

NHS Constitution (~~March 2013~~ July 2015) Rights and Pledges to Patients and the Public

Comment [NB1]: Updated 27 July 2015

| Access to Health Services | Sources of Assurance |
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| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> Receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament. <u>Access NHS services. You will not be refused access on unreasonable grounds.</u> <u>Receive care and treatment that is appropriate to you, meets your needs, and reflects your preferences.</u> <u>Expect your NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.</u> | <ul style="list-style-type: none"> NHS Constitution adopted by the Trust Board (2009, 2014 2015). YAS' Mission, Vision, Strategy, Culture and Values. <u>YAS' services are free at point of access for all patients. PTS eligibility criterion identified/commissioned.</u> <u>Patient Pathways development e.g. Falls, End of Life Care, Mental Health, YAS' Membership of Crisis Care Concordat (Mental Health).</u> <u>West Yorkshire Urgent & Emergency Care Vanguard Programme.</u> <u>Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21.</u> <u>Everyone Counts: Planning for Patients 2014/15-2018/19/18.</u> YAS Integrated Business Plan: 2014-/15 to 2018/19 3/14 to 2017/18. Commissioned services: A&E, NHS 111, PTS, other e.g. Private & Events. <u>Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21.</u> <u>YAS Integrated Business Plan: 2014/15 to 2018/19 3/14 to 2017/18.</u> <u>Commissioned services: A&E, NHS 111, PTS, other e.g. Private & Events.</u> <u>System Resilience Groups (SRGs).</u> <u>West Yorkshire Urgent & Emergency Care Vanguard Programme.</u> <u>Patient Pathways development e.g. Falls, End of Life Care,</u> |

Comment [MT7]: Revisions to TEG (190815) and TB (290915)

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| <ul style="list-style-type: none"> In certain circumstances, to go to other European Economic Area countries <u>or Switzerland</u> for treatment which would be available to you through your NHS commissioner. | <p><u>Mental Health, YAS' Membership of Crisis Care Concordat (Mental Health).</u></p> <ul style="list-style-type: none"> <u>Research Governance Policy.</u> |
| <ul style="list-style-type: none"> Not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, religion or belief, gender, reassignment, pregnancy and maternity or marital or civil partnership status. | <ul style="list-style-type: none"> The services offered by the Trust are comprehensive and therefore the requirement to travel abroad would be limited. YAS has published information demonstrating compliance with The Equality Act (Specific Duties) Regulation together with its - <ul style="list-style-type: none"> <u>Diversity and Inclusion Policy.</u> <u>Head of Diversity and Inclusion appointed 2015.</u> <u>Single Equality Scheme.</u> Communication and Engagement on the Quality Plan. |
| <ul style="list-style-type: none"> Access <u>certain</u> services <u>commissioned by NHS bodies</u> within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution. | <ul style="list-style-type: none"> NHS Constitution adopted by the Trust Board (2009, 20142015). YAS Annual Report(s) and Quality Accounts. Board Memorandum on Quality Governance. Clinical Quality Strategy: Delivering Excellent Services 2015/18. <u>2/15</u> |
| <p>PLEDGES: The Trust (NHS) also commits:</p> <ul style="list-style-type: none"> To provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution. To make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered. | <ul style="list-style-type: none"> NHS Constitution adopted by the Trust Board (2009, 20142015). National performance standards: A&E. Other: commissioned contracts with key performance criterion. YAS Integrated Business Plan 201<u>4/15 to 2018/19.</u> <u>3/14 to 2017/18.</u> Trust Board meetings held in Public bi-monthly where the public have an opportunity to ask questions of Board members; Q&As recorded in Board Minutes of meeting. Publication of Agenda and Public Board papers on Trust website. |

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| | <ul style="list-style-type: none"> • Integrated Performance Report (IPR) monthly, comprehensive suite of metrics for A&E, NHS 111 and PTS service lines including Quality and Risk profiles; monitored by Board Committees. • Board & Committee Structure incl.including independent Audit Committee. • Board Assurance Framework & Corporate Risk Register (reported to Trust Board 3 x per annum). • Significant Incidents & Lessons Learned Report (reported to Trust Board 2 x per annum). • Quality Governance Action Plan (incorporating Care Quality Commission (CQC) report / action plan recommendations from July 2013January 2015 inspection). • Infection Prevention & Control audits (IPR and mid-year report to Quality Committee) including 'Bare Below the Elbows'. • Stakeholder Engagement & Communications and Engagement Strategy, 2016. • Policy-YAS Forum implemented July 2014: its purpose, as an elected Membership body, is to assist the Trust to shape and develop its service provision in an open, transparent and accountable manner. Comprises 22 members representing Public, Staff and Appointed organisations. Quarterly meetings held in Public where the public have an opportunity to ask questions of Board members; Q&As recorded in Minutes of meeting. • Duty of Candour/Being Open Policy. • Policy on Being Open and Duty of Candour. • compliant. • Raising Concerns-Freedom to Speak Up (Whistleblowing) Policy. • Compliments, Comments, Complaints & Concerns and Complaints Policy. • The Trust uses many different mediums to inform its patients, public and staff on how services are planned and delivered |
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| <ul style="list-style-type: none"> To make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them. | <p>e.g. Summary IBP, <u>Operating Plan(s)</u>, Annual Report, Quality Accounts, Board Memorandum on Quality Governance, <u>Annual General Meeting</u>, Trust Website; <u>YAS Forum</u>, FT Membership newsletter; information leaflets, information guides, <u>social media, press, other media</u>.</p> <ul style="list-style-type: none"> The <u>Foundation Trust Draft</u> Constitution sets out how YAS will involve elected Governors in reviewing the performance of the Trust and strategic decision-making. YAS works in close partnership with <u>other services and colleagues from other services</u>, for example <u>NHS England, Trust Development Authority (TDA), Clinical Commissioning Groups (CCGs), System Resilience Groups (SRGs), West Yorkshire Urgent & Emergency Care Vanguard</u>, nursing/residential homes, acute, mental health, community providers, social services, other emergency services etc. Improving patient care project includes a number of <u>Service Transformation Programme</u> improvements that will support service delivery including quality. Healthwatch event (<u>June 20132015</u>) enabled sharing and learning from experience. E-stakeholder news. Critical Friends Network. Expert patient; member of Quality Committee, <u>Clinical Governance Group, Medicines Management Group, Yorkshire & the Humber Regional Falls Prevention Network</u>. <ul style="list-style-type: none"> Emergency Department Handover Times published weekly. Contractual Key Performance Indicators (KPIs) for Inter-Hospital transfers. Contractual KPIs for PTS journeys <u>NHS 111 protocols for transferring calls to 999 and other health, and social care services.</u> <u>Patient Pathways development e.g. Falls, End of Life Care, YAS' Membership of Concordat, Crisis Care Concordat (Mental Health),</u> |
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| Quality of Care and Environment | Sources of Assurance |
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| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> • <u>Be Treated</u> with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality. • <u>Be cared for in a clean, safe, secure and suitable environment.</u> • <u>Receive suitable and nutritious food and hydration to sustain good health and wellbeing.</u> | <ul style="list-style-type: none"> • YAS' Mission, Vision, Strategy, Culture and Values. • CQC Registered. • Values Based Recruitment. • Recruitment processes ensure staff employed with current professional registration <u>where appropriate</u>, e.g. <u>General Medical Council</u>, <u>Nursing and Midwifery Council</u>, <u>Health and Care Professions Council</u>; systems in place to ensure <u>professional registration is maintained by the individual including risk mitigation to employment status with YAS ; non-compliance reported to relevant professional body.</u> • <u>Disclosure and Barring Service (DBS) Policy.</u> • Estates Strategy including Hub & Spoke, Vehicle Preparation and Fleet Make Ready. • Infection, Prevention and Control Policy including 'Bare Below the Elbows', 'Okay to Ask' and 'Sign up to Safety' initiatives. • <u>Not applicable (food);</u> • <u>Clinical Quality Strategy 2015/18 (hydration).</u> |
| <ul style="list-style-type: none"> • Expect NHS <u>organisations bodies</u> to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, clinical effectiveness and experiences of services. | <ul style="list-style-type: none"> • Quality Accounts. • Board Memorandum on Quality Governance. • Service Transformation Programme work streams. • Clinical Development Programme. • Board & Committee Structure incl.including independent Audit Committee and the Quality Committee. • Board Assurance Framework & CRR (reported to Trust Board 3 x per annum). • Significant Incidents & Lessons Learned Report (reported to Trust Board 2 x per annum). • Expert patient; member of Quality Committee , Clinical |

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| <p>PLEDGES: The Trust (NHS) also commits:</p> <ul style="list-style-type: none"> To identify and share best practice in quality of care and treatments; and, To ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice. | <p><u>Governance Group, Medicines Management Group, Yorkshire & the Humber Regional Falls Prevention Network</u></p> <ul style="list-style-type: none"> <u>Quality Governance Action Plan including recommendations from CQC January 2015 inspection.</u> <u>YAS actions patient safety notices from Safety Alert Broadcasting System (SABS) including 'Bare Below the Elbows'.</u> <u>Implemented national Safety Thermometer in 2012.</u> <u>YAS maintains its clinical environment (vehicles) in line with National Specifications for Cleanliness in the NHS, 2007.</u> <u>YAS maintains a system of regular Infection Prevention and Control (IPC) audits to assess cleaning standards and the results are presented to each meeting of the Clinical Governance Committee (includes 'Bare Below the Elbows', 'Okay to Ask' and 'Sign up to Safety' initiatives).</u> <u>YAS operates an Integrated Inspection Process and schedules which incorporate all aspects of the CQC standards. All stations and standby points scheduled for annual inspections with dates agreed with Locality Managers who accompany Standards & Compliance Managers on the inspections; led by Band 6 supervisor and members of the risk & safety team.</u> <u>Research Governance Policy.</u> <hr/> <ul style="list-style-type: none"> <u>Stakeholder Engagement & Communications and Engagement Strategy, 2016.</u> <u>Medical Director is a member of Clinical Networks.</u> <u>Executive/Associate lead is a member of each System Resilience Group.</u> <u>West Yorkshire Urgent & Emergency Care Vanguard.</u> <u>Head of Stakeholder Engagement in post.</u> <u>Local engagement with Healthwatch, Healthwatch, Overview & Scrutiny Committees, Health and Well Being Boards, MPs. Critical Friends Network etc.</u> |
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Comment [AA12]: ALL the following evidence (CROSSED OUT) relocated to p.4 ('Expect NHS organisations bodies to monitor etc etc...')

- ~~Not applicable.~~
- ~~Expert patient; member of Quality Committee.~~
- ~~Quality Governance Action Plan (incorporating CQC report / action plan from July 2013 inspection).~~
- ~~The Trust actions NPSA and SABS alerts re: patient safety issues.~~
- ~~Internal clinical & non clinical audits against standards/compliance.~~
- ~~The Trust implemented the national Safety Thermometer in 2012.~~
- ~~The Trust maintains its clinical environment (vehicles) in line with National Specifications for Cleanliness in the NHS 2007.~~
- ~~Regular IPC audits are undertaken to assess cleaning standards and the results are presented to each meeting of the Trust's Clinical Governance Committee.~~
- ~~Integrated Inspection process and schedules: incorporates all aspects of the CQC standards. All stations and standby points are scheduled for yearly inspections with dates agreed with the Locality Managers who accompany the Standards & Compliance Directorate managers on the inspections. Inspections led by band 6 and 7 members of the risk and safety team.~~
- ~~CQC Registered.~~
- ~~YAS Integrated Business Plan: 2014/15 to 2018/19 3/14 – 2017/18.~~
- ~~Annual Report(s) and Quality Accounts.~~
- ~~Board Memorandum on Quality Governance.~~
- ~~Clinical Quality Strategy: Delivering Excellent Services 2012-15~~
- ~~Trust Board & Committee Structure including independent Audit Committee and the Quality Committee.~~
- ~~Board Assurance Framework & CRR (Board 3 x per annum)~~
- ~~Significant Incidents & Lessons Learned Report (Board 2 x per annum).~~
- ~~Expert patient; member of Quality Committee.~~
- ~~Quality Governance Action Plan (incorporating CQC report / action plan from July 2013 inspection).~~
- ~~The Trust actions NPSA and SABS alerts re: patient safety issues.~~

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| <ul style="list-style-type: none"> If you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set in the Handbook of the NHS Constitution | <ul style="list-style-type: none"> Internal clinical & non clinical audits against standards/compliance. The Trust implemented the national Safety Thermometer in 2012. The Trust maintains its clinical environment (vehicles) in line with National Specifications for Cleanliness in the NHS 2007. Regular IPC audits are undertaken to assess cleaning standards and the results are presented to each meeting of the Trust's Clinical Governance Committee. Integrated Inspection process and schedules: incorporates all aspects of the CQC standards. All stations and standby points are scheduled for yearly inspections with dates agreed with the Locality Managers who accompany the Standards & Compliance Directorate managers on the inspections. Inspections led by band 6 and 7 members of the risk and safety team. |
| <p>Nationally Approved Treatments, Drugs & Programmes</p> | <p>Sources of Assurance</p> |
| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> Drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you. Expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you. Receive the vaccinations that the NHS Joint Committee on Vaccination and Immunisation recommends that you should | <ul style="list-style-type: none"> YAS has a clinically-led medicine management group which reviews all National Institute for Health and Care Excellence (NICE) guidance applicable to medicines. YAS' Policy is to fund NICE approved medicines according to the clinical needs of patients. The Clinical Governance Group oversees all aspects of Medicines Management in YAS, reporting to the Quality Committee. Joint Royal Colleges Ambulance Liaison Committee clinical practice guidance is implemented in YAS. Clinical Quality Strategy: Delivering Excellent Services 2015 – 18 2-15. The Trust employs a Pharmacist who chairs the Medicines Management Group. The Trust employs the services of an Occupational Health Provider which provides relevant screening and immunisation |

Comment [NB11]: MOVED to respect, consent and confidentiality section

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| <p>receive under an NHS-provided national immunisation programme.</p> <p>PLEDGES: The Trust (NHS) also commits to:</p> <ul style="list-style-type: none"> • Provide screening programmes as recommended by the UK National Screening Committee. | <p>services.</p> <ul style="list-style-type: none"> • The Trust works in partnership with the CCG Commissioners on Public health issues such as Pandemic Flu and Flu vaccination programmes. • The Trust works with other healthcare partners to promote screening programmes where appropriate, for example breast screening campaigns and arrhythmia awareness. |
| <p>Respect, Consent and Confidentiality</p> | <p>Sources of Assurance</p> |
| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> • <u>Be treated with dignity and respect, in accordance with your human rights.</u> • <u>Be protected from abuse and neglect, and care and treatment that isare degrading.</u> | <ul style="list-style-type: none"> • YAS' Mission, Vision and Values. • NHS Constitution adopted by the Trust Board (2009, 20142015). • <u>Diversity and Inclusion Policy.</u> • Single Equality Scheme. • <u>Code of Conduct (Incorporating the Code of Conduct for NHS Managers).</u> • <u>Clinical Quality Strategy 2015/18.</u> • <u>Diversity and Inclusion Policy.</u> • <u>Safeguarding Policy (Children, Young People and Adults at Risk).</u> • <u>Disclosure and Barring Service (DBS) Policy.</u> • <u>'WRAP' (Workshop to Raise Awareness of Prevent (PREVENT Duty Guidance, 2015).</u> • <u>Observer and Placement Policy.</u> • <u>Bullying and Harassment Policy.</u> • <u>Quality Governance Plan including recommendations from the Francis Report into Mid Staffordshire NHS Foundation Trust Public Inquiry (2013).</u> • <u>Review of Actions Taken (2015) as a Result of the Report into Savile.</u> |

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| <ul style="list-style-type: none"> • To request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis. | <ul style="list-style-type: none"> • Patient experience of dignity and respect is included in all local patient surveys • Raising awareness about the needs of patients with dementia. • The Trust has responded to a ministerial call to action and signed up with the National Dementia Alliance to become ‘dementia friendly’. • Records Management PolicyConfidential records storage. • Critical Friends Network. • Expert patient; member of Quality Committee , Clinical Governance Group, Medicines Management Group, Yorkshire & the Humber Regional Falls Prevention Network. |
| <p>PLEDGES: The Trust (NHS) also commits to:</p> <ul style="list-style-type: none"> • To ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively. <p><u>If you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set in the Handbook of the NHS Constitution</u></p> | <ul style="list-style-type: none"> • Caldicott Guardian in post. • Records Management Policy. Access to Medical Records Policy. • E-PRF roll out. • <u>Not applicable.</u> |
| <ul style="list-style-type: none"> • To anonymise the information collected during the course of your treatment and use it to support research and improve care for others. | <ul style="list-style-type: none"> • Research Governance Policy. • YAS’ inclusion in collaborations with academic settings, e.g. Academic Health Science Network. |
| <ul style="list-style-type: none"> • Where identifiable information has to be used, to give you the chance to object wherever possible. • To inform you of research studies in which you may be | <ul style="list-style-type: none"> • Access to Records Management Policy. Medical Records Policy. • Caldicott Guardian in post. • Data Protection Act access by patients to their notes. • Caldicott Guardian in post. |

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| <p>eligible to participate.</p> <ul style="list-style-type: none"> • <u>To s</u>Share with you any correspondence sent between clinicians about your care. | <ul style="list-style-type: none"> • <u>Research Governance Policy.</u> • <u>YAS' inclusion in collaborations with academic settings, e.g. Academic Health Science Network.</u> • <u>E-prf (electronic patient record): roll out across YAS.</u> • <u>Access to Records Management Policy Medical Records Policy.</u> |
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| Informed Choice | Sources of Assurance |
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| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> Choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons. Express a preference for using a particular doctor within your GP practice and for the practice to try to comply. <u>Transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally.</u> Make choices about the services commissioned by NHS bodies to and information to support these choices. The options available to you will develop over time and depend on your individual needs. <u>Details are set out in the Handbook to the NHS Constitution.</u> <p>PLEDGES: The Trust (NHS) also commits to:</p> <ul style="list-style-type: none"> <u>Inform you about the healthcare services available to you, locally and nationally.</u> Offer you easily accessible, reliable and relevant information in a form that you can understand and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the <u>range and</u> quality of clinical services where there is robust and accurate information available. | <ul style="list-style-type: none"> Patients are informed and provided with relevant information about their care throughout their contact and treatment with the Trust. YAS service and treatment information leaflets are available (NHS 111 and PTS) and continue to be developed. Not applicable. <u>NHS England publishes Ambulance Clinical Quality Indicators (ACQIs) and Ambulance Quality Indicators (AQIs) on a monthly basis for all English Ambulance Services.</u> <u>ACQIs and AQIs included in IPR,</u> Trust internet is user friendly and is currently being reviewed looking at accessibility, clear concise and up to date information and easy navigation. <u>Handbook to the NHS Constitution available on Trust website.</u> <u>Trust Information on national ratings and surveys regarding Trust services are available on Care Quality Commission Websites.</u> <u>YAS' CQC rating displayed,</u> Publication of Board papers on Trust website. <u>YAS Annual Report and Accounts.</u> Quality Account published on Trust Internet pages. FT Membership newsletter. Operational Update. E-stakeholder news. <u>Social Media, e.g. Twitter</u> <u>Critical Friends Network.</u> Expert patient; member of Quality Committee, <u>Clinical</u> |

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| | <p><u>Governance Group, Medicines Management Group, Yorkshire & the Humber Regional Falls Prevention Network.</u></p> <ul style="list-style-type: none"> • Patient Services provide information about YAS services and support patients' access. |
| Involvement in your healthcare and in the NHS | Sources of Assurance |
| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> • Be involved in <u>discussions and planning and making</u> decisions about your health <u>and care with your care provider or providers</u>, including your end of life care and to be given information <u>and support</u> to enable you to do this. Where appropriate this right includes your family and carers. <u>This includes being given the chance to manage your own care and treatment, if appropriate.</u> • <u>An open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of the healthcare professional, has caused, or could still cause, significant harm or death. You must be given facts, an apology, and any reasonable support you need.</u> • Be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those Services. <p>PLEDGES: The Trust (NHS) also commits to:</p> <ul style="list-style-type: none"> • Provide you with the information and support that you need to influence and scrutinise the planning and delivery of NHS services. • Work in partnership with you, your family, carers and representatives. | <ul style="list-style-type: none"> • YAS' Mission, Vision and Values. • Clinical Quality Strategy: Delivering Excellent Services 2015-182-45. • Lead Nurse / Urgent Care appointed 2013. • <u>Where indicated and appropriate End of Life discussions regarding preferred place of care are advocated.</u> • <u>YAS Associate Director of Paramedic Practice appointed 2015.</u> • <u>Policy on Being Open and Duty of Candour.</u> • <u>Freedom to Speak Up compliant.</u> • Core services are commissioned by the Trust's Commissioners with which the Trust works closely ensure that the services provided are appropriate to the needs of the local community. • <u>Commissioning for Quality and Innovation (CQUINsS).</u> • <u>YAS Integrated Business Plan: 2014/15 to 2018/192/13 — 2017/18</u> • Trust Board & Committee Structure including Quality Committee. • <u>Stakeholder Engagement and Communications and Engagement Strategy, 2012-6</u> • <u>The Trust works with local Healthwatch, Overview & Scrutiny</u> |

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Comment [NB19]: Update to reflect refreshed strategy anticipated Q2 2015

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| <ul style="list-style-type: none"> To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one. To encourage and welcome feedback on your health and care experiences and use this to improve services. | <p><u>Committees, Health and Well Being Boards, MPs</u> to undertake engagement and gain assurance that the Trust is addressing the needs of the local community.</p> <ul style="list-style-type: none"> Healthwatch Stakeholder Event (June 20132015). Critical Friends Network. YAS Policy for Consent to Examination or Treatment. Consent Policy in place. Access to Records Management Policy. Medical Records Policy in place. Patients are informed and provided with relevant information about their care throughout their contact and treatment with the Trust. Where indicated and appropriate End of Life discussions regarding preferred place of care are advocated Trust service and treatment information leaflets are available (NHS 111 and PTS) and continue to be developed. Clinical Quality Forum. Significant Incidents & Lessons Learned Report (reported to Trust Board 2 x per annum). Trust Board meetings held in Public bi-monthly where the public have an opportunity to ask questions of Board members; Q&As recorded in Board Minutes of meeting. As an aspirant Foundation Trust, we are engaging with our Public Members who can provide opinion and suggestions for improvement and innovation and, on Authorisation, elect Public Governors who work with the Trust to influence direction and contribute to the design of services and facilities. <u>YAS Forum implemented July 2014: its purpose, as an elected Membership body, is to assist the Trust to shape and develop its service provision in an open, transparent and accountable manner. Comprises 22 members representing Public, Staff and Appointed organisations. Quarterly meetings held in Public where the public have an opportunity to ask questions</u> |
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| | <p><u>of Board members; Q&As recorded in Board Minutes of meeting.</u></p> <ul style="list-style-type: none"> • <u>Expert patient; member of Quality Committee , Clinical Governance Group, Medicines Management Group, Yorkshire & the Humber Regional Falls Prevention Network.</u> • Patient experience feedback is gathered from a variety of sources including the Trust patient survey programme, complaints and PALS concerns, focus groups and engagement activities and used to help focus improvement work. |
| <p>Complaints and redress</p> | <p>Sources of Assurance</p> |
| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> • Have any complaint that you make about NHS services acknowledged within three working days and to have it properly investigated. • Discuss the manner in which the complaint is handled and to know the period within which the investigation is likely to be completed and the response sent. | <ul style="list-style-type: none"> • Policy for Managing <u>Compliments, Comments, Concerns and Complaints and Concerns</u> and procedures in place and compliant with April 2009 statutory regulations. <u>(See the (Local Authority Social Services and National Health Service Complaints England Regulations 2009, the Francis Report, 2013, and other relevant reports and recommendations) and Part 5 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.)</u> • Quality Committee monitors performance of <u>compliments, comments, concerns and complaints</u>complaints/concerns. • <u>Policy on Being Open and Duty of Candour.</u> • The Trust aims to provide an improved service with greater opportunity for local resolution. • The Trust ensures that patients and their carers receive appropriate support throughout the handling of a complaint and that it will not adversely affect their future treatment, in accordance with our local Trust policy. • Complainants are given details of local advocacy and support services. Complainants are given a full response answering their concerns, including actions taken to prevent recurrence. |

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| <ul style="list-style-type: none"> • Be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of any conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken. | <ul style="list-style-type: none"> • <u>Policy for Managing Compliments, Comments, Concerns and Complaints and procedures in place and compliant with April 2009 statutory regulations. (See the Local Authority Social Services and National Health Service Complaints England Regulations 2009, the Francis Report, 2013, and other relevant reports and recommendations) and Part 5 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012).</u> • Policy for Managing Complaints and Concerns and procedures in place and compliant with April 2009 statutory regulations. • Quality Committee monitors performance of complaints/concerns. • All complainants are made aware of what to do if they are not satisfied with the outcome of their complaints and the process for contacting the Ombudsman. • <u>Policy on Being Open and Duty of Candour.</u> • <u>Quality Governance Plan including recommendations from the Francis Report into Mid Staffordshire NHS Foundation Trust Public Inquiry (2013).</u> • <u>Review of Actions Taken (2015) as a Result of the Report into Savile.</u> |
| <ul style="list-style-type: none"> • Take your complaint to the Independent Parliamentary and Health Service Ombudsman <u>or Local Government Ombudsman</u>, if you are not satisfied with the way your complaint has been dealt with by the NHS. • Make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority. • Compensation where you have been harmed by negligent treatment. <p>PLEDGES: The Trust (NHS) also commits to:</p> <ul style="list-style-type: none"> • Ensure that you are treated with courtesy and you receive | <ul style="list-style-type: none"> • All complainants are made aware of what to do if they are not satisfied with the outcome of their complaints and the process for contacting the Ombudsman. • Process for judicial review and the right to compensation are discussed with complainants as and when appropriate. • Trust Policy contains requirement that patients, relatives or carers are not adversely affected by having made a complaint. • The Trust ensures that patients and their carers receive |

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| <p>appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment.</p> <ul style="list-style-type: none"> • Ensure that when mistakes happen or if you are harmed while receiving health care, you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learnt to help avoid a similar incident occurring again. • Ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services. | <p>appropriate support throughout the handling of a complaint and that it will not adversely affect their future treatment, in accordance with our local Trust policy.</p> <ul style="list-style-type: none"> • <u>Policy for Managing Compliments, Comments, Concerns and Complaints</u> leaflets and posters available. • Patient Services department. • The Trust response to complaints is to acknowledge where things went wrong, to explain what should have happened, and to give assurance that action will be taken to prevent recurrence. • Where appropriate <u>compliments, comments, concerns, complaints and claims</u> give rise to action plans to prevent occurrence. • <u>Quality Governance Plan including recommendations from the Francis Report into Mid Staffordshire NHS Foundation Trust Public Inquiry (2013).</u> • <u>Review of Actions Taken (2015) as a Result of the Report into Savile.</u> • Improved opportunities for learning from complaints, <u>claims</u>, and other sources of experience fed back through the Quality Committee. • Implementation of action plans is monitored through the Quality Committee. |
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Section 3b. Patients and the public – your responsibilities

APPENDIX BC

NHS CONSTITUTION (~~MARCH 2013~~JULY 2015) RIGHTS AND PLEDGES TO STAFF

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| <p>To have a good working environment with flexible working opportunities consistent with the needs of patients and the way that people live their lives. As well as extensive legal rights (as summarised in the Handbook to the NHS Constitution), individual contracts of employment contain terms and conditions giving staff further rights.</p> | <p>Sources of Assurance</p> |
| <p>The rights<u>RIGHTS</u> are there to help ensure that staff: The right to:</p> <ul style="list-style-type: none"> Fair treatment regarding leave, rights and flexible working and other statutory leave requests relating to work and family, including caring for adults with whom you live. <u>Have a good working environment with flexible working opportunities consistent with the needs of patients and the way that people live their lives including:</u> <ul style="list-style-type: none"> <u>Have a fair pay and contract framework.</u> <u>Can framework. Can be involved and represented in the workplace.</u> | <ul style="list-style-type: none"> <u>YAS' Mission, Vision and Values.</u> <u>YAS People - Workforce Strategy, 2012-17.</u> <u>Joint Recognition Agreement (2015).</u> <u>Joint Steering Group.</u> <u>Staff Forum (from 2014).</u> <u>NHS Terms & Conditions of Service (T&Cs).</u> <u>Most staff employed under Agenda for Change T&Cs.</u> <u>All staff engaged under contracts of employment.</u> <u>Doctors and Executive Directors are employed under separate T&Cs.</u> <u>Disclosure and Barring Service (DBS) Policy.</u> <u>Pre and Post Employment Checks Policy.</u> <u>Recruitment and Selection Policy.</u> |

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| <p><u>Have healthy and safe working conditions and an environment free from harassment, bullying or violence</u></p> | <ul style="list-style-type: none"> • <u>Probationary Policy.</u> • <u>Secondment Policy.</u> • <u>Standards of Business Conduct Policy & Guidance: Interests, Gifts, Hospitality and Sponsorship.</u> • <u>Relief Staff Shift Allocation Policy.</u> • <u>Supporting Reservists Policy.</u> • <u>Relocation Policy.</u> • <u>Pay Protection Policy.</u> • <u>Stress Management Policy.</u> • <u>Moving and Handling Policy.</u> • <u>ICT Security Policy.</u> • <u>Supervision Policy & Procedure for Safeguarding YAS' Professionals.</u> • <u>Secondary Employment Policy.</u> • <u>Performance Management Policy.</u> • <u>Personal Development Review Policy.</u> • <u>YAS' Commitment to the Living Wage.</u> • Joint Steering Group. • <u>Annual Leave Policy.</u> • <u>Maternity and Maternity Support Policy.</u> • <u>Shared Parental Leave Policy.</u> • <u>Special Leave Policy.</u> • <u>Homeworking Policy.</u> • <u>Safety and Security Policy.</u> • <u>Travel and Subsistence Policy.</u> • <u>Health & Safety Policy.</u> • <u>Personal Protective Equipment Policy.</u> • <u>Infection, Prevention and Control Policy.</u> • <u>Pre and Post Employment Checks Policy.</u> • <u>Disclosure and Barring Service (DBS) Policy.</u> • Safe Employment: Pre and Post Employment Checks Policy. • <u>Anti-Bullying and Harassment Policy.</u> • <u>Smoke Free Policy.</u> |
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| <p><u>Are treated fairly, equally and free from discrimination.</u></p> <p>Can in certain circumstances take a complaint about their employer to an Employment Tribunal</p> | <ul style="list-style-type: none"> • <u>Diversity and Inclusion Policy.</u> • <u>Head of Diversity and Inclusion appointed 2015.</u> • <u>Equality & Diversity Policy.</u> • <u>Dignity at Work Code.</u> • <u>Employee Wellbeing Policy.</u> • <u>Issue Resolution (Grievance) Policy.</u> <ul style="list-style-type: none"> • Joint Steering Group. • <u>Joint Recognition Agreement (2015).</u> |
| <p><u>Can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.</u></p> | <ul style="list-style-type: none"> • <u>Policy for Managing Compliments, Comments, Concerns and Complaints and procedures in place and compliant with April 2009 statutory regulations. (See the (Local Authority Social Services and National Health Service Complaints England Regulations 2009, the Francis Report, 2013, and other relevant reports and recommendations) and Part 5 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.)</u> • <u>Freedom to Speak Up (Whistleblowing) Policy.</u> • <u>Staff Forum (from 2014).</u> • <u>Quality Governance Plan including recommendations from the Francis Report into Mid Staffordshire NHS Foundation Trust Public Inquiry (2013).</u> • <u>Review of Actions Taken (2015) as a Result of the Report into Savile.</u> |
| <ul style="list-style-type: none"> • <u>The NHS is also committed to achieving a number of, non-legally binding, pledges aimed at providing high-quality working environments for staff. These are to:</u> <p>Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to</p> | <ul style="list-style-type: none"> • <u>Mission, Vision and Values.</u> • <u>Joint Partnership Agreement (2015).</u> • <u>Joint Steering Group.</u> • <u>Staff Forum (from 2014).</u> • <u>Risk Management & Assurance Strategy.</u> • <u>Health & Safety Policy.</u> |

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| <p>the best of their ability.</p> | <ul style="list-style-type: none"> • <u>Policy on Being Open and Duty of Candour.</u> • <u>Freedom to Speak Up compliant.</u> |
| <p><u>Provide staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.</u></p> | <ul style="list-style-type: none"> • <u>Personal Objectives, continuing professional development, training and development opportunities linked to the Performance Development Framework.</u> • <u>WE CARE Awards (annually).</u> |
| <p><u>Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.</u></p> | <ul style="list-style-type: none"> • <u>Corporate and Local Induction Policy.</u> • <u>Statutory and Mandatory Training Policy.</u> • <u>Support for Learning & Development Policy.</u> • <u>Leadership & Management Development Programme.</u> • <u>Clinical Development Programme.</u> • <u>Access to Continuing Professional Development including:-</u> • <u>Trust commitment to staff time for continual professional development for registered professionals (2015).</u> |
| <p><u>Provide support and opportunities for staff to maintain their health, wellbeing and safety</u></p> | <ul style="list-style-type: none"> • <u>Working Time Policy.</u> • <u>Employee Wellbeing Policy.</u> • <u>Flexible Retirement Policy.</u> • <u>Maternity and Maternity Support Leave Policy.</u> • <u>Shared Parental Leave Policy.</u> • <u>Flexible Working Policy in place (includes Employment Break Scheme and Job Share Policy).</u> • <u>Special Leave Policy.</u> • <u>YAS Career Break Policy.</u> • <u>Code of Conduct.</u> • <u>Raising Concerns at Work Freedom to Speak Up (Whistleblowing) Policy.</u> • <u>Staff Handbook updated January 20132014</u> • <u>Guidance available on the intranet relating to Staff Retirement.</u> • <u>Guidance available on the intranet relating to Annual Leave.</u> • <u>Employee Wellbeing and Support at Work Policy.</u> |

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| <p><u>Engage staff in decisions that affect them and the services they provide, individually, through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.</u></p> | <ul style="list-style-type: none"> • <u>Joint Steering Group.</u> • <u>Joint Recognition Agreement (2015).</u> • <u>Staff Forum (from 2014).</u> • <u>Bright Ideas: staff suggestion scheme.</u> • <u>Team Brief.</u> • <u>Performance Development Review.</u> |
| <p><u>Have a process for staff to raise an internal grievance. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996</u></p> | <ul style="list-style-type: none"> • <u>Freedom to Speak Up (Whistleblowing) Policy.</u> • <u>Staff Forum (from 2014).</u> • <u>Policy on Being Open and Duty of Candour.</u> • <u>Freedom to Speak Up compliant.</u> • <u>Issue Resolution (Grievance) Policy.</u> |
| <p>Request 'reasonable' time off for emergencies (paid and unpaid) and other statutory leave (subject to exceptions).</p> | <p>▲</p> |
| <p>Expect reasonable steps are taken by the employer to ensure protection from less favourable treatment by fellow employees, patients & others (e.g. bullying or harassment).</p> | |

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| <p>To have a fair pay and contract framework</p> | <p>Sources of Assurance</p> |
| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> • Pay; consistent with the National Minimum Wage or alternative contractual agreement. • Fair treatment regarding pay. | <ul style="list-style-type: none"> • Most staff are employed under AFC Terms & Conditions. • Doctors and Executive Directors are employed under separate terms & conditions. • Joint Steering Group. • Recruitment and Selection Policy. • Business Conduct for Staff — Interests, Gifts, Hospitality & Sponsorship Policy. • All staff are engaged under contracts of employment. • |
| <p>To be involved and represented in the workplace</p> | <p>Sources of Assurance</p> |
| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> • Be accompanied by either a Trade Union official or a work colleague at disciplinary or grievance hearings in line with legislation, your employer's policies or your contractual rights. • Consultation and representation either through the Trade Union or other staff representatives (for example where there is no Trade Union in place) in line with legislation and any collective agreements that may be in force. | <ul style="list-style-type: none"> • Most staff are employed under AFC Terms & Conditions. • All staff are engaged under contracts of employment. • Employee Wellbeing and Support at Work Policy. • Disciplinary Policy. • Grievance Policy. • Raising Concerns at Work <u>Freedom to Speak Up</u> (Whistleblowing) Policy. • Annual Leave Policy. • Dignity at Work Code. • Business Conduct for Staff — Interests, Gifts, Hospitality & Sponsorship Policy. • Agreement on Partnership Working with Trade Unions. • Joint Steering Group. |

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| To have healthy and safe working conditions and an environment free from harassment, bullying and violence | Sources of Assurance |
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| <p>RIGHTS: The right to:</p> <ul style="list-style-type: none"> Work within a healthy & safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff, to work your contractual hours, take annual leave and to take regular breaks from work. | <ul style="list-style-type: none"> YAS' Mission, Vision and Values. Risk Management and Assurance Strategy. Health and Safety Policy. Safety & Security Policy. Disclosure and Barring Service (DBS) Policy. Infection, Prevention and Control Policy. Corporate and Local Induction Policy. Code of Conduct. Dignity at Work Code. Diversity and Inclusion Policy. Head of Diversity and Inclusion appointed 2015. Equality & Diversity Policy. Recruitment and Selection Policy. Employee Wellbeing and Support at Work Policy. Flexible Working Policy in place (includes Employment Break Scheme and Job Share Policy). Special Leave Policy. Flexible Retirement Policy. Maternity-Shared Paternal Leave Policy. Anti-Bullying and Harassment Policy. Raising Concerns at Work <u>Freedom to Speak Up</u> (Whistleblowing) Policy. Pre and Post Employment Checks Policy. Safe Employment: Pre and Post Employment Checks Policy. Staff Handbook updated January 201443 Guidance available on the intranet relating to Annual Leave. Joint Steering Group. Joint Recognition Agreement (2015). Staff Forum (from 2014). |

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| To take a complaint to a Tribunal (in certain circumstances) | Sources of Assurance |
| RIGHTS: The right to: <ul style="list-style-type: none"> • Appeal against wrongful dismissal. • Pursue a claim in the employment tribunal, if you meet required criteria, if internal processes fail to overturn a dismissal. | <ul style="list-style-type: none"> • Disciplinary Policy. • <u>Joint Steering Group.</u> • <u>Joint Recognition Agreement (2015).</u> • <u>Staff Forum (from 2014).</u> • Appeals process is contained within Disciplinary policy. • Template letters sent following disciplinary hearings contain information about the right to appeal. |
| Can raise any concern with their employer whether it is about safety, malpractice or other risk, in the public interest | Sources of Assurance |
| RIGHTS: The right to: <ul style="list-style-type: none"> • Protection from detriment in employment and the right not to be unfairly dismissed for 'whistleblowing' or reporting wrongdoing in the workplace. | <ul style="list-style-type: none"> • <u>Raising Concerns at Work</u><u>Freedom to Speak Up</u> (Whistleblowing) Policy. • Appeals process is contained within Disciplinary policy. • Joint Steering Group. • <u>Joint Recognition Agreement (2015).</u> • <u>Staff Forum (from 2014).</u> |
| To have employment protection (NHS employees only) | Sources of Assurance |
| RIGHTS: The right to: <ul style="list-style-type: none"> • Employment protection in terms of continuity of service for redundancy purposes if moving between NHS Employers. | <ul style="list-style-type: none"> • Most staff are employed under AFC Terms & Conditions: Section 12, Contractual conditions of service. • Joint Steering Group. • <u>Joint Recognition Agreement (2015).</u> • <u>Staff Forum (from 2014).</u> |
| To join the NHS pension scheme (NHS employees and some GPs) | Sources of Assurance |
| RIGHTS: The right to: <ul style="list-style-type: none"> • Your ability to join the NHS Pension Scheme. | <ul style="list-style-type: none"> • All staff are engaged under contracts of employment which sets out eligibility for joining the NHS Pension Scheme. • Joint Steering Group. |

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| | <ul style="list-style-type: none"> • <u>Joint Recognition Agreement (2015).</u> • <u>Staff Forum (from 2014).</u> |
| PLEDGES | Sources of Assurance |
| <p>The Trust (NHS) commits to :</p> <ul style="list-style-type: none"> • Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability. • Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities. • To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | <ul style="list-style-type: none"> • YAS' Mission, Vision and Values. • Raising Your Concerns (Whistleblowing) Policy. • WE CARE Awards <u>(annually).</u> • Long Service Awards. • <u>Diversity and Inclusion Policy.</u> • Single Equality Scheme. • <u>Bright Ideas scheme, "You said, we did".</u> • <u>Listening Watch (Board Members & senior managers).</u> • Joint Steering Group. • <u>Joint Recognition Agreement (2015).</u> • <u>Cultural Audit (2015).</u> • <u>Staff Forum (from 2014).</u> • <u>Estates Strategy including Vehicle Preparation and Fleet Make Ready.</u> • Roles and responsibilities set out in Trust Job Descriptions. • Annual Personal Development Review (PDR) process in place for all staff and links with the relevant departmental or directorate business plan and the IBP. • <u>Corporate and Local Induction Policy.</u> • Guidance available on the intranet relating to PDRs. • Leadership and Management <u>Development Programme Training</u> in place including Managing Performance and Capability. • <u>Trust has a number of Learning and Development policies in place including Statutory & Mandatory Training; E-learning; Learning & Development Portal.</u> • <u>Trust committed to time for continual professional development for registered professionals (2015).</u> |

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| <ul style="list-style-type: none"> • Provide support and opportunities for staff to maintain their health, well-being and safety. • Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families. • To have a process in place to raise an internal grievance. • Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998. | <ul style="list-style-type: none"> • Health & Safety Policy. • Risk Management and Assurance Strategy. • Occupational Health services including access to a range of support services for staff; healthy living initiatives and events/promotions provided. • Employee Assistance Programme (EAP). • <u>Benevolent Fund (YAS Charity) since 2015.</u> • Stakeholder Engagement and Communications <u>and Engagement Policy, 2016.</u> • Integrated Inspection process and schedules: incorporates all aspects of the CQC standards. All stations and standby points are scheduled for yearly inspections with dates agreed with the Locality Managers who accompany the Standards & Compliance Directorate managers on the inspections. Inspections led by band 6 and 7 members of the risk and safety team. • Organisational change consultation meetings (as appropriate). • Annual NHS Staff Survey. • Staff have an opportunity to put forward ideas via Listening Watch, staff suggestion scheme (<u>Bright Ideas</u>), staff survey. • <u>Joint Steering Group.</u> • <u>Staff Forum (from 2014).</u> • <u>Team Brief.</u> • <u>Issue Resolution (Grievance) Grievance Policy.</u> • Raising Your Concerns (Whistleblowing) Policy. |
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