

EDS2 2018 Summary Report – South Eastern Hampshire CCG

CCG Board Lead for EDS2

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Level of stakeholder involvement in EDS2 grading and subsequent actions

1. Engagement with patients and the public on Goals 1 and 2 via electronic survey, hard copy survey including Easy Read and advertised via CCG networks. Telephone and group discussion were specifically undertaken with representatives and members of:
 - Each Hampshire Council of Community Service
 - Havant Council of Community Service
 - East Hampshire and Havant, Hampshire Disability Forum
 - South East Locality Learning Disability Service
 - Southern Health NHS Foundation Trust
 - Headway Brain Injury
 - Healthwatch Hampshire
 - Waterlooville Learning Disability Forum
 - Portsmouth Deaf Club (membership from across the locality).

Overall 188 patients and members of the public responded to the survey. Demographic details provided showed similarities with Public Health data published in 2015 of a slightly older population with complex illnesses, largely White British, women and heterosexual. Responders also declared mental and/or physical disabilities and as being unpaid carers either to family members or others and/or dependent children under the age of 18.

2. Assessment of Goals 3 and 4 via the CCG's annual survey of staff and discussion with lay members of the Governing Body. 68% of staff responded to the staff survey.

Demographic information collected from staff via the internal CCG survey covered three protected characteristics of disability, race and sex,

It should be noted that the population served by the CCG is overwhelmingly White British (94.3%) and a small percentage account for ethnic groups (5.6%). Also, there

are slightly more females than males (50.9% and 49.1% respectively), Christianity is the largest religion (61.3%) and a large percentage state no religion (29.9%). Disability accounts for a small percentage of people (9.5%). Source: 2011 Census. This is reflected in engagement with stakeholders where this information was shared with the CCG. It also reflects the CCG's workforce as at December 2017.

EDS2 grading following stakeholder engagement was therefore made against each criterion response as follows: Over 90% excelling, 60% to 89%, Achieving, 50% to 69% Developing and less than 50% Undeveloped. Equality Objectives developed from final grading were aligned to the CCG's business objectives.

CCG's Equality Objectives (including duration period)

Three Equality Objectives were set and will be reviewed at least annually between 2018 and 2021.

- 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: Work with all levels of staff to ensure the CCG has a representative and supported workforce and inclusive leadership.

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 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities. Most responders indicating this was via a letter from their doctor.
- Outcome 2.2 Informed and supported to be as involved as they wished in decisions about their care.
- Outcome 2.3 Experienced positive care or support from the NHS.
- 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 experience of the membership of the workforce.

Stakeholders were not asked questions relating to Outcomes 3.2, 4.2, 4.3 which were rated as "achieving" 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.

Developing

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

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.

The CCG *Outcome* itself as achieving for 1.1. However, final grading was developing as 40% of stakeholders considered their health health needs were assessed and met in appropriate and effective ways sometimes or not at all. Please see 1.2.

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

Developing

Protected characteristics engaged: age, race, disability, sex, sexual orientation, pregnancy and maternity.

Evidence

60% of survey responders felt that local health care services met their health needs either always or most of the time, 36% sometimes and 4% not at all. The main issue for responders (negative comments) was GP appointments.

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

Undeveloped

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

Evidence

48% of survey responders who had experienced transitions of care were positive about transition from one service to another. The main issue for stakeholders was poor or lack of communication between services and with them.

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

Developing

Protected characteristics engaged: Age, race, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership.

Evidence

62% of survey responders felt they were free from mistakes, mistreatment and abuse from NHS services. Of the 38% of survey responders that had experienced mistakes and/or mistreatment, incorrect diagnosis was the most prevalent followed by disrespect and poor communication.

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

Achieving

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

Evidence

Most (79%) survey responders had heard about national screening check-ups or programmes. In the main this was from a doctor's letter, followed by poster in the surgery or health clinic and people stating that 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, race, disability, sex, sexual orientation.

Evidence

66% of responders had no issues with access. Of the 23% of survey responders who cited access issues the main issue was communication, and this was mainly related to sensory impairment and mobility issues arising in accessing the building.

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, race, disability, sex, sexual orientation.

Evidence

70% of survey responders felt they were able to be involved as much as they wished to be in decisions about their health care.

In the main survey responders felt they were given enough information (56%), understood the information (73%) and the information was given in the best way for them (64%). Negative comments about the information generally related to the amount of time to discuss the information with a health professional.

Barriers faced by people with disabilities were cited as lack of access to BSL interpreters, no loop system, and failure to provide on-line surveys in Easy Read.

Outcome 2.3: People report positive experiences of the NHS.

Achieving

Protected characteristics engaged: age, race, disability, sex, sexual orientation

Evidence

81% of responders answered this question, 91% of these reported positive experiences of NHS care and support. However, reservations were expressed that these were specific services and some services were "bad".

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

Undeveloped

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

Evidence

23% of survey responders had made a complaint about NHS care. 73% of these did not feel their complaint was handled respectfully or efficiently.

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.

Developing

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

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 shortlisting managers. Workforce race equality standard information shows that white staff are likely to be appointed from shortlisting 0.79 times more than BME staff. 69% of staff surveyed felt that the CCG provided equal opportunities for progression regardless of protected characteristic.

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.

Achieving

Protected characteristics engaged: None – CCG self-assessment.

Evidence

CCG contracts are in accordance with Agenda for Change. The CCG has a workforce below 250 employees which does not lend itself to comparison of equal work of equal value. An equal pay audit undertaken in July 2016 showed a gender pay gap of £11,597. This was based on the average male salary of £51,780 and average female salary of £40,183. This gap needs to be viewed in the context of 74% female and 26% male employees.

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

Developing

Protected characteristics engaged: age, disability, race, sex and sexual orientation.

Evidence

Survey of staff showed 60% felt their training had helped them to do their job more effectively and kept them up-to-date with professional requirements. 445 of staff

felt they had opportunity to develop their career in the CCG.

Staff were further surveyed to gain a clearer understanding of the results and an action plan was subsequent agreed with staff representatives from each CCG team at a Staff Partnership Forum.

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

Excelling

Protected characteristics engaged: disability, race, sex.

Evidence:

More than 90% of staff stated they had never personally experience abuse, harassment, bullying or violence from any source.

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: disability, race, sex.

Evidence

75% of staff stated they were either satisfied or very satisfied with opportunities for flexible working patterns.

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

Achieving

Protected characteristics engaged: disability, race, sex.

Evidence:

82% of staff would recommend the CCG as a place to work. 77% of staff felt they were informed or kept fully informed in the workplace by senior management and 79% that there was good communication via their line manager and/or team meetings.

Of 14% of staff declaring a disability, 10% stated that reasonable adjustments had been made.

EDS2 Goal 4: Inclusive leadership

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

Developing

Protected characteristics engaged: marriage and civil partnership, race, sex, sexual orientation.

Evidence:

Discussion in a meeting of five lay members showed that an interactive training session may be helpful on equality and diversity within the CCG as a corporate identity.

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.

Achieving

Protected characteristics engaged: None – CCG self-assessment.

Evidence

CCG self-assessment showed that papers to the governing body must be submitted with an equality impact assessment. Regular reports are received by the governing body on quality and performance. These papers include reports on patient access, safety and other aspects of the NHS Constitution including patient experience. Risks are identified and assurances and safeguards put in place to manager those risk. Stakeholders were not surveyed on the criterion.

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 found that new staff members attend an induction with their line manager and team which includes working in culturally competent ways within the work environment. It includes raising awareness of and where to find CCG human resources policies. Stakeholders were not surveyed on this criterion.