

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)	Lead contact: Dr Kate Fallon, CEO
<p>BCH is a new kind of NHS Trust established on 1st April 2011. Starting with Ashton, Leigh & Wigan Community Healthcare NHS Trust, the footprint and range of services grew in 2011 to encompass the community services of Warrington, Halton, St. Helens and Trafford. It also incorporates the community dental network for these areas, and also Bolton, Stockport, Tameside and Glossop, and Western Cheshire. The Trust is committed to achieving Foundation Trust status by April 2013. The overriding objective for BCH is more care closer to home and more integration of care across traditional boundaries between agencies. As five distinct community services units have come together, that have grown under separate PCT leadership over the preceding years, the task of aligning of processes and structures is a key priority for BCH, and much work has been achieved in the ten months to date, but there is much to do. The range of services varies across the geographical patch, with core services common to all and specialised services delivered within local communities. Serving a population of over a million people with community services, and over two million people with community dental services, providing services from over 160 health centres, clinics, hospitals and third sector buildings, the breadth of impact on health inequalities BCH could have is immense. BCH also provides community care and dental services to HMP Risley, Thorncross and HMYOI Hindley. This EDS submission is being completed with this in mind, and whilst a corporate narrative is the basis of this submission, there is the background analysis and evidence for each division in order that we can consider accurately the local themes, and work closely with the local partners across the whole footprint to ensure that inequalities are addressed as pertinent to the locality. The community provider arms (Ashton, Leigh & Wigan, Halton & St. Helens, Warrington and Trafford) all completed the previous Equality Performance Improvement Toolkit (EPIT), and the evidence used for individual gradings of EPIT have formed the basis of this EDS, as well as consideration of progress within divisions since these gradings. Overall, this submission has been graded on the lowest performance measure of any of the divisions, but analysis of individual divisions will show in some instances, that there are enhanced performers on certain outcomes, and the application of this improved practice is of course being shared across BCH in order that all divisions can improve gradings.</p> <p>The services provided by BCH are commissioned by the relevant PCT’s across the geographical footprint. BCH aims to deliver services in conjunction with the patient, their carers and families, assessing and meeting the person’s needs as they evolve over a period of time. BCH community care is also aimed at educating and enabling citizens to manage their own wellbeing and quality of life. Across Bridgewater we already have significant examples of where the organisation has had a positive impact on service delivery to patients, prevention of admission, shifting secondary care to community settings and using resources more effectively. These can be demonstrated through services such as our pre-school autistic spectrum disorder pathway, our hospice allied health professional team, our lymphoedema team; the implementation of community services such as ear care, ring pessary, heart failure and consultant dermatology, where care was previously provided in a secondary care setting; and innovative services to “seldom heard” communities such as the “Clinic in a Box” service to homeless and vulnerable people living in hostels and “Get Checked” campaigns to those with profound hearing difficulties.</p>	
<p>EDS grade: Developing</p>	

<p>Reasons for rating:</p>	<p>Outcome: BCH can demonstrate that services are designed and procured and delivered to meet the needs of some protected and vulnerable groups. Whilst some services are provided universally, at present there is not the evidence across all services to demonstrate that all protected and vulnerable groups are accessing services in appropriate and effective ways.</p> <p>Engagement: Patients from some protected characteristics and vulnerable groups are engaged on promoting well being and reducing health inequalities.</p> <p>Mainstream processes: At present each division uses the Quality Accounts and CQC reporting processes. Work is under way on an Integrated Business Plan and a Bridgewater Quality Account.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones as part of the Community Foundation Trust (CFT) process.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes.</p> <p>The organisation provides services to meet the health needs of local communities, promote well-being and reduce health inequalities, however the organisation is only able to evidence this work against some of the protected characteristics with some of its services, and therefore it should be graded as “developing” at this time.</p>
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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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Colin Scales, Operations Director
<p>As mentioned in 1.1, BCH aims to deliver services in conjunction with the patient, their carers and families, assessing and meeting the person’s needs as they evolve over a period of time. Commissioning contracts require that health needs are assessed on the grounds of age, gender and ethnicity. There are also examples of services that routinely collect disability information and do analysis by postcode. All patients’ needs are assessed on referral and care plans made accordingly via mainstream processes. The use of EqIA’s in services would usually highlight protected or vulnerable groups that may need services provided in more appropriate ways. JSNA’s for each division differ in the detail of known protected groups. Working relationships are established in all divisions with the Links groups, and also the dignity groups of the local authorities. Commissioners review the results of patient surveys and our programmes for involvement through mainstream quality meetings.</p> <p>In three of the divisions, ethnicity rates are very low, less than 2%, as detailed by the Census, and whilst mid census estimates have been produced and used, it is known that they still don’t accurately reflect the changing community demographics in terms of Eastern European communities. Numbers can be so small as to make some of these protected groups “disappear” when aggregating profiles. Work is on-going to build the most accurate picture of community profiles, using contacts within PCT inclusion teams, Community Development Workers and Local Authority contacts. In two divisions, Commissioners have set contract requirements in relation to the health needs of LGBT groups. For one of the divisions the indicators are for both mental health and sexual health, recognising the co-dependency, whilst in the other division, it is for only sexual health. Such discrepancies are being highlighted through the mainstream alignment process within BCH and harmonisation of approaches being agreed to ensure that patient’s health needs from any protected or vulnerable groups result in appropriate services.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH is only able to demonstrate that health needs assessments, and resulting services, are delivered in appropriate ways for only some of the protected groups. Evidence is not available across all services to demonstrate delivery in effective ways for all protected groups.</p> <p>Engagement: BCH engages with patients from some protected groups about health needs assessments, and resulting services, may be provided in more appropriate and effective ways.</p> <p>Mainstream processes: The Commissioners through their contracts require improvements to be demonstrated.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p>	

	<p>The organisation is only able to demonstrate the assessment of health needs and the delivery of resulting services in appropriate ways for some protected groups, and therefore it should be graded as “developing” at this time.</p>
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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”

Name: Bridgewater Community Healthcare NHS Trust		Lead contact: Colin Scales, Operations Director
<p>BCH has prioritised its commitment to improving transitions of care as set out in its integrated care business plans and through its Commissioning for Quality and Innovation targets for 2011/12. Evidence from patients, families and carers and staff indicate that there are often issues related to transition from hospital discharge into community services. Issues are particularly pertinent for elderly people, particularly those patients with the onset of dementia. We also know through patient and carer engagement in Halton and St. Helens, that the transition from children and young people’s services to adult services for those with Learning Disabilities could be improved. This issue is being addressed through an active patient/carer’s group and again learning points will be applied across the footprint. In Warrington the transition from children’s services to adult services is being addressed by the appointment of a lead within the PCT for continuing healthcare of children. In our dental division, patients are offered a fully integrated service between providers. Patients can receive their dental care from childhood into adulthood and older age, usually by the same staff in the same building. In Warrington there is the development of a computer system that will create a single care record for both GP’s and community care, facilitating smoother transitions between services.</p>		
EDS Grade	Developing	
Reasons for rating:	<p>Outcome: BCH is able to demonstrate for some protected groups that changes across services are discussed with them, and transitions made smoothly.</p> <p>Engagement: BCH does engage with service users on a regular basis on changes across services but it can only evidence this for some protected groups.</p> <p>Mainstream processes: BCH reports on meeting this outcome through its Quality Accounts, and against CQC standards monitored by Commissioners.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>The organisation is able to demonstrate changes across services for individual patients are discussed with them for some protected groups, and transitions are reported as being made smoothly. For this reason the organisation should be awarded a developing grade.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Dorian Williams, Director of Governance/Executive Nurse
<p>BCH has developed clear mechanisms to ensure the safety of all its patients and service users is prioritised. There is a programme of patient satisfaction reporting, with follow up discussions. Trafford, for example, are analysing feedback from patients and families by some protected groups, following a pilot initiative. Warrington division for example, are able to analyse incidents using their risk management system to identify if an incident involves a patient from a vulnerable group. Dental division have a specialist and highly skilled workforce specifically trained to deliver care to patients from protected groups, patients with disabilities, vulnerable patients within prisons etc. BCH promotes an open culture for reporting incidents and near misses, and the lessons learned are cascaded through mainstream communication processes.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH can demonstrate evidence against only some of the protected and vulnerable groups in relation to the safety of patients being prioritised and assured.</p> <p>Engagement: BCH engages with patients on safety processes and improvement, but can only evidence for some protected groups.</p> <p>Mainstream processes: BCH reports on meeting this outcome through its Quality Accounts, and against relevant CQC standards monitored by Commissioners.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>Whilst safety of patients is prioritised and assured for all patients as a whole, processes for collecting against protected groups is only available for some groups. For this reason the organisation should be awarded a developing grade.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Stephen Ward, Executive Medical Director
<p>BCH serves over one million people within community settings, and therefore public health, vaccination and screening programmes need to benefit all our local communities and groups. Uptake of vaccinations across divisions is improving. With such a large geographical area, and diverse population, it is known from contacts with Community Development Workers that not all communities are accessing relevant health programmes. For example, the gypsy and traveller community has engaged less so than other patient groups in uptake of HPV vaccination. This is an issue that has been identified and work undertaken with relevant partners, to improve engagement. Warrington division for example is reporting the highest uptake in the NW for HPV vaccination, it also has one of the highest Chlamydia screening rates amongst young people. Our dental division can evidence good screening and outreach programmes, for example, in schools that provide additional support to those with disabilities. Wigan is a destination for Asylum seekers and has a significant migrant population, work with the PCT Inclusion team has highlighted that these communities are not always aware, or are unsure, if mainstream services are available to them. Community Development Workers in St. Helens for example, have identified the small population of Filipino families, despite working in the NHS Acute sector, are not aware of what health screening programmes they can access. They have actively identified they wish to improve their own and families' health, and actions are being progressed to work with these families.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: Evidence indicates that public health, vaccination and screening programmes are not reaching or are benefiting only some patients from protected and or disadvantaged groups.</p> <p>Engagement: BCH can evidence engagement with only some patients from protected groups in relation to how public health, vaccination and screening programmes can be improved.</p> <p>Mainstream processes: This outcome is monitored through contractual agreements with Commissioners.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>The organisation implements public health, vaccination and screening programmes but is aware that take up could be improved for some protected groups, for this reason the organisation should be graded developing.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Colin Scales, Operations Director
<p>BCH collects and obtains feedback from a variety of sources in relation to the accessibility of services, including patient surveys, service specific feedback forms, Link contacts, Community Development Worker feedback meetings, Pals info etc. There is evidence to show that this information is used to inform service access and provision feedback, but only across some protected groups some of the time. Although protected group information may be sought in line with service engagement, the information is not routinely analysed to show trends. Staff feedback has shown that some divisions have had issues accessing translators for appointments, however, analysis has shown that this is because the requests for translators for some of our divisions are very infrequent and staff are not familiar with the process of requesting a translator. This is being addressed by improved communication of the process to staff. In relation to our dental division, the service is provided specifically for patients from protected and vulnerable groups, and in relation to this service, it could be argued that access for protected and vulnerable groups is better than access for patients and communities as a whole.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH can evidence that communities can readily access services but only against some of the protected groups. Measures are in place to prevent access being denied on unreasonable grounds for any patient, but BCH can only evidence this for some protected groups.</p> <p>Engagement: BCH engages with some protected groups on access to services.</p> <p>Mainstream processes: BCH uses some mainstream processes such as contractual arrangements to make improvements on this outcome, but it could be further embedded.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>BCH could make better use of the data that is collected against some protected groups. Improvements will be made as plans to standardise processes and care pathways are implemented across all divisions. For this reason the organisation should be graded as developing.</p>	

**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 decisions about their care,
 and to exercise choice about treatments and places of treatment”**

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Dorian Williams, Director of Governance/Executive Nurse
<p>BCH is committed to ensuring that patients from all protected groups are fully involved in decisions about their care and are fully supported so that they can ask questions, consent to treatments and choose their place of treatment. There are clear access statements in place and this is supported by mandatory staff training. This means that no patient should be denied access to information and choice regarding treatment on the grounds of the protected characteristics, and also vulnerable groups. Information provided to patients as a whole gives consideration to issues highlighted as relevant to those from protected groups, for example, literacy levels in deprived areas of Halton and St. Helens are very low, around 7 years of age, so work with the local college and lay readers groups ensures that communication leaflets are easy to understand. This also benefits other protected groups. Halton and St. Helens division has worked with the local Acute Provider and the Mental Health Partnership in relation to an engagement exercise with patients with a learning disability on the change in venue of a long stay facility.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH can evidence against some of the protected characteristics that patients are informed and supported in decisions about their care and places of treatment.</p> <p>Engagement: BCH engages with some protected groups decisions about care and places of treatment.</p> <p>Mainstream processes: BCH reports on meeting this outcome through its Quality Accounts, and against relevant CQC standards monitored by Commissioners.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>BCH could make better use of the data that is collected through mainstream processes to evidence against more of the protected groups. Improvements will be made as plans to standardise processes and care pathways are implemented across all divisions. For this reason the organisation should be graded as developing.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Dorian Williams, Director of Governance/Executive Nurse
<p>BCH continually works to improve the positive experiences of patients in using our services. There is much work going on across the divisions to standardise how we ask these questions, and how we analyse the information to identify if there are “hotspots” for improvement. Currently Halton and St. Helens use a patient survey called “Talk to Us” with the use of smiley faces for patients and their carers to give feedback – asking questions in relation to verbal, written and venue of treatment. It also asks how they were greeted, about their privacy and dignity etc. There is also a young person’s version of this form. These forms are given to service users by staff after every visit, and the results are produced monthly and fed through the division’s reporting processes. In 2011, over 9000 of these forms were returned or completed. Whilst these forms are given to all patients, they are not broken down by all protected characteristics, so there is no analysis to see if any particular protected group are experiencing worse outcomes, this is something to be addressed going forward. There is a similar picture across most divisions. Staff satisfaction rates as good and excellent across services for all patients, so analysis by protected group is being progressed to ensure this is an accurate picture for all.</p>		
EDS grade: Developing		
Reasons for rating:	<p>Outcome: BCH has evidence to show that most patients and carers report positive experiences, but that can only be evidenced against some protected characteristics.</p> <p>Engagement: BCH engages with as many patients and carers as possible accessing most services</p> <p>Mainstream processes: BCH reports on meeting this outcome through its Quality Accounts, and against relevant CQC standards monitored by Commissioners.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes</p> <p>BCH could make better use of the data that is collected through mainstream processes to evidence against more of the protected groups. Improvements will be made as plans to standardise processes and care pathways are implemented across all divisions. For this reason the organisation should be graded as developing.</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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Dorian Williams, Director of Governance/Executive Nurse	
<p>Complaints about any services within BCH are taken very seriously and complaints are handled using standard processes, and reported via mainstream structures to divisional and corporate management teams, as well as Board. BCH uses lessons learnt across the divisions and communicates a “You said We did” so that improvements in one service can be cascaded to others. Whilst these information sources are good, the analysis against protected characteristics is only available for some, and routine requests for all protected characteristics needs to be factored in at source. Processes are being standardised across divisions and some will have more capable structured systems for this, but areas for increased capability need to be considered. Customer care and equality and diversity are modules within the mandatory training given to all staff across all divisions.</p>			
EDS grade:	Developing		
Reasons for rating:	<p>Outcome: BCH can evidence that complaints are handled with dignity and respect, efficiently as possible, however, only evidence against some protected groups can be demonstrated.</p> <p>Engagement: BCH engages with patients, carers, staff and communities from some protected groups about how their complaints and subsequent redress are handled.</p> <p>Mainstream processes: BCH reports on meeting this outcome through its Quality Accounts, and against relevant CQC standards monitored by Commissioners.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>BCH could make better use of the data that is collected through mainstream processes to evidence against more of the protected groups. Improvements will be made as plans to standardise processes and care pathways are implemented across all divisions. For this reason the organisation should be graded as developing.</p>		

**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”**

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Chris Samosa, Workforce & OD Director
<p>BCH uses NHS Jobs for all its recruitment processes across the divisions. Equal opportunities information is measured by all protected characteristics at point of application. BCH moved to a “Bridgewater” NHS Jobs single point of application, covering all divisions in June 2011. This followed with a single payroll reporting system, Electronic Staff Records (ESR), in December 2011. There are still processes to be implemented with this single system, and therefore workforce analysis is a mixture of current system reporting and historical data consideration. All divisions had previously considered their workforce data and had reported this through to their relevant Boards. Work is on-going on reporting through to Board the current workforce analysis, as January 2012 is the first time we have had a comprehensive “like for like” Bridgewater picture. Analysis of our workforce data shows diversity can be improved across all occupations and grades. All of the divisions have the “two tick” symbol, and some have the Mindful Employer Charter, there are plans in place to progress this across all divisions. The divisions work actively with the local jobcentres and colleges, placement providers etc to offer placements and work experience where possible, including NEET (not in employment, education and training) placements. There is female gender bias in a lot of the nursing professions, and this is something that BCH works with national selection campaigns and school/further education establishments to improve perceptions of career choices. BCH engages with staff side colleagues on a quarterly basis in relation to corporate issues, and divisional staff sides meet with their own divisional management teams on a regular basis. There are also active Model Employer and Policy Working groups that meet with staff side representation on a regular basis. Vulnerable and disadvantaged groups are also considered as part of BCH overall recruitment and selection strategy, with a current project underway in relation to worklessness across the divisions.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH is now using data from across the divisions to ensure that recruitment and selection processes are fair and improving diversity.</p> <p>Engagement: There is regular engagement with staff through staff surveys, staff side partnerships and communication cascades.</p> <p>Mainstream processes: Performance is considered through mainstream management team meetings, HR groups and Staff side partnership processes</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes</p> <p>BCH has just started to analyse and review this data on a corporate basis, although the content of historical divisional action</p>	

	<p>plans are also used to inform actions, for this reason the organisation should be graded as developing.</p>
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**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”**

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Chris Samosa, Workforce & OD Director
<p>BCH uses the nationally set NHS terms and conditions of employment and levels of pay. New posts and existing posts for review are considered by job review panels which have staff and management side representation. As stated in 3.1 BCH has moved to a single payroll reporting system which will allow work to continue at a corporate level to consider levels of pay and equal pay issues. There has been some work already on “standardising” levels of pay and job titles/descriptions across all divisions for certain posts, and this forms part of a HR process of restructuring. A level of discrepancy is to be expected as divisions were individual organisations prior to the formation of BCH in April 2011, and therefore had their own “local” interpretations of terms and conditions etc. There are detailed HR action plans in place to progress.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH through collection and use of analysis can demonstrate that staff from protected groups receive levels of pay and related terms and conditions that are no different from those experienced by staff as a whole, doing the same job.</p> <p>Engagement: BCH engages with staff side on a regular basis in relation to terms and conditions of pay, but this isn't necessarily analysis by protected characteristic.</p> <p>Mainstream processes: BCH uses mainstream processes for current engagement, but will refine this analysis and engagement to include this EDS factor.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken into account in the above processes.</p> <p>Due to the fact that BCH has only been able to analyse this data on a corporate basis since late December 2011, the organisation should be graded as developing.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Chris Samosa, Workforce & OD Director
<p>BCH has made significant advances in training and appraisal (PDR) since its formation in April 2011. Divisions were each following their own training packages, some using NHS nationally provided tools for mandatory training. Some divisions monitor attendance by protected characteristic, so actions are in place to standardise practice across the divisions. Mandatory training across the divisions is now in place, which includes equality and diversity training. At present the completed results for mandatory training for all divisions are entered manually onto ESR, so a report can be provided by protected characteristic, but as stated in 3.1, this feature has only become available since the end of December 2011, and therefore actions are still being progressed on analysis and reporting. Compliance across the divisions for mandatory training varies between 85% and 90%. Analysis of these figures show that failure rates and non-compliance are highest amongst domestic staff, and one protected characteristic group are “over represented”. Whilst the issues behind non-compliance are understood for domestic staff, further analysis is under way to identify the issues behind the other group. Work is under way to standardise other training across the divisions such as essential training and Induction processes are being standardised.</p>		
EDS grade:		Developing
Reasons for rating:	<p>Outcome: BCH uses data for some protected groups to demonstrate that those staff receive training and performance appraisal that are no different to the experiences of staff as a whole.</p> <p>Engagement: There is engagement with staff and staff side representatives in a variety of forums.</p> <p>Mainstream processes: Performance is considered through mainstream management team meetings, HR groups and Staff side partnership processes</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken into account in the above processes.</p> <p>Due to the fact that BCH has only been able to analyse this data on a corporate basis since late December 2011, the organisation should be graded as developing.</p>	

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 to all”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Chris Samosa, Workforce & OD Director
<p>BCH has clear mechanisms in place across all divisions to prevent and respond to all incidents of bullying and harassment of staff. There is a Dignity at Work policy which includes bullying and harassment on the grounds of protected characteristics. There are bullying and harassment training sessions run for staff. Staff are encouraged to report all incidents of bullying and harassment to their line manager, or to HR or another manager where appropriate. All reports of bullying and harassment are monitored and results acted on accordingly. Patients are made aware of the Zero Tolerance approach to bullying and harassment in patient environments. The annual staff survey also monitors performance in this area, with action plans that analyse performance against previous year's results and also other NHS trusts. Analysis so far of available evidence, shows there are no trends within protected characteristics groups for increases in bullying and harassment. The action plan is engaged on at staff side forums.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH uses best available evidence to demonstrate that staff from some protected groups are free from abuse, harassment, bullying and violence from patients and colleagues,</p> <p>Engagement: There is engagement with staff and staff side representatives in a variety of forums.</p> <p>Mainstream processes: Performance is considered through mainstream management team meetings, HR groups and Staff side partnership processes</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes</p> <p>Due to the fact that BCH has only been able to analyse this data on a corporate basis since late December 2011, the organisation should be graded as developing.</p>	

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 patients, and the way people lead their lives”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Chris Samosa, Workforce & OD Director
<p>BCH has flexible working options across all divisions consistent with the needs of patients, we have flexible working policies, Special leave policies and Carers, Maternity and paternity policies, some divisions offering above statute. As part of BCH workforce initiatives/efficiency programme there is also an on-going option to reduce the working week. There is an Access to Work scheme for those with a disability. These policies are discussed and reviewed at staff side meetings, staff side obviously represent all staff including those who are covered by a protected characteristic. Whilst analysis of headcount v Full Time Equivalents (FTE's) can be made to identify take up of flexible working options, there is limited availability of evidence to analyse this against protected characteristic, as flexible working options are “locally” agreed between managers and staff. Only instances of refusal are referred to HR. Actions are being put in place to improve this.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: BCH can evidence flexible work options against only some protected characteristics.</p> <p>Engagement: The organisation engages with staff and staff-side representatives from some protected groups about improving flexible working options.</p> <p>Mainstream processes: Performance is considered through mainstream management team meetings, HR groups and Staff side partnership processes</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes</p> <p>Due to the fact that BCH has only been able to analyse this data on a corporate basis since late December 2011, the organisation should be graded as developing.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Chris Samosa, Workforce & OD Director
<p>BCH has a Health and Wellbeing Group consisting of both management and staff side representation. The group has mapped BCH against the Workplace Wellbeing Charter, which contains standards to improve staff health and wellbeing. Staff are encouraged to speak with their line manager in relation to any issues with their physical or mental health, but they can also self-refer to Occupational Health or Counselling. Halton and St. Helens also run a self refer physio scheme. All the divisions have the “two tick” scheme and consider those acquiring a disability during their working lives under employee assistance schemes. Some of the divisions have the Mindful Employer charter with plans to standardise this across the divisions. Work is being carried out currently on a health and wellbeing promotion booklet for all staff , detailing services available to them, including mental health initiatives etc.</p>		
EDS grade:	Achieving	
Reasons for rating:	<p>Outcome: BCH using best available evidence and data, can demonstrate that the workforce is supported to remain healthy, and there are a number of initiatives aimed at all staff to support them to remain healthy.</p> <p>Engagement: The organisation engages with staff and staff-side representatives from most protected groups about improving healthy initiatives for staff</p> <p>Mainstream processes: The organisation is demonstrating performance on this outcome using the Workplace Wellbeing Charter.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes.</p> <p>As significant work has gone into mapping the organisation against the Workplace Wellbeing Charter, most divisions are meeting criteria under both ”commitment” and “achieving”, and there is an action plan in place for progression to “excellence” (Workplace Charter gradings) in 2 years, the organisation should be graded as achieving.</p>	

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”

Name: Bridgewater Community Healthcare NHS Trust (BCH)	Lead contact: Dr Kate Fallon, CEO
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BCH Board and Senior Leaders understand the health inequalities that exist across services and communities within the footprint. Standardisation of services and structural frameworks for mainstream processes are key priorities for ensuring the organisation is “business ready” for achieving challenges under the new NHS landscape and in the process of achieving Community Foundation Trust status. Since its inception in April 2011, the Board and Senior managers have received a number of reports and updates in relation to key provisions required by the Equality Act, the EDS framework etc. There has been a detailed mapping process of our local profiles, and key communities. Board and senior leaders give consideration to these inequalities in their business planning processes, work is on-going to demonstrate the most effective way to show “conscious” thought to these issues. Equality analysis is still utilised for service changes.

EDS grade:	Developing
Reasons for rating:	<p>Outcome: Board and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within the organisation and beyond.</p> <p>Engagement: The organisation engages with patients, staff, staff-side organisations, partners and communities from some protected groups.</p> <p>Mainstream processes: The organisation has processes in place, covering most of the protected groups, to ensure that consideration is given to advancing equality and fostering good relations.</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in the above processes.</p> <p>The organisation is able to demonstrate that it has mainstream processes in place that cover some protected and vulnerable groups in business planning processes, and that equality is advanced and good relations fostered. For this reason the organisation should be graded developing.</p>

**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”**

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Colin Scales, Operational Director
<p>BCH has undertaken a significant amount of work in ten months to provide good working environments for staff, standardise good practice and ensure staff are delivering services in culturally competent ways. Regular engagement on what senior and middle managers are working to achieve has been undertaken across all divisions, and divisions understand their own responsibilities in relation to NHS Constitution standards, accountability standards etc. A corporate dignity at work policy has been agreed by staff-side in December 2011, and this and a corporate code of conduct will be cascaded through the usual mainstream structures. Mandatory training for E&D, bullying and harassment training are provided, access to mediation techniques are all methods to encourage a work environment free from discrimination. The next stage of the implementation process is to take examples of good practice from across divisions, such as Trafford division’s “Culture Club” training, and apply these corporately. Culture club training works on putting the individual patient at the centre of the care process, and getting staff to understand their own “permissions” in supporting and delivering that care in conjunction with the patient.</p>		
EDS grade:	Developing	
Reasons for rating:	<p>Outcome: The organisation can demonstrate that it is taking steps to ensure that middle and line managers are working in culturally competent ways for some protected groups.</p> <p>Engagement: The organisation engages with staff and staff-side for some protected groups.</p> <p>Mainstream processes: Performance is considered through mainstream management team meetings, HR groups and Staff side partnership processes</p> <p>Progression Plans: Plans are in place to progress to the next grade, with milestones.</p> <p>Disadvantaged groups: Key disadvantaged groups are taken in to account in some of the above processes</p> <p>This outcome is demonstrated for some protected and vulnerable groups. There are examples of good practice and dissemination in some divisions, and plans are in place to ensure good practice is shared. For this reason the organisation should be graded as developing.</p>	

**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”**

Name: Bridgewater Community Healthcare NHS Trust (BCH)		Lead contact: Vikki Morris, E& D Manager
<p>As a new organisation BCH has undertaken substantial work in ensuring its Board is fit for purpose, and is able to lead the organisation through the challenge of gaining Community Foundation Trust Status by 2013. There has been the appointment of three new Non-Executive Directors to the Board in December 2011. As part of the Community Foundation Trust process, the Board are using a leadership framework to progress key skills and qualities. The Competency Framework will support this strategy and work is being undertaken to map against the skills and competencies of the Board and Senior Management Team in the first instance. Staff side have been engaged on the competency framework in December 2011 and agreed to support its implementation. Initially the competency framework is being used for the E&D role within BCH to develop key skills, and there is an action plan in progress to implement to relevant roles in the medium term.</p>		
EDS grade:	Developing	
Reasons for rating:	Outcome: The organisation is using the Competency Framework to identify how to structurally embed equality and diversity change leadership, at the appropriate pay grade, and with the appropriate line management, personal development, and support structures around them	