

# EQUALITY DELIVERY SYSTEM 2 (EDS2)

## Introduction to Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The report is a summary of how the CCG is working alongside the legislative requirements. Our legal responsibility under the Equality Act 2010 includes the general and specific duties covering age, sex, race, disability, sexual orientation, religion and belief, gender identity, marriage and civil partnerships and pregnancy and maternity – these are known as “protected characteristics”.

***Evidence portfolio***

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## Overview of CCG population information

Across Lincolnshire there are four Clinical Commissioning Groups which work together to buy health services, not only for their area, but the whole of Lincolnshire.

The 15 practices that make up South Lincolnshire CCG are working together to improve the quality and delivery of health services for patients, and reduce health inequalities across the area.

The two localities - Welland and South Holland - cover a large part of South Lincolnshire. Their aim is to develop better solutions for the local population, providing patients better access to the healthcare services they need.

GPs practices in the south of Lincolnshire are working together to improve the quality and delivery of services for our patients and reduce health inequalities across the area.

The local economy is based upon agriculture and food production with 60% of the workforce employed in the creation, processing or distribution of food. The majority of the population can be described as active working age people.

The GP registered population is approximately 161,000; South Lincolnshire has a much higher proportion of older people than England, and a lower proportion of young people.

Two of the fifteen practices in South Lincolnshire have a higher average deprivation score than England. Life Expectancy in South Lincolnshire is 79.3 years for males and 82.5 years for females, both are slightly higher than for England.

The prevalence of diabetes, coronary heart disease, stroke and cancer is higher in South Lincolnshire than for England as a whole.

## Overview of CCG health inequalities (Source: Lincolnshire Research Observatory)

### Key Points

- South Lincolnshire CCG has the lowest levels of deprivation, poverty and unemployment compared to other areas in Lincolnshire.
- There is a high proportion of population of people aged 40-49 and in the early 60's
- Life expectancy within the CCG is slightly better than the England average.
- Prevalence of cancer, diabetes, coronary heart disease and stroke are higher than the England average.
- Emergency admissions are below the national average, but the GP referrals and elective admissions are significantly higher

### Life expectancy and mortality

Under 75 mortality rates from cancer and respiratory disease are significantly lower in South Lincolnshire CCG than the England rate. At the same time mortality rates from cardiovascular disease is higher than the England rate.

### Long term conditions

- Diabetes prevalence is higher than the England average. The prevalence of diabetes has increased compared to 2010/2011 slightly following National trends (5.9% to 6.1%).
- Coronary Heart disease prevalence is above the England average: 4.1% within South Lincolnshire compared to 3.4% for England.
- Stroke prevalence is higher than the England average: 2% within South Lincolnshire compared to 1.7% within England.
- Hypertension prevalence is above the England average: 16.8% within South Lincolnshire CCG compared to 13.6% in England.
- Psychoses prevalence is below the England average: 0.5% in South Lincolnshire CCG compared to 0.8% in England. However, depression prevalence is above the England average, 16.1% in South Lincolnshire CCG compared to 11.7% in England.
- Cancer prevalence is above the England average: 2.2% (CCG) – 1.8% (England). The number of Cancer admissions per 1000 is significantly higher than the England average: 38.3 (CCG) – 28.6 (England).

### Referrals and admissions

- The number of GP referrals to outpatients – 1st attendance (per 1000) is above the England average, 231.3 (CCG) compared to 191.7 (England).
- The number of elective admissions (per 1000) is above the England average 152.6 (CCG) compared to 121.0 (England).
- The number of emergency admissions (per 1000) is slightly below the England average, 83.7 (CCG) compared to 89.0 (England).

## Map of CCG region



## **Lifestyle**

- Obesity prevalence is above the England average, 11.9% (CCG) compared to 10.7% (England).iv
- Smoking prevalence cannot accurately be found for individual CCG areas. However according to Integrated Household Survey by Department of Health, smoking prevalence in South Holland and South Kesteven areas are both below national average (14.7% and 17.3% respectively comparing to 20.0% in England)v.
- The Health and Wellbeing Strategy 2013-2018 stated that “It is estimated that a higher percentage of adults in Lincolnshire smoke than in the East Midlands and England. However, the percentage of people quitting smoking is higher in Lincolnshire than in England.”

## **Levels of deprivation**

- South Lincolnshire has as an average deprivation score (on the Indices of Multiple Deprivation 2010) of 12.99, the lowest of all Lincolnshire CCGs. One lower level super output area (LLSOA) based in Sutton Bridge falls within the most deprived 20% in Lincolnshire, however it doesn't qualify as one of the 20% most deprived in England.
- It is estimated that 13.2% of children in South Lincolnshire area are living in poverty, which is lowest in Lincolnshire, and significantly lower than the figure for England (20.6%).

## **CCGs statement of commitment**

South Lincolnshire CCG is committed to designing and implementing policies and procedures and commissioning services that meet the diverse needs of our local population and workforce, ensuring that none are placed at a disadvantage over others. The CCG will take into account current UK legislative requirements and best practice. These include the Equality Act 2010, the Human Rights Act 1998, the Gender Recognition Act 2004, the NHS Constitution and guidelines on best practice from the Equality and Human Rights Commission and the Department of Health.

The CCG commits to promote Equality, Inclusion and Human Rights (EIHR) to ensure that the CCG's activities ensure no-one receives less favourable treatment due to their personal circumstances. This includes, but is not limited to, the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity status.

The CCG commits to ensure that when making decisions, appropriate and proportionate consideration is given to; gender identity, socio-economic status, immigration status and the principles of Human Rights in the Human Rights Act 1998.

In carrying out its functions, South Lincolnshire CCG is committed to having due regard to the Public Sector Equality Duty of the Equality Act 2010. This applies to all the activities for which the CCG is responsible, whether internal or where services are commissioned on its behalf, including policy development and review.

Responsibilities:

## **The Governing Body**

- The CCGs Governing Body have overall corporate responsibility for ensuring that the CCG complies with their legal and ethical obligations with regard to EIHR in their dealings with staff, service users, patients, the public and other stakeholders. The Governing Body commits to :
  - Having an executive lead with responsibility for the operational delivery of its EIHR obligations.
  - Ensuring that the organisation has Equality Objectives
  - Reviewing papers, reports etc. to ensure compliance with relevant legislation and best practice.
  - Only approve a decision where they are confident that robust Equality Analysis and Due Regard has been undertaken, can be evidenced and the impacts of said decision are fully understood.

## **Managers and Team Leaders**

- CCG managers hold responsibility for ensuring the practical implementation of this Commitment and for the incorporation of its principles into all CCG policies and procedures.
- Managers should be aware that they will be expected to positively promote high equality standards, in line with the requirements of the Act, key aspects of which are outlined in the Equality and Diversity Competency Framework.
  - Managers, and other employees in supervisory positions, have a particular duty to ensure that discrimination, or any other breaches of this Commitment, do not occur in any directorates/departments or areas of work for which they are responsible.
  - Managers also have a duty to give positive support to any measures which will promote Equality, Inclusion and Human Rights.
  - Ensure that any contracts for NHS services include robust monitoring and requirements around Equality Inclusion and Human Rights.

## Staff

Good employee relations and practices depend on employees' attitudes and activities at work. In particular individual employees:

- Have a personal responsibility for the application of this commitment on a day-to-day basis. This means they should not undertake any acts of discriminatory practice in the course of their employment
- Should positively promote high equality standards in the course of their employment wherever possible.
- Have a responsibility to bring any potentially discriminatory practice to the attention of their Line Manager, the Human Resources Department or relevant Trade Union/Professional Associations and the Arden GEM CSU EIHR team.
- Must not victimise individuals on the grounds that they have made complaints or provided information on discrimination, but must be active in informing management of discrimination.

At the heart of this commitment is the requirement placed on **ALL** staff to ensure that robust and proportionate Equality Analysis and Due Regard is taken around any decision which the CCG takes and can be effectively demonstrated.

This is a **Legal** requirement, enshrined in:

- The Equality Act 2010 (Public Sector Equality Duty, s149)
- The Human Rights Act 1998.
- The NHS Constitution.
- Health and Social Care Act 2012 (Section 14).

Equality, Inclusion and Human Rights matters for everyone, it is a legal requirement and we all have a role in making sure the CCG meets these requirements. By doing so, the CCG ensures the best possible outcomes for the local community; CCG staff and especially those seldom heard groups who experience health inequalities.

The CCG has an obligation to understand and take action to reduce Health Inequalities for the population they serve as part of the requirements of the Health and Social Care Act 2012.

In addition staff should ensure that they take into account any relevant CCG policy. Where a specific circumstance is not covered by any policy actions should be considered in line with the NHS values set out in the Constitution, legislation and the values set out in each CCG's commitment.

The Arden GEM CSU EIHR team:

[equality@ardengemcsu.nhs.uk](mailto:equality@ardengemcsu.nhs.uk)

**“The key question is: how well do people from protected groups fare compared with people overall? There are four grades – underdeveloped, developing, achieving and excelling.”**

When assessing and grading performance on a particular outcome, NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do. Within a protected characteristic, they might decide to focus on people most at risk, and/or for whom considerable progress has been made. It is advised that the aspects that are reviewed are ones where there is local evidence that suggests a significant equality-related concern; and/or where progress has been made and good practice can be spread. It is recommended, for the sake of balance, that a proportionate mix of progress and challenge is selected for assessment and grading. While at any one time, particular services or particular groups may be reviewed using EDS2, it is recommended that over a longer-term period (say three to five years), organisations should review all aspects of their work where there might be equality-related progress or challenge.

Essentially, there is just one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall? There are four grades – undeveloped (red), developing (amber), achieving (green) and excelling (purple).

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

- Undeveloped if there is no evidence one way or another for any protected group of how people fare or ...
- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

It is recommended that when using EDS2, organisations take stock of their engagement activities, and the availability and use of evidence, once all outcomes are graded. If an organisation and its local partners believe that engagement and/or evidence has been poor, the grades for all or some of the particular outcomes can be adjusted downwards. Quite how this happens is left to local discretion. Where engagement and evidence is assessed as poor, organisations should put improvement plans in place.

## 1. Better health outcomes

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

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

**How does the CCG design/procure/commission services which are appropriate to its local population? Please give examples**

Protected characteristics	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	Embed equality monitoring into provider contracts.	These are good examples of equality work in commissioning – the CCG will continue to work in this way.	<p>Commissioning Intentions Engagement Summer 2014 First phase - 411 patients and members of the public (in total) were spoken with about last years' priorities and how they felt about these. The CCG had a stall on Spalding; Bourne and Stamford Markets in July 2014 and whilst at these events spoke to 217 individuals. Supported by GEMCSU we were able to have an interactive event with giveaways that promoted healthy living and keeping fit.</p> <p>In addition to promoting the CCG and healthy lifestyles we advertised the priorities that the CCG has been working towards over the last 12 months and asked the public to comment on whether they thought they were still important and if they felt we needed to continue to work on them. If people felt that we were doing an area well and that is was effective we asked them to focus on the ones they felt needed further investigation.</p> <p>The Stakeholder Event was held August – 44 stakeholders representing 34 organisations.</p> <p>Diabetes 2 x consultation events were held (Welland and South Holland) to look diabetes services and self-management. 55 people attended and gave views on what's good/not good; what they would like to see delivered; what would help them self-manage better? Education and peer support were identified as key priorities for diabetic patients.</p> <p>SLCCG have since taken the opportunity to work with the Patients in Control programme (funded through NHS England and being led by Kent CSU). This involves working with patients to understand what peer support and education should look like from their point of view.</p> <p>SLCCG identified funding opportunities for this work (NHS</p>	These processes ensure that patients receive an equal and fair service from all providers, whether they be NHS organisations or private contractors and that the CCG listens to, and takes note of, patients' views.	<b>GREEN</b>  January 2016

E money, for a one year pilot) working in collaboration with health trainers to deliver 4 x events per year across our area regarding healthy eating, cooking and growing (of food) and exercise for diabetics and pre diabetic patients. This has been a resounding success so far, with tangible outcomes and evidence to support research work being undertaken by University of Nottingham to support with future work in this area.

#### Working with Carers:

An area raised through the Patient and Public Involvement Committee showed that patients were concerned that carers were not always identified in hospital settings and then not listened to whilst the cared for was being treated, or at discharge. As a result we worked with Peterborough & Stamford Hospitals Foundation Trust and the Lincolnshire Carers and Young Carers Partnership to look at how carers could be identified and tracked through the system. As a result a CQUIN has been developed for 2015-16 with the Trust to support them to develop better relationships with carers.

#### Parity of Esteem:

Working with the Society in the Fens group, we have actively supported with work around depression and debt, and the impact of illegal money lending within the county, on people, families and their mental health. Co-ordinating a partnership with LPFT; Illegal Money Lending Team; Local Churches and third sector agencies such as CAB and Credit Unions – we have nominated (at the request of the Illegal Money Lending Team) the Fen Project for a National Award in this area.

Improving patient access and experience for Mental Health and Learning Disabilities – SLCCG has secured Cantab mobile, an app that is used in primary care to diagnose patients with dementia. Early diagnosis will enable patients and carers to proactively access support services and plan for future needs.

#### Procurement

The CCG has implemented measure to ensure that the Provider is required to demonstrate compliance with the Equality Act 2010 ( and associated Public Sector Duty) and the Human Rights Act 1998. Quarterly Review Meetings are carried out with all providers and equality monitoring is a part of this process.

## 1.2 Individual people's health needs are assessed and met in appropriate and effective ways

### How does the CCG ensure individual health needs are met effectively? Please give examples

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, disability, gender	Ensures that people have their say on matters that affect them. Gives autonomy.	In order to achieve a green grading, the CCG will develop further work with other protected characteristics.	<p>The Quality and Patient Experience Committee – monitors provider performance against quality standards (e.g. CQUIN and Quality Schedule) including monitoring of protected characteristics, ie gender Same Sex accommodation.</p> <p>The CCG collects various patient experience information such as patient stories, review of national CQC patient experience reports, GP patient Survey, Healthwatch reports, complaints, MP letters, patient feedback via PC and ViewPoint and readers panel, PALs and Friends &amp; family test.</p>	Patients are listened to and their health needs are taken into account when planning services.	<b>AMBER</b> January 2016

## 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

### How does the CCG ensure patients and carers are well-informed when moving between services/care pathways? Please give examples

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, disability	Ensures that people are treated with dignity and respect and gives autonomy.	Excellent work has been carried out to date. In order to achieve a green grading, the CCG will focus work on specific protected characteristics and work on issues highlighted by patients about transition from one part of the NHS to another..	<p>LHAC programme-The CCG continues to work in partnership with Lincolnshire health and care organisations on the programme to create integrated care for residents across the county</p> <p>A Neighbourhood Team Care Navigator role created as part of neighbourhood teams to support the MDT meetings, ensuring relevant information is shared with the appropriate professionals which will:</p> <ul style="list-style-type: none"> <li>• Bring together care workers across the area to share expertise</li> <li>• review complex cases and develop coordinated care plans for those individuals</li> <li>• Highlight issues and blocks to integrated working</li> </ul> <p>Assertive in reach teams are working in Kings Lynn and Peterborough hospitals – many patients go out of county for treatment hence it is important to ensure that repatriation works well. Teams go to A and E and wards looking at Lincolnshire patients to ensure a smooth discharge.</p>	Patients are supported through the system.	<b>Amber</b> January 2016

## 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

**How does the CCG ensure patient safety is a priority and ensure patients are free from mistakes/mistreatment/abuse? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	<p>Embed equality monitoring into provider contracts.</p> <p>Freedom from degrading and inhumane treatment</p>	<p>The CCG will continue to develop work with the Federated Risk Team to evidence work for specific groups of people with protected characteristics.</p>	<p>The Keogh Review (2013) was an independent review commissioned by the Government into the 14 NHS Trusts in the UK with higher than average death rates. As well as an analysis of information and hospital site visits, the review panel also undertook listening events which gave patients and members of the public an opportunity to share their personal experiences of health services. All of Lincolnshire's health community are committed to continuing to listen to patient experiences.</p> <p>Patient Safety reports are monitored via the QPEC meeting – safety thermometer information, falls, number of harms, never events, healthcare associated infection (MRSA CDiff etc.), ambulance turnaround times, ambulance response times, waiting times (A&amp;E, Cancer), patient feedback, complaints, patient experience reports.</p> <p>Quarterly patient safety meetings with providers. Monthly risk management meetings with providers. Safeguarding Report.</p> <p>QPEC monitors continuing healthcare to ensure that follow up meeting are done in a timely manner.</p> <p>QPEC monitors responses to national issues and their local implementation (e.g. Francis, Winterbourne etc.)</p> <p>The federated risk team puts together a robust approach to incident reporting including:</p> <ul style="list-style-type: none"> <li>• Quarterly review meetings with provider organisations</li> <li>• Patient safety meetings with large providers to pick up and deal with trends</li> <li>• Processes to rapidly report, review and challenge serious untoward incidents</li> <li>• Relationships with colleagues in Safeguarding to share concerns</li> <li>• Monthly risk management meetings which also check clinical compliance</li> <li>• Health professional feedback</li> <li>• Monthly reports to the Executive Nurse</li> </ul> <p>The CCG has also signed up to the “Sign Up to Safety” pledge and has a Datex system in place to strengthen reporting of incidents in primary care.</p>	<p>Patients receive high quality care and are less likely to experience mistakes, mistreatment and abuse.</p>	<p><b>Green</b></p> <p>January 2016</p>

## 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

**How does the CCG work in partnership to support health promotion in its local communities? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
Age, race, gender	N/A	Excellent work has been carried out to date. In order to improve to a green grading, the CCG will focus work on other protected groups.	<p>Update of vaccinations is monitored via QPEC and engagement takes place to encourage people getting vaccinated via social media and messages on the CCG website.</p> <p>A8 Community Extensive engagement work has been carried out by the CCG by working in partnership with local employers with high proportion of migrant population employees. Three whole day events were held within Bakkavor to raise awareness of GP registration and the CCG worked in partnership with various agencies to deliver health checks and health promotion (including Phoenix stop smoking team and Early Prevention of Cancer Team).</p> <p>Young People Health Education: Working with primary school in South Holland, the School Council will learn how the website for NHS Digital Online Badges works and work towards these online badges by undertaking health related challenges. They will then teach this to their peers and showcase it to other schools in the area, the CCG are supporting with helping with the school to achieve events and support their school population.</p> <p>In addition, the CCG is looking into vaccination of care home staff against flu.</p>	Higher numbers of people have access to screening and diagnostics.	<b>Amber</b>  January 2016

## 2. Improved patient access and experience

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

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

**How does the CCG ensure all people can access healthcare services where no one is discriminated against and denied access on unreasonable grounds? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	The right of non-discrimination.	This is well supported by the CCG. To further improve access, the CCG will develop processes to audit accessibility of NHS and other provider premises and take up of services by people with protected characteristics.	<p>Patient monitoring is required of provider organisations and is reviewed to ensure accessibility of services</p> <p>A primary care (GP) accessibility audit has been undertaken.</p> <p>The CCG uses and promotes Language Line and has leaflets available in a range of different languages.</p> <p>The CCG undertakes Equality Analysis for all policies and service reviews.</p> <p>Provider compliance with national guidelines and clinical standards is monitored via the federated risk management team.</p>	Patients have access to information and support around access to services and this is monitored and analysed.	<b>Green</b> January 2016

## 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

### How does the CCG ensure that people are at the centre of the decisions about their care? Please give examples

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	Develop new patient participation groups and make use of existing ones in a coordinated way and support patient participation by equality area.	A lot of work has been carried out around patient experience. In order to progress to a green grading, the CCG will actively seek out experience information from people with protected characteristics.	<p>Patient choice – choose and book</p> <p>All 15 practices within SLCCG have a Patient Participation Group, all with different levels of experience and different ways of working. Some are charitable organisations, some work towards fundraising and patient involvement and some are entirely virtual. In order to work with these groups in an established manner the CCG has invested resource into meeting with PPG Chairs and representatives and building a relationship that supports with 2 way flows of information and works towards ensuring patients are in a position to be involved in service change/redesign and to raise concerns and receive a response to this.</p> <p>Neighbourhood teams are in place to improve person centred care</p> <p>New unified DNA CPR forms – making sure people have their wishes met in terms of preferred place of death – this is an example of innovative local work.</p>	The CCG has access to a range of information and is able to react to any issues or trends that may arise.	Amber January 2016

## 2.3 People report positive experiences of the NHS

### How does the CCG engage and involve people to listen to their views of the NHS? Please give examples

Protected characteristics	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	Develop new patient participation groups and make use of existing ones in a coordinated way and support patient participation by equality area.	Patient experience is well collected and documented. In order to progress to a green grading, the CCG will actively work with groups representing people with protected characteristics in order to gain insight into their experiences.	<p>Section 242 of the NHS Act 2006 places a statutory duty on NHS organisations to involve patients and members of the public in the planning and provision of services, proposals for changes in the way services are provided and decisions affecting the operation of those services. In addition to this, NHS England's Assurance Framework for CCGs has a strong focus on evidence that patients and members of the public have been properly engaged throughout the commissioning cycle. In response to this duty, and in recognition of the value of involving patients and the public, the CCG has put a range of mechanisms in place to involve people in decision making. The Listening Events Programme has formed a key part of this involvement and is designed to provide qualitative information in the form of captured patient experiences which have common themes identified and used as a basis for service improvement.</p> <p>Demographics are collected for CQC patient experience reports so that the CCG can ascertain any areas where patients are not responding.</p> <p>National patient experience questionnaires are available in other languages.</p> <p>Event feedback form has demographic information included.</p> <p>ViewPoint and Readers' Panel information is demographically collected. The CCG has a new objective to widen participation in this area.</p> <p>Listening events are carried out on a regular basis and also promoted everywhere and sent out to stakeholder database which contains information on groups which support people with protected characteristics.</p> <p>Use of social media to engage with younger people who are less likely to become involved.</p>	The CCG has access to a range of information and is able to react to any issues or trends that may arise.	Amber January 2016

## 2.4 People's complaints about services are handled respectfully and efficiently

### How does the CCG handle and monitor complaints ensuring action is taken? Please give examples

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	Access to information about how to complain is good. In order to progress to a green grading, the CCG will carry out a campaign targeting protected groups.	<p>The complaints service that is provided for the CCG is governed by statutory legislation (the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009). All staff working within the Complaints and Customer Care Team are Band 4 or above; with one of the core competencies as identified within ASPIRE as Customer Focus "I am professional and responsive to the needs of internal and external customers" which would include responding to individual needs - staff are encouraged to save some supporting evidence for this area. All complaints are handled by following due process and in an individual manner. There is however no process that allows us to separate out complaints from protected groups - they are all dealt with in the same manner. In order to be more proactive and to encourage users of NHS services to feel confident to complain where appropriate, Arden and GEM are in the process of developing leaflets which will ensure that users know they have the right to complain and explain the complaints process. These leaflets will be available in different languages and in Braille and in large print. Details of how to complain are also available on the SLCCG website. SLCCG receive a quarterly report which does not currently include E &amp; I monitoring. The manager has been asked to include this information in reports going forward. In discussions with the complaints manager, we have also identified the need to analyse complaints and comments to see which hard to reach sections of the population are not responding and then consider how best to engage with them if this is demonstrated to be necessary.</p> <p>Our Quality and Patient Experience Committee (QPEC) receives a report from Healthwatch which contains information on comments and complaints received by Healthwatch, and raises with Healthwatch how concerns raised directly with them are monitored and resolved".</p> <p>The Friends and Family test is reviewed by QPEC, and where the result is low, the provider is challenged at Quality Review meetings and on quality visits, to ascertain why and support improvement planning.</p>	People know how to complain and are supported to do so.	Amber January 2016

### 3. A representative and supported workforce

The NHS should support the diversity of its workforce (whether paid or non-paid) to improve the quality of their working lives, enabling them to better respond to the needs of patients and local communities

#### 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

**What systems and processes are in place for fair recruitment at the CCG at all levels? Please give examples**  
**How is the recruitment and selection process monitored and evaluated? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	Support our staff by becoming a Mindful Employer and a Disability Symbol holder	The CCG has a relatively small number of staff, hence it is difficult to provide robust statistical information without inadvertently identifying individuals. However, in order to further improve, the CCG will report on equality in recruitment as part of its equality reporting.	The CCG uses NHS Jobs to recruit staff and requests monitoring information at applicant stage so that the profile of applicants and successful candidates can be reviewed and appropriate action taken should there be any discrepancies.  The CCG is a Mindful Employer and a Disability Symbol holder.	The CCG gets the right staff with the right skills in the right place at the right time.	<b>Green</b> January 2016

#### 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

**How does the CCG demonstrate its commitment to equal pay for equal work and how is this monitored and evaluated? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	In order to improve to a green grading, the CCG will undertake a pay audit in 2016.	The CCG uses Agenda for Change pay scales and job descriptions are evaluated using this process.	Staff are paid on an equal basis for work of an equal value.	<b>Amber</b> January 2016

**3.3 Training and development opportunities are taken up and positively evaluated by all staff**

**How does the CCG support the development and training needs of its staff? Please give examples**  
**How does the CCG monitor the effectiveness of training through feedback from staff? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	More work needs to be carried out on monitoring take up of training and on feedback from staff.	Staff have had equality and diversity training.  A training needs analysis has been carried out and staff are encouraged to discuss their training and development needs at appraisal.	Staff understand their rights and responsibilities in relation to equality.	Amber January 2016

**3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source**

**What systems and processes are in place to ensure that CCG staff are not exposed to abuse/harassment/bullying /violence at work? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	Freedom from degrading or inhumane treatment.	In order to progress to a green grading, the CCG will monitor and report on any incidents reported and will provide training for staff on dealing with and reporting bullying and harassment.	The CCG has an anti-bullying and harassment policy. The disciplinary process would be used in any reported case of bullying on the part of another member of staff. An incident reporting process is in place for staff to report bullying and harassment on the part of patients or the public.	Staff feel able to raise issues of bullying or harassment at work.	Amber January 2016

**3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

**How does the CCG facilitate a work-life balance and ensure flexible working options are available for all staff? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	In order to progress to a green grading, the CCG will actively promote flexible working and monitor requests and take-up.	The CCG has a flexible working policy and requests to work flexibly are dealt with on an individual basis.	Staff feel able to request flexible working.	Amber January 2016

### 3.6 Staff report positive experiences of their membership of the workforce

**How does the CCG engage with its employees and use their feedback constructively and positively to improve morale and experience? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	In order to progress to green, the CCG will audit the results of the staff survey and report on it by protected characteristic.	The CCG is undertaking a staff survey.	Staff have the opportunity to anonymously give their views on working for the CCG.	Amber January 2016

## 4 Inclusive leadership

NHS organisations should ensure that equality is everyone's business with everyone taking an active role

### 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

**How has the CCGs senior management and governing body promoted equality throughout the organisation and the local health economy? Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	In order to progress to a green grading, the CCG will continue to provide training for the Governing Body and senior staff and will develop a programme of equality mentoring for senior staff.	The Governing Body and senior staff have had training in Equality and Human Rights.  There is an equality champion represented at Governing Body meetings.	The senior management of the organisation provides leadership in equality and human rights.	Amber January 2016

### 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

**What processes are in place to demonstrate that the CCGs decision making committees have considered equality relating impacts? Please give examples**

Protected characteristics	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	N/A	The equality impact section of the front sheet is a little vague and there is evidence that staff are unsure of how to complete it.  In order to progress to green, the CCG will review the front sheet and include equality analysis in staff training in 2016.	The Governing Body front sheet contains a section to report on equality impact on each paper.	The Governing Body are made aware of any equality implications of the papers they receive.	Amber January 2016

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

**How does the CCG ensure managers proactively engage with their staff to value diversity and so creating an inclusive working environment?  
Please give examples**

Protected characteristics	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
All	Freedom from discrimination.	In order to progress to a green grading, the CCG will utilise the Equality and Diversity Competency Framework as part of the training and appraisal of staff.	The CCG has a stated commitment to equality and inclusion and all staff are required to undertake equality training.  The CCG is a Mindful Employer and a Disability Symbol holder.	Staff are aware of their rights and responsibilities with respect to equality and human rights.	Amber January 2016