

EDS2 2017 Summary Report

CCG Board Lead for EDS2:

Innes Richens, Chief Operating Officer

CCG EDS2 Lead:

Claire Pond, Equality and Diversity Manager.

Level of stakeholder involvement in EDS2 grading and subsequent actions

1. Engagement with patients and the public on Goals 1 and 2 via a survey and through group discussions. The consultation was advertised via CCG networks. An electronic survey was made available on the CCG's website and a hard copy survey including Easy Read and large print was distributed via statutory and voluntary sector agencies. These were:
 - Portsmouth City Council human resources department (working age adults)
 - Two Saints (support and resettlement services for homeless people)
 - Age UK
 - Portsmouth Parent Voice
 - Home Start Portsmouth
 - Carers Centre
 - Chrysalis (Gender Identity Matters)
 - Visually Impaired Action Group
 - Macular Degeneration Group
 - Portsmouth Disability Forum
 - Portsmouth Deaf Centre
 - BME groups via the Friendship Centre

People with a range of learning disabilities were engaged via Portsmouth Learning Disability Services and with the support of the Portsmouth Learning Disabilities Champion and advocates from Minstead Training Trust, Creative Advances, CHAOS, YOU Trust and Portsmouth Learning Disability Champion.

Overall 124 survey forms were completed. These included 25 in Easy Read and two large print. Demographic information provided showed six protected characteristics as defined under the Equality Act 2010 were represented. These were: age, sex, race, disability, pregnancy and maternity, marriage and civil partnership.

2. Engagement with staff on goals 3 and 4 via the CCG's annual survey and discussion with lay members of the Governing Body.

Demographic information collected from the internal CCG staff survey covered age, sex, race and disability.

Equality Objectives developed from final grading were aligned to CCG business objectives.

CCG's Equality Objectives (including duration period)

Four Equality Objectives were set and will be reviewed at least annually between 2017 and 2020.

- Objective 1: Improve access to healthcare for everyone routinely and when they need medical help fast but it is not a life-threatening situation.
- Objective 2: Strengthen our consultation and engagement to ensure all protected characteristics have a voice in our work.
- Objective 3: Strengthen commissioning and partnership working so that the communities we service feel informed and supported to be as involved as they wish to be in decisions about their care.
- Objective 4: Ensure staff are aware of the availability of family friendly arrangements in line with the Equality Act 2010 and the range of HR mechanisms and support available to ensure everyone feels free from abuse, harassment, bullying and violence from any source.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce)

Excelling:

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

Achieving:

- Outcome 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
- Outcome 1.2 Individual People's health needs are assessed and met in appropriate and effective ways
- Outcome 1.3 Transitions from one service to another for people on care pathways are made smoothly with everyone well-informed.
- Outcome 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
- Outcome 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.

- Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.
- Outcome 2.3 People report positive experiences of the NHS.
- Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
- Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff.
- Outcome 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
- Outcome 3.6 Staff report positive experiences of their membership of the workforce.
- Outcome 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.
- Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Stakeholders were not asked questions relating to Outcomes 4.2 and 4.3 which were rated as “developing” and “achieving” respectively by the CCG in its self-assessment.

EDS2 Goal 1: Better health outcomes

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

Achieving

Protected characteristics engaged:

Age, disability, race, sex , marriage and civil partnership and pregnancy and maternity.

Evidence:

The Joint Strategic Needs Assessment (JSNA) for the population served by the CCG is reviewed annually and informs and guides commissioning of health, wellbeing and social care services to improve health and wellbeing and reduce inequalities.

Assessment of this criterion by stakeholders was included as part of response to criterion 1.2, please see below.

Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways.

Achieving

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence:

71% of responders considered local healthcare services met their health needs. In the main issues related to access to GPs, this was mostly about the appointment system but also included disability access.

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

Achieving

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity

Evidence:

80% of people who had experienced transition of care from one service to another reported the transfer reported this to have been managed either well or extremely well. Poor experience mainly related to communication with the patient and/or the patients' relative.

Outcome 1.4: When people use NHS services their safety is prioritised and they are free from mistakes.

Achieving

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence

60% of responders had not experienced mistakes or mistreatment when they or someone they cared for had received treatment or care from the NHS. This had resulted largely because of poor communication or misunderstanding. Incorrect diagnosis and disrespect were also significant issues.

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

Achieving

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence

82% of responders knew about national screening check-ups or programmes. In the main this was from a doctor's letter to them, but also posters in the surgery or health clinic, while 27% said they "just knew".

EDS2 Goal 2: Improved patient access and experience

Outcome 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.

Developing

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence

43% of responders could not readily access health care services. In the main these were learning disability clients who cited communication support as the main barrier.

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

Achieving

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence

76% of responders felt they were able to be involved as much as they wished to in decisions about their health care either always or most of the time. 70% of these indicated they were given enough information, 72% that they understood the information and 72% that it was provided in the best way for them.

Barriers were largely cited by those completing the Easy Read survey and related to accessible format and poor communication skill of clinical staff.

Outcome 2.3: People report positive experiences of the NHS.

Achieving

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence

78% of responders reported positive experiences of the NHS and 71% felt able to make a complaint if they wanted to do so.

Outcome 2.4: People's complaints about services are handled respectfully and efficiently.

Developing

Protected characteristics engaged: age, disability, race, sex, marriage and civil partnership and pregnancy and maternity.

Evidence

45% of responders considered that their complaint to the NHS was handled only partially. Reasons cited were that not all concerns were addressed, lack of respect by clinical and administration staff, and lack of open discussion.

EDS2 Goal 3 representative and supported workforce.

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

Achieving

Protected characteristics engaged: age, disability, race, sex.

Evidence

The CCG advertises jobs and processes applications via NHS Jobs which includes the opportunity to record seven of nine protected characteristics which are not explicitly available to short-listing managers. 62% of staff surveyed felt the CCG has fair recruitment and selection policies.

Outcome 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.

Developing

Protected characteristics engaged: age, disability, race, sex.

Evidence

CCG employee contracts are in accordance with NHS Agenda for Change. Agenda for Change was introduced in October 2004 to ensure that pay in the NHS is consistent with the requirements of equal pay law. This is a national job evaluation scheme and complies fully with anti-discrimination legislation.

Pay audits are not undertaken by PCCG. The CCG has a workforce of less than 150 employees and does not undertake pay audits.

Outcome 3.3: Training and development opportunities are taken up and positively evaluated by all staff.

Achieving

Protected characteristics engaged: age, disability, race, sex.

Evidence

62% of staff surveyed felt they had the skills and tools, including training and development opportunities, to do their job.

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

Excelling

Protected characteristics engaged: age, disability, race, sex.

Evidence

91% of staff surveyed had not experienced harassment, bullying or abuse at work. Of those that did, this was from senior colleagues.

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

Achieving

Protected characteristics engaged: age, disability, race, sex.

Evidence

89% of staff either agreed or strongly agreed that they had the opportunity to work flexibly.

Outcome 3.6: Staff report positive experiences of their membership of the workforce.

Achieving

Protected characteristics engaged: age, disability, race, sex.

Evidence

95% of staff surveyed would recommend the CCG as a good place to work

EDS2 Goal 4: Inclusive leadership

Outcome 4.1: Staff report positive experiences of their membership of the workforce.

Achieving

Protected characteristics engaged: age, race, sex.

Evidence

CCG lay members evaluated this criterion. The view was that public board meetings and board development sessions demonstrated 4.1 from being an important part of the CCG's strategic aims, directly and indirectly. This included discussion and action planning from patient stories. The CCG's engagement work sought to reach out to all sections of the population served, including homeless people as part of an engagement event held in Guildhall Square. Partnership working with the local authority and the conduct of equality impact assessments were considered effective in keeping equality at the forefront of ongoing business.

Outcome 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.

Developing

Protected characteristics engaged: None – CCG self-assessment.

Evidence

CCG self-assessment against this criterion identified the need to raise the profile of the importance of completing equality impact assessment on all commissioning projects and plans and other policies are functions to ensure robust equality assessment on all aspects of the CCG's business.

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

Achieving

Protected characteristics engaged: None – CCG self-assessment.

Evidence

CCG self-assessment against this criterion found policies and supporting procedures were fair, equitable, transparent and in line with current employment legislation. Policies are subject to periodic review and in accordance with legislation or other changes. Policies and procedures are aligned to the principles and requirements of the Equality Act 2010.