response to the Equality Act 2010. Equality Impact Assessments are published on the public website. The Equality Impact Assessment Champion Network continues to develop and support staff within directorates who are completing Equality Impact Assessments. NHS R has implemented the Dignity at Work Policy for employees</p>	Developing
Areas for development	<ul style="list-style-type: none"> • A regular updates are given on NHS R intranet regarding cultural / religious celebrations • Continue to develop the alignment between the Cluster Equality role and the local Equality role. 	

EDS Outcome 4.3 (EDS Goal 4 – Inclusive leadership at all levels)

“The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes”

Trust	NHS Rotherham	EDS Grade
Evidence	<ul style="list-style-type: none"> NHS Rotherham has implemented the KSF framework for individual roles linked to equality and diversity competencies and measured via the PDR process in relation to equality outcomes. There are Equality and Diversity champions within the organisation in order to influence at a strategic level and drive service improvement. NHS Rotherham has not yet used the Competency Framework as it was only recently published 	Un developed
Areas for development	<ul style="list-style-type: none"> Assess the needs of the organisation’s staff based on the national Equality Competency Framework. Being proactive not reactive toward staff- What current / future initiatives will HR implement to ensure staff represented under the headings of the protected characteristics are actively supported and promoted How can you demonstrate or what measures have you adopted to ensure inclusive leadership is representative within middle and senior management structures which support the organisation to advance equality outcomes. 	