

Progress against the 2017-18 Grading

Key:

Grading rating	Meaning
E	Excelling
A	Achieving
D	Developing
U	Undeveloped

Objective 1: Better Health Outcomes for All

Narrative: The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Outcome	Previous Grading Panel rating	Recommended Grading Panel rating	Our actions	Documentary evidence
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A	<ul style="list-style-type: none"> Analysis of themes in qualitative feedback suggests that there is no significant difference between the experiences of those from protected characteristics and the experiences of patients overall. In order to improve the quality of data collected, training in asking equality monitoring questions is offered to staff and patients and staff are supported by the patient experience team at the start of each run of surveys The Trust is actively engaged in all relevant STPs and working collaboratively with STP partners to develop system wide solutions to addressing the needs of all patients and service users. In 2017/18, the Trust's Patients and Service Users subgroup met regularly to discuss ensuring services are commissioned, designed and delivered in a way that serves all our communities. The Trust works collaboratively with commissioners to develop service specifications that meet the needs of the local population. The Trust approved a new approach to People Participation and will be establishing a People Participation Subcommittee of the Board from 2018/19. The Trust is working collaboratively with Cambridge and Peterborough NHS Foundation Trust to ensure design and delivery of an integrated service for Children and Families in 	<p>Survey Questionnaire and results</p> <p>Quarterly Reports</p> <p>Board papers</p> <p>Terms of Reference</p> <p>Service specifications</p> <p>People Participation Approach</p>

Outcome	Previous Grading Panel rating	Recommended Grading Panel rating	Our actions	Documentary evidence
			<p>Cambridgeshire and Peterborough.</p> <p>AGE</p> <ul style="list-style-type: none"> • Patient Stories – The patient stories heard by the Trust Board from a range of patients of different ages. • Service Examples – The Trust’s iCaSH in Peterborough runs a LGBTQ Youth Group for anyone aged 16-25 identifying as lesbian, gay, bi-sexual, trans or questioning (LGBT or Q). Peterborough has few LGBTQ friendly venues, and none for those between this age group. • iCaSH Norfolk are currently engaged in the delivery of the National HPV programme for MSM <40 years of age. It is planned that this is also rolled out across iCaSH during 2018. • iCaSH services are provided in line with the 'You're Welcome' Standards. The Department of Health 'Quality criteria for young people friendly health services', which is referred to as 'You're Welcome', sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. <p>GENDER</p> <ul style="list-style-type: none"> • Service Example – Our Men4Men service is a sexual health clinic run for men by men. Services provided include: Reproductive healthcare; HIV/AIDS information, advice, treatment and prevention; Advice and support for Men Who Have Sex with Men; Information and advice on Sexually Transmitted Infections including symptoms, testing, treatment and prevention. • iCaSH services across the Trusts footprint are currently engaged in the National PReP Impact Trial. PReP (HIV Pre-exposure Prophylaxis) is a medicine for HIV negative people, is taken before sex, so it is pre-exposure. Prophylaxis means to prevent infection – in this case HIV. It can reduce the risk of acquiring HIV when taken as instructed. <p>DISABILITY</p> <ul style="list-style-type: none"> • A patient story was shared with the Trust Board on a parent’s view of Children’s services within Cambridgeshire including care pathways and experience with the Trust’s Speech & Language Therapy and Health Visiting services for children with Down syndrome. The story included the parent’s view on care pathways and how children’s services should be designed to meet the needs of children with Down syndrome and provide effective support to the 	<p>Patients and Service Users subgroup papers.</p> <p>Patient Stories</p> <p>CCS/CPFT Joint Children’s Partnership work</p>

Outcome	Previous Grading Panel rating	Recommended Grading Panel rating	Our actions	Documentary evidence
			<p>parents.</p> <ul style="list-style-type: none"> • Service Example – Norfolk Healthy Child Programme has redesigned its service offer for children and young people with additional needs and disabilities. This has included implementation of an annual contact with children and young people by an HCP practitioner, partnership work to improve referral to specialist services and work with families, Acute Trusts and complex needs schools to provide very early services and health support in community and school settings. <p>SEXUAL ORIENTATION</p> <ul style="list-style-type: none"> • Service Example - Specific services aimed at the LGBT community have an LGBT patient group, efforts are made to make the patient environments gay-friendly. For example, the Trust runs a LGBTQ Drop In session at Kings Chambers which offers one to one support and information, for anyone of any age. • Patient story from a transgender patient about accessing or Musculoskeletal service presented to the Board. As a result this story, the Board resolved to ensure that future new premises and refurbishments for the Musculoskeletal service provide storage lockers. <p>RACE</p> <ul style="list-style-type: none"> • Service Example – In order to meet the diverse needs of their local population, our Luton Community Diabetes Service provides Living with Diabetes programmes, 1:1 diabetes support and diabetes mentorship delivered in English, Urdu and Bengali. The Luton Diabetes Service conducts outreach work with faith communities delivered by multi-lingual Diabetes Support workers through lectures and education events held at schools and community faith venues. The service also collaborates with GP practices that have a high BME patient prevalence and where language can be a barrier. Interpreters attend the event to ensure equal access to services. Additional funding has been allocated to increase the capacity and availability of multi-lingual educational programmes tailored to the needs of the communities. <p>PREGNANCY AND MATERNITY</p> <ul style="list-style-type: none"> • Service Example – The Trust’s Health Visiting service provides a range of support to pregnant and new mothers and new fathers including parenting support to include 	

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			<p>establishing sleep routines and behaviour boundaries; parental health e.g. where to access health advice; breast feeding and nutrition advice and child development advice.</p> <p>The Trust also has an Infant Feeding team that provides support on Antenatal, Breast Feeding and preschool feeding.</p> <ul style="list-style-type: none"> • Service Example – Norfolk’s Healthy Child Programme has worked in partnership with midwifery services from three Acute Trusts and Norfolk’s children’s centres to develop an innovative antenatal course which is offered to all first time parents and vulnerable families across Norfolk, focussing on the importance of supporting positive attachment for parents and babies. • Service Example – All of the Trust’s 0-19 services have accreditation for the Unicef UK Baby Friendly Initiative. • Service Example – Norfolk Healthy Child Programme has built upon learning and expertise within the Family Nurse Partnership to develop a pathway to offer individualised support to all teenage mothers and young fathers across the County. <p>CARERS</p> <ul style="list-style-type: none"> • Service Example – Norfolk Healthy Child Programme attended the Norfolk and Suffolk Young Carers annual event to promote access and support to young carers through our ChatHealth service 	

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<p>1.2 Individual people's health needs are assessed and met in appropriate and effective ways</p>	A	A	<ul style="list-style-type: none"> • Equality and diversity training is delivered to all new staff at induction. Additionally, equality and diversity is part of mandatory training for all staff. • Level 1 safeguarding training is delivered to all new staff at induction. Relevant safeguarding training specific to each job role is also part of mandatory training. The Trust also held a Safeguarding conference in March 2018. • The Trust's Patient Involvement and Experience team as well as clinical services held patient engagement events. - Examples of engagement events held in the Trust's Luton locality are as follows: <ul style="list-style-type: none"> ○ Paediatric Epilepsy Education and Community Outreach Events ○ Diabetes Education multi-lingual programmes ○ iCaSH Cambridgeshire: Service redesign patient engagement process. ○ iCaSH Suffolk: Service redesign patient ○ Evidence: Questionnaire, feedback, marketing ○ Family Nurse Partnership focus groups • iCaSH Peterborough run an annual HIV day, when patients, carers and their family and friends are welcome to join us to talk to our clinicians, access talks and information about current topics in the field. • The Trust also uses local and social media to raise awareness of its services. Specific services like iCaSH and Oliver Zangwill Centre also have service specific websites. • Safeguarding team collaborating with LSCBs to implement actions coming out of the Safeguarding and community inclusion report; research undertaken by Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards. • In line with Accessible Information Standard, clinical services identify, record, flag, share and act on patients/service users access needs in order to ensure health needs are met in appropriate and effective ways. • The Trust had an independent audit undertaken on its implementation of Accessible Information Standard. The improvement actions recommended by the internal auditors will be implemented in 2018/19. <p>AGE</p> <ul style="list-style-type: none"> • Service Example - A patient story heard at the board highlighted the huge amount of support the children's complex care team had given the family of a child with a difficult to manage condition, so that his parents could also spend time with their other children. • Service example - We provide inhalation sedation to enable treatment to be achieved by anxious child patients and as a safer alternative to dental treatment under general anaesthesia. We provide adult sedation for severely dentally anxious adults. 	<p>ESR mandatory training compliance data</p> <p>Event posters/flyers and records.</p> <p>Service websites iCaSH Cambridgeshire: Service redesign patient engagement process.</p> <p>Evidence: Questionnaire, feedback, marketing iCaSH Suffolk: Service redesign patient engagement process Evidence: Questionnaire, feedback, marketing iCaSH Express screening pilot, patient engagement process. Evidence: Feedback, marketing</p> <p>Safeguarding conference</p> <p>Accessible information standard audit report</p> <p style="text-align: right;">5</p> <p>Safeguarding and community inclusion report; QISCOM Minutes and papers</p>

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<p>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed</p>	<p>A</p>	<p>A</p>	<p>AGE</p> <ul style="list-style-type: none"> • Service Example – In partnership with Primary Care and with input from many young people, Norfolk HCP is developing an innovative Health Passport app designed to improve health literacy and access to healthcare records for young people as they transition to adulthood. • Transition between services - for example, In our Children's Health Visiting services in all areas, if a child is moving out of the area the records are sent via the Locality Safeguarding office if applicable as per the Trust's Safeguarding procedures. Each child's needs are individually assessed so that practitioners in the new area will be appropriately advised e.g. by direct telephone contact or a written summary of care at the point of transfer. • Service Example – the Trust operates an integrated 0-19 children's service which enables smooth transition from 0-5 Health Visiting Service to 5 – 19 School Nursing Service. The services have a shared clinical record and are managed by the same service Manager. • Service Example – The Luton Paediatric Epilepsy Service has held a number of patient and family engagement events to help parents/guardians and patients with the transition of care from Children's Services to Adult's Services. The objective was to provide support, guidance, information and material to help the patient and their families with the practicalities of managing their condition as they transition into adulthood for example how to manage symptoms through further education. A similar event was organised specifically for the South Asian Community to provide factual education on the symptoms, types, causes and treatment of Epilepsy but also and equally important was the need to address beliefs held by the communities regarding black magic and other such causes of fits and seizures and to help elucidate this matter. • Service Example – The Norfolk Health Visiting Service works with the local Children's Centres to provide baby weigh in clinics for parents and carers. Historically these sessions were known as Baby Weigh, Stay and Play clinics, for parents/carers to have their baby's weighed whilst also providing a place for their siblings to play and for them to socialise and meet other parents/carers. • Service Example – The Trust works with young offenders in Luton and Norfolk undertaking 	<p>YouTube video Patient Story</p>

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			<p>health needs assessments.</p> <p>DISABILITY</p> <ul style="list-style-type: none"> • Service Example – In our Luton where the Trust runs both Children’s and Adults’ continuing care services, the process of transition starts at the age of 14 and they are transitioned by their 18th Birthday into Adult services. There are exceptions where they may be supported until their 19th birthday. There are regular meetings within Health, Education and Social Care to discuss the needs of these patients/service users. An Educational Health Care Plan (EHC) is written highlighting what the needs are going to be and the most appropriate place of transition is for the patient. • For example, patients may be transitioned to Heywood House; a day care centre offering specialist health, social care and educational programme for young adults. For their medical needs the service works closely with their local paediatrician to identify the most appropriate adult consultant. • Service Example – Norfolk Healthy Child Programme has redesigned its service offer for children and young people with additional needs and disabilities. This has included implementation of an annual contact with children and young people by an HCP practitioner, partnership work to improve referral to specialist services and work with families, Acute Trusts and complex needs schools to provide very early services and health support in community and school settings. • Service Example - Our Luton Specialist Epilepsy Nurses are giving young people the chance to attend virtual clinics and helping them to transition to adult services through pioneering software on their computers. Find out more here from the teenagers taking part in the programme - https://youtu.be/peJdiM9Ofyg <p>VARIED NEEDS</p> <ul style="list-style-type: none"> • Service Example - Our Luton Specialist Epilepsy Nurses are giving young people the chance to attend virtual clinics and helping them to transition to adult services through pioneering 	<p>Posters</p>

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			software on their computers. Find out more here from the teenagers taking part in the programme - https://youtu.be/peJdiM90fyg	
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	A	A	<ul style="list-style-type: none"> • The Trust has a robust risk management process and a defined escalation framework for escalating higher risks. • The Trust has the highest rate of safeguarding training amongst staff in the region, at 90%+ compliance • All staff are required to undertake Equality and diversity mandatory training. • The Trust has a fair process for handling complaints from patients and service users of all backgrounds. • Trends in complaints indicate that people from protected groups fare as well as patients overall. • Staff are encouraged to report both actual and 'near miss' incidents and record any risks identified using the web-based DATIX software. The Trust has a very high reporting rate • The Trust uses Patient Group Directives in a number of our services to govern the provision of medicines by non-prescribers. Each directive is reviewed by a multi-disciplinary team and approved by the Medicines Safety and Governance Group. • Sexual health services undertake specific engagement on safeguarding related to risk-taking and risky behaviours. • The Trust undertakes a root cause analysis of incidents including Never Events. Themes from the RCA are shared across the Trust where relevant and reported to the Board and its subcommittees. • The Trust has a number of policies and procedures in place for adults and children, including a Safeguarding Vulnerable Adults, Mental Capacity and Deprivation of Liberty Safeguards Policy, Safeguarding Children Supervision Policy and a Safeguarding Children Policy. • The Trust is also a member of the local safeguarding Adults and Children's board for all the areas that we cover. Staff may attend Safeguarding Training provided by the board. The Safeguarding board provides supervision for all staff to support them to identify vulnerable children and adults. 	<p>Comms messages</p> <p>ESR mandatory training compliance data</p> <p>Medicines Safety and Governance Group</p> <p>Risk Management Policy Serious Incident Policy</p> <p>Board/Subcommittee reports</p>

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			<p>AGE</p> <ul style="list-style-type: none"> The Trust is currently working with social services to look at THINKChild THINKParent THINKFamily – identifying children whose parents may be vulnerable or vice versa – and thereby supporting people through a deeper understanding of their context. <p>DISABILITY</p> <ul style="list-style-type: none"> We are currently reviewing our assessment and programme of care for patients who are at risk of falling to ensure our staff follow the fallsafe programme. <p>RELIGION</p> <ul style="list-style-type: none"> Service Example – Our services in Luton and Peterborough work collaboratively with local faith and community groups. For example, our School Immunisation Team in Peterborough worked with local faith leaders to raise positive awareness about immunisation. 	
<p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p>	<p>A</p>	<p>A</p>	<ul style="list-style-type: none"> Mainstream processes: all elements of this outcome are part of mainstream provision and therefore there are processes in place to support this. Progression plans: key services have progression plans in place e.g. Stop Smoking service to ensure substantial coverage to groups who either have specific protected characteristics e.g. maternity. <p>There is evidence of excellent outcomes within the Trust’s public health work across most protected characteristics, for example:</p> <ul style="list-style-type: none"> Service example - The Trust’s Luton Health Trainer Programme visits patients and community groups to provide support and education in improving their health. Service example - The provision of winter flu vaccinations to individuals at risk is part of the annual planning for district nursing and community matrons. There is good evidence of inter-agency/organisational working to progress public health work e.g. breast feeding service which offers in-reach to the two main acute hospitals (Luton & Dunstable NHS Foundation Trust Hospital, Cambridge University Hospitals NHS Foundation Trust) for the elderly or those with 	<p>SyStmOne data</p> <p>Flyers, posters and letters to service users and carers</p>

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			<p>disabilities.</p> <ul style="list-style-type: none"> All units and the senior leadership forum have received HealthWRAP and PREVENT training specifically designed to help health services protect vulnerable people from being exploited for terrorism purposes. Prevent Training is also offered to all relevant staff in the Trust. <p>AGE</p> <ul style="list-style-type: none"> Service example - The HPV vaccination nurses have been targeting specific hard to reach groups to ensure that they have the opportunity to have the HPV vaccine. This has taken the form of work with other CCS services and direct contact with community groups or agencies. CCS now also visits homes to do HPV vaccinations to reach girls who might not otherwise access services. Groups who have benefited include girls from traveller families, girls that don't live at home, girls that are not in education and home educated girls. <p>DISABILITY</p> <ul style="list-style-type: none"> Service example - The Luton School Nursing Service achieved the highest success rate in England for the obesity programme run for Reception aged school children. <p>SEXUAL ORIENTATION</p> <ul style="list-style-type: none"> Service example - Specific services undertake targeted engagement where they feel it aligns with a significant number of service users – for example, Suffolk Sexual Health (in partnership with the Terence Higgins Trust) were represented at Ipswich Gay Pride and sought views on service provision. iCaSH Norfolk are currently engaged in the delivery of the National HPV programme for MSM <40 years of age. It is planned that this is also rolled out across iCaSH during 2018. <p>RACE</p> <ul style="list-style-type: none"> Service Example– A small audit was carried out by the Tuberculosis (TB) service in Sept 2013. The attendance rates for TB screening highlighted that we have a high rate of non-attendees for screening. From this the service is developing 'Contact Information Sheets' that will be produced in 3 different languages. The aim is to ensure that the importance of TB screening is communicated to individuals who are non-English speaking. 	

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			<p>RELIGION</p> <ul style="list-style-type: none"> • Service example - The HPV vaccination nurses have been targeting specific hard to reach groups to ensure that they have the opportunity to have the HPV vaccine. This has taken the form of work with other CCS services or direct contact to community groups or agencies. • CCS now also visits homes to do HPV vaccinations to reach girls who might not otherwise access services. Groups who have benefited include girls from different religious groups. <p>PREGNANCY AND MATERNITY</p> <ul style="list-style-type: none"> • Service example - Our breastfeeding support service has introduced a number of new initiatives to support women to breastfeed, including enhanced breastfeeding support for families, new 'Breastfeeding Cafes', specific breastfeeding support groups and new information packs for antenatal groups. The service also has a 'breastfeeding friends' scheme, a buddying system working with mums to support others to breastfeed • Service example - In Cambridgeshire, community staff assisted with the delivery of the Winter flu programme which promoted the importance of having a flu jab to targeted groups. This has included pregnant women and patients with chronic diseases such as asthma and diabetes, as these groups are more at risk of complications if they contract influenza. 	

Objective 2: Improved Patient Access and Experience

Narrative: The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

Outcome	Previous Grading Panel rating	Recommended Grading Panel rating	Our actions	Documentary evidence
<p>2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied in unreasonable grounds</p>	A	A	<ul style="list-style-type: none"> • Service Example - During the last year the Dental Service has reached out to ensure that diverse groups are able to access the service. In particular, they have worked with: special needs schools; Milton Hospice; Asian women’s support groups; nursing and care homes; learning disabilities groups; Ida Darwin Nursery; and the brain injury unit in Ely. • The Trust conducted a gap analysis, implemented the Accessible Information Standard, raised awareness on accessible information and developed a new accessible information policy. • Equality & Diversity needs considered as part of new premises planning and refurbishments. • Single point of access and one number introduction to simplify access to our services. <p>AGE</p> <ul style="list-style-type: none"> • Service Example – The Trust undertakes an equality impact assessment for all building refurbishments and when moving into a new building. As well as complying with regulations e.g. in relation to disabled parking and accessible toilets, the Trust also considers the needs of patients/service users. For example, our children’s acute service at Holly Ward has child friendly signage. Similar children friendly signage is also being installed at Peacock House, Brookefields. <p>DISABILITY</p> <ul style="list-style-type: none"> • The Trust has an agreement with Deafblind UK for the supply of Communicator Guides for health appointments. Communicator Guides are able to assist deafblind people in attending health appointments and can: <ul style="list-style-type: none"> ○ Meet patients at their home and escort them to their appointment either boarding planned NHS Non-Emergency Patient Transport (NEPT) or utilising their own transport for the patient 	<p>Reports</p> <p>Accessible Information Standard policy; Comms Cascade; intranet, self assessment</p> <p>Trust policies</p> <p>DA Language Services service specification.</p> <p>DA Languages monthly performance reports</p> <p>Patients and service users subgroup papers.</p>

Outcome	Previous Grading Panel rating	Recommended Grading Panel rating	Our actions	Documentary evidence
			<ul style="list-style-type: none"> ○ Escort patients throughout their appointment providing the necessary communications skills. This can extend to a visit to a pharmacy if required. ○ Escort the patient home either using planned NEPT or utilising their own transport for the patient. <ul style="list-style-type: none"> • Service Example – The Trust commissioned DisabledGo to conduct an audit of all its main premises and develop an online resource available to service users and their carers to ensure they are aware what accessible facilities are available at each site. <p>RACE</p> <ul style="list-style-type: none"> • Translation services offered including face-to-face, telephone interpreting service, British Sign Language Interpreting and document translation (including Braille). • The patient and service users sub group regularly monitors the delivery of translation services and works with the contracts team to address any concerns raised. • Service example: The Trust's Dynamic Health have specific spaces for Back Education classes in a group setting, however these are not appropriate for some people from different cultures, so separate 1:1 appointments are made for people who feel they cannot participate. <p>RELIGION</p> <ul style="list-style-type: none"> • Service example: Our Dynamic Health services can offer either male or female Physio's as a choice. <p>SEXUALITY</p> <ul style="list-style-type: none"> • Patient story from a transgender patient about accessing or Musculoskeletal service presented to the Board. As a result this story, the Board resolved to ensure that future new premises and refurbishments for the Musculoskeletal service provide storage lockers. 	
2.2 People are informed and supported to be as involved as they wish to be in decisions	A	A	<p><u>Individual treatment plans:</u> The Trust's staff develop individualised treatment/care plans in collaboration with each patient or their carer and these are reviewed regularly e.g. in the form of assessment pathways which include confidentiality and consent forms. As part of the assessment and care planning process the patient has an opportunity to discuss their preferred name, religious beliefs and specific</p>	

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about their care			<p>needs as appropriate.</p> <p>Examples can be found in the following services:</p> <ul style="list-style-type: none"> • Use cancer and palliative care and district nursing examples about discussing care plan with patients and their families. • Dynamic Health have a rapid access and offering service users options on whether to self manage, attend group sessions or have 1-to-1 sessions with a Physio. • Luton Diabetes Team are using patient activation measures (PAM). • Our CCN team have processes in place to ensure service users are involved in the planning for their end of life care including DNRs • Where initial or review of consent is required on a regular basis, for example, for the Luton Treatment Centre, staff have competency frameworks in place and Standard Operating Procedures for each speciality, giving a robust framework for all staff at various levels. Staff obtaining consent, written or verbal, provide detailed information in verbal and written format in various languages according to patient need. Link workers, interpreters and language line are used to support this process. • Service example – “Macmillan Specialist Palliative Care and District Nurses - integrated care and support for a dying patient and his family and friends in the final months of his life” experience report was presented to the Board. • Service example – Children’s services in Norfolk has introduced use of Goals Based Outcomes tools to enable children and young people to work with practitioners to identify the outcomes they wish to achieve from any support or intervention, and to measure their progress towards their goals • Staff attend mandatory training and have up to date information on consent and its implications. Risks and benefits are outlined in verbal and written format to each patient along with aftercare advice before informed consent is obtained. 	<p>Inpatient Survey</p> <p>Care plans signed by patients</p> <p>Patient experience report</p>

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			<ul style="list-style-type: none"> • Medication: similarly there are systems and processes in place to involve and develop with service users or their carers the most appropriate medication and how best to ensure compliance. For example, for homeless service users with a TB diagnosis, support is provided by 3 times a week directly observed treatment. <p>AGE</p> <ul style="list-style-type: none"> • Children and Young people involved in decisions about their care plan when they have been assessed to be competent. • Specialised consent forms are used in Children's services e.g. School Nursing, Newborn Hearing Screening Programme. These take into account the child's age and ability to understand their situation. 	
<p>2.3 People report positive experiences of the NHS</p>	<p>A</p>	<p>A</p>	<ul style="list-style-type: none"> • We use a full range of monitoring service user experience. Examples are attached, showing a strong performance in patient satisfaction and patients reporting that they recommend our services to families and friends. • Patient experience data collected on meridian • Service example – The CCN team piloted a tool for ensuring the voice of the child is heard. The learning from the pilot was presented to the Leadership Forum to encourage other services to adopt their own tools. • Positive Patient experience stories have been circulated in Newsletters and presented to Board and divisional governance meetings. • Positive stories are taken to Board Meetings where the patients, who have expressed their gratitude for exceptional support, have the opportunity to attend, or have support in writing a personal impact statement that is then read out at the meeting. The staff identified as part of the exceptional patient experience also have the opportunity to attend the meeting where the patient journey is brought to life for board members and there is an opportunity for questions and answers. Positive feedback through the friends and family test is celebrated at team meetings, on the Quality Board, team notice boards and at any point of future patient contact on posters, laminated cards and the back of patient surveys. • Positive feedback from patients is considered for nomination for the monthly Shine a Light Awards. 	<p>Inpatient Survey</p> <p>Patient survey satisfaction results</p> <p>Patient monitoring leaflet</p> <p>F & F results</p> <p>Board/Committee papers.</p> <p>Patient experience award</p> <p>Shine a Light Awards</p>

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			<ul style="list-style-type: none"> All services receive an automated report from Meridian (online survey tool) detailing qualitative patient feedback received for their service. Services are required to review the feedback, and each month to display and share examples of their patient feedback on templates that have been provided. The Trust has now approved a new approach for people participation. This will now be implemented over the next 3 years including a new Board subcommittee. <p>GENDER REASSIGNMENT</p> <ul style="list-style-type: none"> Our survey equality and diversity analysis shows that patients with this protected characteristic have a mostly positive experience of care and treatment within our services. <p>PREGNANCY AND MATERNITY</p> <ul style="list-style-type: none"> Survey comments regularly give positive satisfaction examples from mothers about feeling listened to, reassured and given appropriate advice 	<p>Thank you letters and cards; PALS Comments</p>
<p>2.4 People's complaints about services are handled respectfully and efficiently</p>	<p>A/ E?</p>	<p>A/E</p>	<ul style="list-style-type: none"> Services display feedback 'you said, we did' on the quality boards complaints recorded on datix and periodic thematic analyses reported to the Board including any learning identified. Where necessary, the Trust appoints external investigators for complaints Our staff currently receive induction training on delivering a positive patient experience for all patients and how to handle complaints. All new managers get an introduction and training on the complaints process and their role within this through an on-going trust offer of new manager induction sessions. We are reviewing our approach to handling complaints, introducing a personal approach with complainants A review of our complaints data demonstrates no complaints related to issues of equality and 	<p>Quality Boards displayed in services.</p> <p>Complaints policy</p> <p>Data on complaints resolution</p> <p>Board papers</p> <p>Exec papers</p> <p>Duty of candour policy</p> <p>Datix</p> <p>Patient Story</p>

Outcome	Previous Grading Panel rating	Recommended Grading Panel rating	Our actions	Documentary evidence
			<p>diversity.</p> <ul style="list-style-type: none"> The Trust has a culture of continuous improvement including in relation to resolution of complaints. Over the last year, the complaints process was reviewed and updated. The new Head of Clinical Quality will also be conducting an extensive review of the complaints process to identify further improvement actions in the coming year. The Trust has low levels of re-opened complaints and referrals on to PHSO. Service Example - A patient story based on a complaint was presented to the Board. A number of lessons were identified as a result of the investigation which are now being implemented. Service Example - We have reduced our timeline for our complaints to be completed to aid better patient outcomes to their complaints. This was introduced formally from April 2017 to a 25 day response rate from the original 30 days. Alongside reducing the response time we have worked on improving our timeline/process to aid a better streamline approach to aid achieving this new 25 day response rate. 	