



EQUALITIES OUTCOMES ACTION PLAN 2013-2016



The NHS National Waiting Times Centre Board

RAG

OUTCOME 1	Everyone will be treated with dignity and their views and values respected	
External Reference Points	Equality Act 2010 Quality Ambitions Patient Rights Act Human Rights Act Covers All protected characteristics Staff Governance Standard and Monitoring Framework 2020 Everyone Matters Workforce Vision National Person Centred Programme	
What evidence do we have that Outcome will be delivered	A (i) Implement the Board's Values Strategy	
	A (ii) Implement the Values Dashboard Measurement Tool for our Values Programme	
	B Continue to Develop and Support Existing and Future Diversity Champions	
	C Continue to Enhance and Increase Opportunity for Staff to attend Equality & Diversity Training	
	D Achievement of Leader in Diversity Award	

Red


Outstanding

Amber

In Progress

Green

Completed

Purple

Implemented & Ongoing

NWTC: Equality Outcome One: Everyone will be treated with dignity and their views and values respected

Key actions	Measures	Activities	Strategic Lead	Ops Lead	Delivery Date	Current Position	RAG
<p>Ai) Implement the Board's Values Strategy</p> <p>The strategy is our formal commitment to delivery of our objective. It ensures consistency of delivery of our values for everyone who uses our services.</p> <ul style="list-style-type: none"> • Deliver the Staff Governance Action Plan • Develop and deliver the Better Together Implementation Plan • Feedback from Patient Surveys / Walkrounds • Implement the Everyone Matters 2020 Implementation Plan • Implement iMatters staff experience tool • Delivery of objectives related to the national • Person Centred Programme 	Delivery of Values Steering Group Action Plan	(i) Regular updates on Values implementation strategy to SMT and NWTCB	Director of HR	Head of L&D (CF)	Ongoing	Quarterly updates to SMT / PCC.	
	Reduction in staff / patient concerns or complaints.	(ii) Development sessions for Exec / Senior Teams on values work	Director of HR	Head of L & D (CF)	July 2014	Implemented	
	There will be a positive values-based culture in place with measurable outcomes.	(iii) Roll-out of application of Values across stakeholder groups in 2014/15	Director of HR	Head of L&D(CF) / Sandie Scott	December 2014	Implemented	
	Increased employee engagement score once benchmarks agreed.						
	Positive national staff survey results.	(iv) Analysis of 2013 Staff Survey results.	Employee Director	SGPSG	April 2014	Feedback integrated into 2014/15 SGAP	





Aii) Develop and implement values dashboard measurement tool for our values programme.	Measurement tool will be in place, kept updated and regularly access to monitor programme by grievance groups.	(i) Research appropriate measurement /frameworks	Nurse Director		April 2013	Final report received from Strathclyde University	
		(ii) Approve measurement tool through governance framework	Nurse Director		April 2013	Tool approved	
		(iii) Plan for roll out. Monitor and update operationally	Nurse Director	Head of L&D (CF)	April 2014	i-Matters integrated into this workstream.	
		(iv) Develop Values Survey with external validation	Nurse Director	Head of L&D (CF)	April 2014	COMPLETED. Final report received from Strathclyde University	
		(v) Establish measurement criteria for dashboard	Nurse Director	Head of L&D (CF)	March 2014	Values Measurement scoping complete.	
		(vi) Maintain and update data on quarterly / 6 monthly basis as agreed		Head of L&D (CF) Head of HR	Ongoing	Data set finalised AND Dashboard will be regularly updated	
		(vii) Continue to refine Dashboard data and facilitate discussion at governance groups.	HRD	Head of L&D / Head of Corporate Affairs	Ongoing	Ongoing..	
B) Continue to develop and support existing and future Diversity Champions	3 year development plan	(i) Provide ongoing training and support to existing champions.	Director of HR	Spiritual Care & Diversity Lead	April 2015	Quarterly Networking meetings, E&D activities	
		(ii) Review and monitor impact of Diversity Champions	Director of HR	Spiritual Care & Diversity Lead	Ongoing	Evaluation paper presented to SMT January 2014	
		(iii) Training 2 nd cohort of Diversity Champions.	Director of HR	Spiritual Care & Diversity Lead	May 2015	2 nd Cohort approved by SMT January 2014. Training took place in April 2014.	

C) Continue to enhance and increase opportunity for staff to attend Equality & Diversity training.	Bespoke learning programme for NWTCB employees, including: - legislation - organisational values - health & inequalities - human rights - appropriate behaviours Increase update of mandatory training.	(i) Review of the blended learning programme (e-learning module and classroom session)	Director of HR	L & D Manager	April 2014	New classroom session in place from April 2014.	
		(ii) Ongoing delivery of training	Director of HR	Head of Clinical Governance/ L & D Manager/	Ongoing	Ongoing.	
		(iii) Annual review of mandatory training	Director of HR	L & D Manager		Part of review of annual L&D Plan.	
		(iv) Development, approval and implementation of PIN ensuring Equality, Diversity and Human Rights.	Employee Director	Chair of SGPSG	May 2014	Approved at May 14 Partnership Forum.	
		(v) Full evaluation of e-Learning and classroom session.	Director of HR	Spiritual Care Advisor / Head of Clinical Governance	Q1 2015	Feedback gathered on ongoing basis	
D) Achievement of Leader in Diversity award. Achievement of this award is a visible sign that we take diversity and equality in a serious and sustained way.	Award of liD. Improved results from staff survey	(i) Stage 2 achieved in December 2012.	Director of HR	Head of Clinical Governance / Spiritual Care & Diversity Lead	December 2014	Standard achieved.	
		(ii) Plan and achieve Stage 3, Leaders in Diversity	Director of HR	Head of Clinical Governance / Spiritual Care & Diversity Lead	March 2015	Challenges with company. Decision taken not to proceed.	

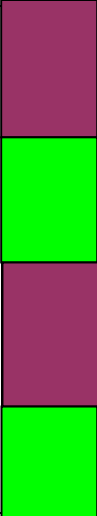
The NHS National Waiting Times Centre Board

RAG

OUTCOME 2	Our Services are designed / delivered in a way which meets the needs of all of our patients and users of our service		
External Reference Points	Equality Act 2010 Patient Rights Act Covers All protected characteristics 2020 Everyone Matters Workforce Vision	Quality Ambitions Human Rights Act Staff Governance Standard and Monitoring Framework National Person Centred Programme	
What evidence do we have that Outcome will be delivered	A Implement the Board's Transgender policy		
	B Training delivery to clinical staff on LGB / trans issues		
	C Communication with patients who have learning disabilities/dementia training sessions in place for frontline staff		
	D Child protection training sessions		
	E Facilitated care of patients with dementia sessions for clinical staff using wide range of resources by NHS NES electronic formats		
	F Review and update approach to Equality Impact Assessment (EQIA)		
	G Develop a patient equality demographic for each clinical speciality that allows condition specific benchmarking both locally and nationally		
	H Ensure services meet the needs of vulnerable people including those with dementia		
	I Ensure patients approaching end of life are treated with dignity and respect and their needs are met appropriately.		
	J Ensure that our integrated care pathways (ICP) meet the needs of everyone and are subject to a rolling programme of review.		
	K Retain Investor in Volunteer Status		

Red	Amber	Green	Purple
			
Outstanding	In Progress	Completed	Implemented & Ongoing



NWTC: Equality Outcome 2: Our Services are designed / delivered in a way which meets the needs of all of our patients and users of our service

Key actions	Measures	Activities	Strategic Lead	Ops Lead	Delivery Date	Current Position	RAG
<p>Ai) Implementation of Board Transgender Policy</p> <p>Our policy will ensure all service users are treated with dignity and respect through their needs being understood by staff.</p>	<p>Policy in place. Dataset to monitor compliance and effectiveness of policy.</p>	<p>Policy promoted at equality events.</p> <p>Accessible through intranet.</p>	Director of HR	Head of Human Resources	By Sept 2014	<p>Policy in place.</p> <p>To date there has been no recorded use of policy but this is monitored.</p> <p>Policy was reviewed and approved by Partnership Forum July 2014.</p> <p>Transgender awareness workshop delivered during Equality week October 2014</p>	

B) Training delivery to clinical staff on LGB / trans issues: - legislation - next of kin / consent - communication	Training package in place	(i) Review of external training materials.	Director of HR	LGB Lead	By July 2013	Review of Stonewall training resources	
		(ii) Development of training pack.		LGB Lead	By June 2013	Development of "Getting it right for our LGBT patients" good practice leaflet	
		(iii) Launch of training.		LGB Lead	By September 2013	Training delivered to Nurse Managers and Senior Charge Nurses. Further roll out ongoing	
		(iv) Line management development sessions to be developed across all characteristics.		All Equality Leads	2014-15	Learnpro module developed and available for all staff April 2016.	
C) 'Communication with patients who have learning disabilities / dementia training sessions in place for frontline staff.	Training package in place	(i) Development and delivery of a sustainable training programme.	Nurse Director.	Spiritual Care Provider / Age Lead	April 2015	Implemented. NES resource "Making Communication Even Better".	
		(ii) We continue a rolling programme of training HCSWs throughout the hospital in Best Practice in Dementia Care for Acute Setting.		Age Lead	April 2016	Cohort 6 started in October 2015 with 7 participants Firs Lead nurse for Dementia appointed to the Board in September 2014. Post to be reappointed in Spring 2016 and funding from Alzheimer's Scotland to support this post and integration with national Dementia Strategy objectives	
		(iii) Dementia Care was added to the Clinical Education Calendar for 2012/13, supported by local		Age Lead	April 2016	Board Dementia Strategy ratified and ongoing education calendar	

		<p>Dementia Champions for the Board.</p> <p>(iv) Additional dementia study days in education calendar.</p> <p>(v) LD training was held within the hospital with SCLD.</p> <p>(vi) LD communication awareness at Mandatory core Training for Nursing Assistants curriculum 2015/16</p>		Age Lead	April 2016	<p>established with new post holder.</p> <p>Some Dementia Study days have taken place and are ongoing pending the reappointment of post.</p> <p>All Nursing Assistants attending core training have completed this and have provided good feedback. 85% of Nursing Assistants have received this training.</p>	
D) Child protection training sessions	Training package in place	(i) Child protection training available on Learnpro format.	Nurse Director.	Clinical Education and Improvement Nurse/ Age lead	October 2014	Child protection training module signposted to nursing staff at core training days via booklet signposting staff to non mandatory modules.	
		(ii) Monitor update of Child Protection module.		Clinical Ed & Improvement Nurse/ Age lead	Commence from autumn 2015	Started Autumn 2015	

E) Facilitated care of patients with dementia sessions for clinical staff using wide range of resources by NHSNES electronic formats	We are in process of training HCSWs throughout the hospital in Best Practice in Dementia Care for Acute Setting. Fifth cohort will start in November 2014.	(i) HCSW facilitated self study course ongoing and NHSNES Self Study Dementia care on-line course available – plan to run facilitated sessions to review and implement this course.	Nurse Director.	Clinical Education & Improvement Nurse	Rolling programme.	Dementia lead nurse post Training continues and will be further developed by new postholder.	
	Dementia care training added to clinical education calendar					Complete.	
F) Review and update approach to Equality Impact Assessment (EQIA). EQIA is a legal requirement and if undertaken correctly can allow us to ‘risk’ assess areas of services or policy which may lead to discrimination.	Updated EQIA guidance. Updated support documentation. Master list of all EQIA documents and services which is available for scrutiny and which will demonstrate compliance with EQIA. Formal Annual EQIA plan.	(i) Review current EQIA arrangements including guidance and training. As part of review process ensure stakeholder engagement.	Director of HR	HCG	Sept 2013	Complete. New process agreed.	
		(ii) Audit current policy and services to establish compliance with EQIA.		HCG	Sept 2013	Review completed. Work will continue in 2016/17.	
		(iii) Draft status report to Involving People Steering Group with recommendations for improvement.		HCG	January 2015	Update provided to Involving People Group, Partnership Forum and Senior Management Team.	
		(iii) Circulate plan for consultation across service.		HCG	September 2014		
		(iv) Approve through governance arrangements and implement recommendations for improvement.		HCG	September 2014		
	(v) Publish updated list of documents and functions to be EQIA over a 3 year period & monitor compliance.		HCG	2013-16	Documents stored in shared drive.		




<p>G) Develop a patient equality demographic for each clinical speciality that allows condition specific benchmarking both locally and nationally. In understanding the socio-economic profile of patients who use our services we can benchmark with other organisations to establish if we are treating the anticipated population and where we are not we can consider appropriate improvement actions.</p>		<p>(i) Review available data for agreed specialities to establish what equality data is collected and how it is used / utilised.</p> <p>(ii) Undertake benchmarking exercises for agreed specialities to assess whether it is possible to measure Boards position for treatment against other organisations.</p> <p>(iii) Consider outputs from (i) and (ii) to inform development of a formal strategy for the use of equality data in service planning.</p>	<p>HCG</p> <p>HCG</p> <p>HCG</p>	<p>Spiritual Care Provider</p> <p>Spiritual Care Provider</p> <p>Spiritual Care Provider</p>	<p>By February 2015</p> <p>Run April 2015 – June 2015</p> <p>Rolling programme across 2015-2016</p>	<p>Complete</p> <p>Since implementation of Trak in June 2015, challenges have been experienced in obtaining a full data set in Equalities. Work ongoing to resolve over the next few months.</p>	
<p>H) Ensure services meet the needs of vulnerable people including those with dementia. Our Board has a diverse patient population. Although our data does not suggest that services for vulnerable people are lacking in quality, we acknowledge that to further reduce the risks of this patient population suffering inequity we need to ensure robust arrangements are in place to support these patients and monitor their experiences.</p>	<p>Robust guidance to support all aspects of care for vulnerable people.</p> <p>Where required specific pathways and interventions to support the needs of vulnerable people.</p> <p>Audit data to provide evidence those outcomes are met.</p>	<p>i) Communicating with patients with a Learning Disability or Dementia – 3 hour course has been run for the past 2 years for all staff groups, facilitated through external groups.</p> <p>ii) Vulnerable People Action Plan and Action Plan to address the LD standards has been implemented and updated. This now includes papers available in OPD, and improved communication from OPD to in-patient areas to alert nursing teams of the specific needs of planned admitted patients.</p>	<p>Nurse Director.</p>	<p>Head of Nursing</p>	<p>April 2014</p>	<p>Complete. Board progress assessed as part of Older People In Acute Care assessment. Improvements noted and future progress will be linked to through the National Person Centered Health and Care Programme.</p>	

		iii) Daily Work Safety arrangements are in place to support these patients and monitor their experiences.					
I) Ensure patients approaching end of life are treated with dignity and respect and their needs are met appropriately. We provide a broad range of services for a diverse range of people. Some of the people we treat will require end of life care. Our services must be fine tuned that individual preferences are met and respected.	Palliative Care Delivery Plan	Introduce palliative care expertise into MDT's	Nurse Director.	Spiritual Care Provider	Ongoing	Bereavement & End of Life Care Training Day "End of Life Care Matters to us all" took place on 16 June 2014.	
		Establish Palliative Care Advisory Group within NWTC		Spiritual Care & Diversity Lead	January 2015	Group implemented and ongoing	
J) Ensure that our integrated care pathways (ICP) meet the needs of everyone and are subject to a rolling programme of review. ICP's ensure everyone is treated consistently – from a clinical perspective this is important. Ensure that all ICP's have a formal equality assessment.	Programme of review. Updated ICP documents.	(i) Work with Divisional Clinical Teams to source current list of ICP and review current status of all pathways.	Nurse Director.	Head of Nursing	Rolling Programme	Complete	
	Evidence of service user engagement.	(ii) Prioritise list for review and publish.		Head of Nursing	June 2013	Complete.	
		(iii) QPPG to monitor and support progress with review process which will be overseen through Divisional Clinical Governance Groups (DCGG)		Head of Nursing	2013 – 2016	Further work required	

K) Retain Investor in Volunteer Status. A diverse volunteer workforce not only ensures we can improve the patient experience, it means we are able to do this through building a diverse community of people – all with much to offer and contribute.	Award of IIV. Positive audit results.	(i) Implement work plan to retain IIV status. Will be steering through Volunteer forum.	HCG	Spiritual Care Provider	April 2013	Complete	
	Increase volunteer numbers.	(ii) Continue to monitor process structure and outputs to ensure high quality volunteer service is attained.			2013– 2016	Volunteer Manager Recruited	

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		RAG
OUTCOME 3	People will access and use our services in a way which meets their individual needs	
External Reference Points	Equality Act 2010 Quality Ambitions Patient Rights Act Human Rights Act Covers All protected characteristics Staff Governance Standard and Monitoring Framework 2020 Everyone Matters Workforce Vision National Person Centred Programme	
What evidence do we have that Outcome will be delivered		
	A Conduct a full external access audit of the Beardmore and Golden Jubilee National Hospital.	Green
	B Review current arrangements for provision of Interpretation and Translation services.	Green
	C Ensure there are robust arrangements in place for patients and public to be involved in the design and delivery of our services.	Green

Red 	Amber 	Green 	Purple 
Outstanding	In Progress	Completed	Implemented & Ongoing

NWTC: Equality Outcome 3: People will access and use our services in a way which meets their individual needs

Key actions	Measures	Activities	Strategic Lead	Ops Lead	Delivery Date	Current Position	RAG
A) Conduct a full external access audit of the Beardmore and Golden Jubilee National Hospital. <i>This is aimed at ensures that patients and staff, some whom may have disabilities, are able to access the GJNH and Beardmore services in ways that meet their needs.</i>	Audit results and improvement plan.	(i) Establish Short life working group with membership from QPPG and Patient Panel to oversee audit.	HR Director.	Head of Engineering / HCG	October 2013		
		(ii) Conduct initial access audit and develop tool for delivery of running programme of internally conducted audits.		Head of Engineering / HCG	March 2014		
		(iii) Conduct initial audit.		Head of Engineering / HCG	July 2014		
		(iv) Feedback on initial audit to IPG and develop tool for use.		Head of Engineering / HCG	November 2014.		
		(v) Agree and Implement rolling audit and improvement plan reporting progress to SMT / QPPG.		Head of Engineering / HCG	By March 2014		





<p>B) Review current arrangements for provision of Interpretation and Translation services. <i>Ensures those whose first language is not English or who may have a disability receive appropriate support in order to allow effective communication.</i></p>	<p>Improvement plan.</p>	(i)	Agree scope and methodology of review.	HCG	SC&D Lead	November 2014	Complete	
		(ii)	Undertake stakeholder engagement regarding quality and effectiveness of service provided.		SC&D Lead	December 2014	Complete	
		(iii)	Compare outcomes against agreed arrangement for service and make recommendations for improvement as required.		SC&D Lead	Jan – Feb 2015	Complete	
		(iv)	Implement improvement plan.		SC&D Lead	March 2015	Policy approved	
		(v)	Re-audit satisfaction and quality of service delivered.		SC&D Lead	Sep 2015		
<p>C) Ensure there are robust arrangements in place for patients and public to be involved in the design and delivery of our services. <i>The aim here is to ensure that a diverse cross section of people who use our services contribute to how these are designed, implemented and improved. By ensuring a diverse cross section of people are given opportunities to be involved in these activities all</i></p>	<p>(i) Agreed protocols for engagement. (ii) Outcomes from services review illustrating lay and volunteer input. (iii) Participation Standard work plan.</p>	(i)	Audit effectiveness of current arrangements through process and table top review and consultation with board staff and service users.	Nurse Director.	HCG	October 2013	Complete. Detailed review of IP strategy conducted which included feedback from services users.	
		(ii)	Review outcomes from audit and make appropriate recommendations for improvement where these are indicated.		HCG	November 2013	Complete. Required actions included in work plans.	
		(iii)	EQIA Board policies and strategies to ensure we do not discriminate against		HCG	July 2014	Complete. Rolling Programme	

<i>services should met the needs of all.</i>		people or individuals.		HCG	August 2014	Complete. Rolling programme	
		(iv) Review breadth and diversity of lay membership in Jubilee Foundation Groups and Committees.					
		(v) Initiate a review of the available patient demographics for patients accessing the National Services. Where necessary implement changes to improve the level of demographic data collected.		SC&D lead.	October 2014	Ongoing. Initial profile in place. Since implementation of Trak in June 2015 challenges have been experienced in obtaining a full data set in Equalities. Work ongoing to resolve over next few months.	

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OUTCOME 4	Our community regards the Board as a ‘centre for excellence’ whereby ‘Community Involvement’ and ‘Inclusion’ become expressions of reality and not aspiration	
External Reference Points	Equality Act 2010 Quality Ambitions Patient Rights Act Human Rights Act Covers All protected characteristics Staff Governance Standard and Monitoring Framework 2020 Everyone Matters Workforce Vision National Person Centred Programme	
What evidence do we have that Outcome will be delivered	The outcomes were developed in line with National Guidelines. We are committed to Community engagement and this currently takes place for programmes and activities involving our equalities leads.	
	A Develop, implement and monitor impact of Community engagement strategy.	
	B Produce a community engagement and resource directory.	
	C Extend volunteer programme through development and implementation of a time bank.	

Red	Amber	Green	Purple
			
Outstanding	In Progress	Completed	Implemented & Ongoing

NWTC: Equality Outcome 4: Our community regards the Board as a ‘centre for excellence’ whereby ‘Community Involvement’ and ‘Inclusion’ become expressions of reality and not aspiration

Key actions	Measures	Activities	Strategic Lead	Ops Lead	Delivery Date	Current Position	RAG
<p>(A) Develop, implement and monitor impact of Community engagement strategy. <i>This will be our formal commitment to become part of the local and national community and to champion the rights of not only our patients but the local community.</i></p>	Community Engagement Strategy.	(i) Establish working group with a diversity of membership across key NHS stakeholders, local and national equality and third sector bodies that compliment the clinical work undertaken by the Board.	HCG	HCG	Dec 15	(i)Established links with various groups to support work as appropriate including: -Local faith groups -Stonewall -Scottish Transgender Alliance -West Dunbartonshire Equality Network (ii) the Communication Strategy and the Involving People Strategy have been reviewed to ensure that they support the expansion of the organisation (iii) Communication Strategy is currently being updated following review (iv) this is part of the above Strategies (v) the Strategies will be heading to the Board early 2017 (vi) will be implemented following Board approval Complete awaiting publication	
	Increased engagement with local national organisations.	(ii) Define and develop a shared vision for community engagement which fits the role of the Board.		HCG			
		(iii) Based on this vision develop a draft strategy which will outline the Board’s objectives and actions to meet its vision.		HCG			
		(iv) Develop and implement a consultation plan that reaches across the community and maximises the input of everyone in shaping it		HCG			
		(v) Present strategy to Board for approval.		HCG			

<p>B) Produce an Internal Community Engagement resource directory. <i>The directory will underpin the community engagement strategy by ensuring relevant information is available for people to network effectively and where appropriate share physical and intellectual resources. This ensures expertise across all equality characteristics can be shared and inform quality improvement</i></p>	<p>Community Engagement Directory.</p>	<p>(i) Agree format and content of directory.</p> <p>(ii) Map local and national group's organisations working with the Board ensuring contributors are happy to include relevant information.</p>	<p>HCG</p>	<p>SC&D lead</p> <p>SC&D lead</p>		<p>The contacts for local and national groups have been refreshed and accessible in the Equalities folder on the u drive. New list of community engagement contacts available for each protected characteristic available.</p>	
<p>C) Extend volunteer programme (including review of time banks).</p>	<p>Increased opportunities for volunteering with greater diversity of roles.</p>	<p>(i) Extend and expand the Board Volunteer Programme</p> <p>(ii) Undertake a review of time banks assessing the feasibility of the Board establishing its own time bank.</p>	<p>HCG</p>	<p>SC&D lead</p> <p>SC&D lead</p>		<p>Our volunteer roles were reviewed, additional roles were introduced and a Volunteer manager was appointed to ensure the volunteers were fully supported.</p> <p>Review of the time-bank proposal was undertaken and recognised to not be the appropriate model for the Board.</p>	