

Equality Delivery System (EDS2)

2016/17



Better health for our city



Equality Delivery System – assessment and grading

1. Background information

- 1.1 The Equality Delivery System for the NHS- EDS2- is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty.

Public Sector Equality Duty

The Public Sector Equality Duty came into force across Great Britain on 5 April 2011. It means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

It also requires that public bodies have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

- 1.2 From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is cited within the CCG assurance framework, and will continue to be a key requirement for all NHS clinical commissioning groups (CCGs).

Key performance indicator: CCG Assurance Framework;

The CCG can demonstrate continuous improvement in equality performance from using the Equality Delivery System - EDS2

- 1.3 The EDS2 provides the framework for the CCG to assess our equality performance in relation to:

- Current performance – how good we are
- How good we could be
- How we can get there

- 1.4 The EDS2 comprises 18 outcomes, grouped into four goals, against which the CCG analyses its performance and uses the results to identify equality objectives and areas for improvement going forward:



The goals and outcomes of EDS2

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and 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
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	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
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	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
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

2.0 Equality Objectives

2.1 In 2016, the CCG refreshed and agreed the following Equality Objectives, aligned to the EDS2 goals. The Objectives will be reviewed again in 2020, in line with the requirement to renew them every four years.

EDS2 Goal	CCG Equality Objectives 2016
Better Health Outcomes	<ol style="list-style-type: none"> 1. To develop the quality of data and information collected from providers and by the CCG, and used to improve existing and future commissioned services 2. To ensure that Equality Analysis is embedded within CCG PMO/business planning processes 3. To ensure that robust process are in place to hear from protected characteristic individuals and communities, in order to continually inform our commissioning processes.
Improved patient access and experience	<ol style="list-style-type: none"> 1. To monitor all commissioned providers on their provision of services, ensuring that equality and diversity is embedded into contracts and delivery, and information on the needs and experiences of protected characteristic communities is being actively sought and acted upon. 2. To monitor our commissioned services on their measures of patient satisfaction, including the Friends and Family Test and other measures, through our quality review processes. 3. To ensure our commissioned services operate in a person centred way, and that patient choice and supported decision making is intrinsic to good practice and delivery
A representative and supportive workforce	<ol style="list-style-type: none"> 1. To provide a safe and healthy and non discriminatory working environment 2. To identify and support individuals' personal development needs
Inclusive leadership	<ol style="list-style-type: none"> 1. To develop and support our strategic leaders, middle managers and line managers to become culturally competent 2. To support our strategic leaders to champion and progress the CCG's equality outcomes 3. To ensure our strategic leaders support the CCG in ensuring that strategic papers highlight equalities appropriately, through constructive challenge.

3.0 2016/17 assessment

3.1 The assessment for 2016/17 covers the period June 2016- June 2017.

Information was sought from various sources, including:

- The CCG's Quality and Safety Team
- CCG Commissioners
- CCG Communications and Engagement Department
- CCG Corporate Business Department
- CCG Organisational Development Manager
- Brighton and Hove City Council's Public Health Team



3.2 The grading is based on internal assessment. It is recognised that the approach to the EDS2 in 2016/17 takes varying forms across the country, so results may not be directly comparable.

Goal	No	Outcome	Grade 2015/16	Recommended Grade 2016/17	
Better Health Outcomes	1.1	Services are Commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Developing	↔
	1.2	Individual peoples health needs are assessed and met in appropriate and effective ways	Developing	Developing	↔
	1.3	Transitions from one service to another, for people on care pathway, are made smoothly with everyone well informed	Developing	Developing	↔
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving	Developing	↓
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Developing	↔
Improved Patient Access and 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	Developing	Developing	↔
	2.2	People are informed and supported to be involved as they wish to be in decisions about their care.	Developing	Developing	↔
	2.3	People report positive experience of the NHS	Developing	Developing	↔
	2.4	Peoples complaints about services are handled respectfully and efficiently	Achieving	Achieving	↔



A Representative and Supported Workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving	↔
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use pay audits to help fulfil their legal obligations	Achieving	Achieving	↔
	3.3	Training and Development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving	↔
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing	↔
	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	Achieving	↔
	3.6	Staff report positive experiences of their membership of the workforce	Achieving	Achieving	↔
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Developing	↔
	4.2	Papers that come before the Board and other major committees identify equality related impacts including risks and how these risks are to be managed.	Developing	Developing	↔
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Developing	Achieving	↑



4.0 Engagement

It is good practice to seek feedback from key stakeholders on the draft EDS2, particularly those who have been involved in equalities related work.

For this 2016/17 grading, feedback was sought from:

- BHCC colleagues (Communities, Equalities and Third Sector (CETS) team, Public Health)
- Healthwatch
- Community Work and CVS leads (inc. those in organisations commissioned for equality based engagement)

There were two responses; one from the BHCC Equality and Diversity lead (covering CETS team) and a combined response from the CVS members co ordinated by Community Works. Comments have been taken on board, and grading/comments amended accordingly. In addition, comments were provided on the questions:

“What do you feel are the main equalities actions the CCG should be concentrating on in 2017/18” and any other comments or feedback. Feedback and suggestions will be included in developing the Action Plan.

5.0 Action Plan

An action plan will be developed following the endorsement of the EDS2 grading.



CCG Assessment and grading : FINAL

This report provides an update on the 2015/16 report, and an assessment of progress over the year 2016/17.

A summary template as required by NHS England will be completed once the assessment has been agreed by the CCG's Governing Body, and this information will be added to the CCG website:

<http://www.brightonandhoveccg.nhs.uk/publications/plans-priorities-and-progress/equality-and-diversity>

Goal	1- Better Health Outcomes
Outcome	1.1 - Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	<p>Key highlights from 2015/16 (rated developing):</p> <ul style="list-style-type: none"> • There was a lack of consistent collection and analysis of protected characteristic group data across the whole health system. • There was a lack of robust systematic process for ensuring that our main providers routinely collect the protected characteristic group data, report on it and act accordingly. • There was a lack of demographic data collected by GP practices, making it very challenging to inform whether protected characteristic groups fare better than others. • There was a lack of rigour for ensuring Equality Impact Assessments (EIAs) were a formal part of the routine commissioning and procurement processes. • Extensive engagement was carried out with key disadvantaged groups across the city using innovative methods, enabling the CCG to hear from protected characteristic groups, however findings were not always aligned with the data received back from providers. <p>Key actions taken in 16/17:</p> <ul style="list-style-type: none"> • Equality Impact Assessment training was held with commissioners on 23rd February 2017 and further training is planned. • The Equality Impact Assessment (EIA) process has been strengthened and the Programme Management Office will include EIAs through their Commissioning Delivering Groups. • The CCG has a refreshed Equality and Diversity policy. • A section on equalities has been included in the revised procurement policy (March 2017). • The Patient Public Participation Strategy has been revised to align with Caring Together, and outlines how the CCG will continue to hear from protected characteristic communities and individuals in the city. • All local council contracts have included the protected characteristic data collection as a requirement. This is also included within the public health Locally Commissioned Services (LCS) contract with GP practices.

- Equalities and Participation Champions training has been carried out, and there are now have 12 Champions within the organisation, raising the profile of Equalities and Engagement.
- There is now a nominated Executive Lead for Equalities, Pippa Ross-Smith, Director of Finance.
- Equalities work now falls largely within the remit of the Patient and Public Engagement team; the team are currently strengthening links with equalities leads from our provider organisations including Brighton Sussex University Hospital Trust (BSUHT). The CCG are now collecting evidence of our main provider's equality and diversity public sector duty compliance.
- We have implemented the Accessible Information Standard appropriately, which is being monitored through the Commissioning Support Unit (CSU) for key providers, and by lead commissioners for Community Voluntary Sector (CVS) contracts
- The CCG has continued to commission 10 CVS groups to reach and hear from some of our most marginalised groups and communities. Over the year, the groups have consulted on the following themes:
 - Actively Living/Healthy Lifestyles
 - Complaints and Feedback
 - The role of the CVS in Mental Wellbeing services

Key findings received from these groups is reported on and fed back into the commissioning cycle. However, findings from these reports continually demonstrate that there are real and/or perceived differences from protected characteristic groups as to whether they fare as well, and whether services do specifically meet their needs.

The CCG continues to use the Joint Strategic Needs Assessment as a key source of information to inform our commissioning. Our Annual Operating Plan reflects the CCG's requirement to commission to reduce health inequalities, and how we plan to achieve this.

Key areas for improvement 17/18:

- The development of an integrated performance report will help demonstrate how the CCG has regard to the need to commissioning to reduce health inequalities, as outlined in the Annual Operating Plan
- Continued improvement around data collection of protected characteristic groups from our provider organisations, including supporting GP practices via co-commissioning.
- Continued improvement for reviewing provider contracts and their EDS2 and wider equalities related work.
- Embedding of EIAs into the Caring Together PMO process.
- The CCG will continue to work closely with Public Health, Adult Social Care and the wider Council to align our commissioning cycle and processes, and related engagement and equalities processes, to ensure evidence from the JSNA and other sources is acted upon.
- There will be a more systematised process for feeding engagement into the Caring Together clinical programmes, enabling more effective demonstration of impact and change.
- The joint commissioning of equalities based engagement work with the city council will bring a joint approach to hearing from protected characteristic groups in the city, and will mean that response to recommendation will be more holistic and effective



Case Study provided by Katy Jackson, Chief Pharmacist, Brighton and Hove Clinical Commissioning Group.

Initially three of the six clusters in Brighton & Hove had Bettercare pharmacists working within the cluster as part of the Proactive care pilot. Since the summer of 2016 there are now Bettercare pharmacists embedded in each cluster offering an equitable service across Brighton & Hove.

The Bettercare pharmacists' role is to target frail individuals aiming to find out what is important to the patient surrounding their healthcare and reducing potential risk factors for hospital admissions.

The majority of patients seen are **elderly** and a sizeable proportion will be managing a **disability** in one form or another, whether it be physical, mental, sensory, learning, long term health conditions. Most reviews are conducted in patient's homes, ensuring that there are no barriers, such as age/physical disability/long term health conditions, to patients being provided a holistic review of their medication and treatment regime.

During the reviews data is collected to demonstrate the avoidance of hospital admissions, information on health and services is provided to the patient and any recommendations that have been actioned by the GP following the review. The service ensures potentially isolated and vulnerable patients receive a face to face, in-depth review of their medication and long term health condition.

The Bettercare pharmacists are continually striving to build connections with other teams across Brighton & Hove via regular communication, shadowing of services and face to face meetings with services such as the Community Rapid Response service and Integrated Primary Care Teams, the Wellbeing service and NHS England pharmacists to name just a few examples.

Grading	Developing
Rationale	<p>The CCG has made good progress over the year to help ensure that there are systems in place to identify and respond to local needs in our commissioning process.</p> <p>However, it is clear that there is more work to be done, especially in ensuring our providers routinely collect and report on protected characteristic data. There is the need to ensure that EIA's are embedded in the new PMO process supporting Caring Together, and robust scrutiny of EIA's throughout the Caring Together clinical projects.</p>

Goal	1- Better Health Outcomes
Outcome	1.2 Individual people's health needs are assessed and met in appropriate



and effective ways

Key highlights from 2015/16 (rated developing):

We assess health needs via the following methods:

- Friends and Family Test (FFT) and Feedback on Provider (FOP) trend analysis, although this does not include demographic data.
- Complaints (Healthwatch no longer collect complaints and PALs data from local NHS Trusts as they had done previously).
- Proactive Care /Personalisation
- Personal Healthcare Budgets
- Via engagement with the 10 CVS organisations who work specifically with protected characteristic groups and communities to hear intelligence which influences our commissioning and wider work.

- Lack of data from providers on patient outcomes/feedback prevents us from fully evidencing whether the health needs assessments and services provided are fully responsive to the needs of protected characteristic groups.

Key actions taken in 16/17:

- Although a strategy was not written, self care and self management are core elements of the Caring Together programme (prevention and community care clinical programme)
- Patient Centred Outcome Measures (PCOMS) were included as part of the Proactive care work- specifically by Proactive Care Care Coaches, although early evaluation highlights limitations of using PCOMS. 'I statements' used in PCOMS are still to be used as an indicator within Caring Together workstreams, specifically in social prescribing and befriending evaluation.
- Personal Health Budgets (PHB) development workstreams are underway for:
 - Learning disability (as part of Sussex Transforming care programme).
 - Piloting a PHB offer to a small number of respiratory clients with Sussex Community Foundation Trust.
 - A single PHB established for traveller community.
- Social Prescribing (SP) is being provided through Community Navigation in some GP practices, and to support patients after discharge from hospital.
- A bi lingual social prescribing initiative, which includes elements of health promotion, as been developed
- A booklet 'Stop Look Care' has been created for carers/care staff to support individuals in all aspects of daily living, and to help recognise when may specialist support and assessment may be required.

Key areas for improvement in 17/18:

- More systematic trend analysis is required from the FOP, patient carers and complaints. Work to take place with Healthwatch to progress triangulation of data.
- Further work with key providers to improve data reporting for protected characteristic groups.
- Self Management to be defined and developed within the Caring Together programme.
- Develop and expand the Personal Health Budgets programme.
- Carry out an EIA on Community Navigation and take appropriate action to ensure SP is accessible across communities. Review Community Navigation and plan to

	<p>extend across GP clusters in a flexible model.</p> <ul style="list-style-type: none"> CVS feedback: “often needs are not assessed holistically, meaning they are met in part and fragmented leading to unsatisfactory solutions” <p>Case Study: Social Prescribing</p> <p>Martin, aged 41 was visiting the GP on a weekly basis and was referred to a Community Navigator with low mood, stress and employment issues after organisational changes at work resulted in increased pressure and high anxiety. He received 4 sessions over a 10-week period and was referred on to agencies offering employment and finance advice, As You Are (Counselling), Sussex Recovery College courses, groups at Mind in Brighton and Hove, Depression Alliance and Anxiety Forum. Over the weeks, Martin became more and more confident as he was encouraged to try new activities and focus on solutions. His depression gradually lifted over the weeks. He is now taking up a new career in the fitness industry.</p> <p>Martin became more solution focussed and resilient. He took up new courses and activities that enabled him to recover from depression. This led to him retraining and making the changes he needed in his career. He has the mental and emotional resources he needs to handle low moods and anxieties should they arise again. He is also much happier and more fulfilled.</p> <p><i>“Getting the right help is such a minefield and when you’re depressed, you need someone else to back you up and fight your corner. A lot of stress was taken away from me and my wife, as someone was acting on our behalf finding services and resources. Once I started to see the Community Navigator, I didn’t have to keep asking my GP questions about other services as I knew that was all taken care of. There was a ripple effect throughout my whole family; my wife and child were better supported and cared for and my</i></p>
Grading	Developing
Rationale	<p>Whereas progress has been made in some areas, it is clear that there needs to be more focus on self management and self care, which will now be directed through the Caring Together programme.</p> <p>There also needs to be more work looking at how the CCG triangulates issues and concerns, which will partially be taken forward jointly with Healthwatch.</p>
Goal	1 - Better Health Outcomes
Outcome	1.3 Transitions from one service to another, for people on a care pathway, are made smoothly with everyone well informed
	<p>Key highlights from 2015/16 (rated developing):</p> <ul style="list-style-type: none"> Person Centred care planning for those with complex needs, including Care Coaches Community Navigation Pilot in 16 practices supporting patients with complete



social needs to access appropriate support.

- Link Back service to support patients at risk of social isolation on discharge from hospital via social prescribing.
- Teenage to Adult Personal Advisor (TAPA) Service provided by Sussex Partnership Foundation Trust, deliver mental health support, advice, guidance, care coordination and mental health interventions in the setting of their choice, to young people (14-25 years).
- Feedback from service users and carers indicated that transitions between care pathways can still be less than smooth.
- Work carried out with a patient “Record sharing Group”, auctioning recommendations from consultation with equalities groups across the city.

Key actions taken in 16/17:

- The new Community Wellbeing Service requests a minimum data set with an emphasis on protected characteristic groups.
- An all ages Community Wellbeing Service (CWB) from 1 June 2017, with the main improvement being transitioning between one service and another is being extended to children and young people. The service is specifically being monitored against performance with engaging and treating BME, LGBTQ and young men under 25 years old.
- The schools wellbeing service with Primary Mental Health Workers across all schools in the City mirrors the CWB service above and includes targeting protected characteristics (PH schools programme and the framework that has been developed)
- A recently redesigned Tier 3 CAMHS (now called Specialist CAMHS) includes monitoring against access and triage responses and ensuring CYP move across to other services safely and effectively; the service will continue to treat anyone up to 25 years old where appropriate to reduce the need to transition. The TAPA service is now throughout the whole service and has recently employed BME and LGBTQ specific workers
- The Community and Voluntary sector led an event to look at complexity of need for a complex patient, and the role of the CVS in supporting care and wellbeing, which highlighted issues around duplication and lack of effective communication between services.
- Patient Record Sharing Group was discontinued due to CCG capacity to oversee the group

Key areas for improvement in 17/18:

- Monitor the above services, assessing the impact on transition
- Re engage members of the Patient Record Sharing Group; cascade messaging about shared records, including to equalities groups.
- Carry out some case study work with patients with complex needs, in order to understand their journey across health and care services, with the view to streamlining care more effectively, with particular focus on Primary Care.
- Evaluate the impact of social prescribing on transition as the service expands across primary care
- Feedback from CVS “The way services are commissioned means that people are passed from pillar to post and often fall through the gaps. Improving integrated commissioning would be very helpful. It would also be helpful to learn from the Care Coaches programme, which set up VCS presence in MDTs”



Grading	Developing
Rationale	<p>It is clear that we have made good progress in some areas in supporting transition between services, especially relating to mental health services. However, we know that for patients with a complexity of health conditions there are still issues about co ordination and communication between services.</p> <p>By revisiting the work we started relating to patient and public awareness of record sharing, this will help ensure continuity of care and that the benefits of record sharing are maximised.</p>
Goal	1 - Better Health Outcomes
Outcome	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	<p>Key highlights from 15/16 (rated achieving)</p> <p>Quality and Safety</p> <ul style="list-style-type: none"> • Services commissioned by the CCG are monitored against a range of quality and patient safety indicators, and are held to account via quality review meetings. The CCG contributes to providers' annual Quality Accounts, which are publically available documents that outline individual NHS Trusts' achievements and future priorities • The CCG hosts a Patient Safety service that oversees the reporting and management of serious incidents across Sussex, and ensures that service providers conduct robust investigations of incidents and serious incidents, and provide action plans that indicate how lessons learnt are to be embedded in practice to ensure future incidents do not happen or are minimised. • The CCG quality team meets quarterly with Healthwatch and also CQC to share intelligence on services, which informs each organisation about actions they may take, e.g. assurance visits from CCG, inspections from CQC or Enter and View visits by Healthwatch. • The CCG Quality team provides independent clinical scrutiny and support to Safeguarding alerts raised about health providers, which frequently concerns the need to protect older people and those with disabilities (such as dementia and learning disabilities) that impacts on their mental capacity. This may prompt quality assurance visits by the team to service providers to provide assurance they have policies and procedures in place to protect patients from any harm and abuse. Findings from visits are shared with the provider themselves and CQC as the health regulator. • The CCG also monitor the outcomes of agreed CQUINS linked to patient safety – including Sepsis, acute Kidney injury, mental healthcare in A&E and medications safety. • Safeguarding of vulnerable members of our population, both adults and children is a priority for the CCG. Services are monitored against agreed safeguarding standards and against the CCGs Safeguarding Assurance Framework, with provision of specialist advice and support from CCG Designated and Named Safeguarding leads. • None of the above mechanisms specifically relate to protected characteristic groups; however the overarching nature of these methods mean that in general that protected characteristic groups are not seen to fare less well than the general population. Efforts are continuing to obtain data around protected characteristic groups which can feed into EDS2. <p>Key actions taken in 16/17:</p>



	<ul style="list-style-type: none"> • Serious incident (SI) information submitted to the CCG is anonymised and notifications of SI incidents does not specifically ask for information on population characteristics. However the CCG receives final investigation reports for all serious incidents from providers, and in the past six months investigated an incident which resulted in actions being taken to address the consent process for people whose first language is not English. • Our providers have been requested to present more measurable data on protected characteristic groups in their Quality Accounts. • Conversations have been taking place at quality review meetings around strengthening EDS2 and monitoring of patient experience for our key providers • The CCGs adult and child safeguarding leads attend the relevant city wide safeguarding boards , which helps ensure a co ordinate approach in all care settings. <p>Key areas for improvement in 17/18:</p> <ul style="list-style-type: none"> • Tougher contractual levers are required to ensure all the Local Trusts are completing EDS2 and monitoring protected characteristic group data. Currently there are still gaps.
Grading	Developing
Rationale	<p>We are getting more assurance that protected characteristic group data is captured in providers’ Patient Experience strategies and in quality monitoring metrics that we utilise (e.g. Friends and family Test which measures patient experience) and information from providers is being increasingly shared with the CCG. We don’t have any evidence to indicate that protected characteristic groups fare less well than the general population. However further assurance and analysis is needed to establish that all protected characteristic groups fare as well as the general population, therefore this section is rated as developing.</p>
Goal	1- Better Health Outcomes
Outcome	<p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p> <p>(Please note that Public Health lead on Public Health and Health Promotion)</p>
	<p>Key highlights from 15/16 (rated developing):</p> <ul style="list-style-type: none"> • Public Health increased the numbers of health trainers in the city to support people to reduce their risk of cancer and there was also an increase in the numbers of health walks, particularly targeted at vulnerable groups. • There are 14 Healthy living pharmacies across the city which all have healthy living champions and actively promote cancer signs and systems/campaigns and screening. All Healthy Living Pharmacy staff have had Equality and Diversity training, which includes looking at the needs of, and how to engage with, protected characteristic groups. • Public Health recommissioned the NHS Health Checks team, including an outreach element and have carried out an engagement exercise with protected characteristic groups to assess their knowledge of NHS Health Checks, and to identify barriers to accessing these services. The recommendations have been incorporated into the Health Checks service. • Community linguists distributed information and explained health checks in their



communities in order to raise awareness and encourage attendance, and non English speakers have access to interpreters at their Health Check, if required.

Key actions taken in 16/17:

Cancer

- The “Cancer Peer Champions” project in Whitehawk has been discontinued.
- Albion in the Community have been commissioned to run the “Speak up for Cancer” initiative, increasing awareness and early diagnosis, including promoting screening. This specifically includes the requirement to reach protected characteristic groups
- Screening letters are sent out nationally by Public Health England, however the local Public Health team work with the local screening hubs on promotion and awareness to increase uptake on the screening. Adjustments are made for people with literacy issues, or who are deaf or blind, however only if this is detailed and requested on the patients’ records
- As a result of feed back from the Trans needs assessment plus feed back from GPs, a Trans cancer screening leaflet has been co-designed and produced with community input
- Cancer communication group – bi monthly meeting of all cancer linked providers in the city to deliver a joined up approach to cancer
- Sports development/Active for Life team – Huge menu of activities, staff and events across the City who all promote cancer awareness as part of their work

Health Checks

- NHS health checks – Cancer awareness is part of the NHS health check plus delivered in Brighton and Hove, and all patients are given a Speak Up for Cancer booklet in their checks
- Community Outreach providers will monitor uptake of the NHS health checks through quarterly monitoring, including protected characteristic groups.
- Further work will be carried out to carry out the recommendations of engagement with protected characteristic groups around health checks and to further explore how to increase screening rates in targeted groups.

Health Trainers/Nurses

- Health Trainers are all trained in smoking cessation and cancer prevention
- Community health improvement nurses are in place, working in workplaces, school, with the homeless and hostels doing health checks and health promotion, which includes cancer prevention.
- Public health schools programme/school nurses – working with Children and parent across all schools in the City which cancer/screening is a part of this
- Workplace health – works with business across the City to improve employees health, raising awareness of cancer is part of this

General

- Public Health team and commissioned providers attend public events across the city, ensuring information on screening and health promotion are provided as widely as possible.



	<ul style="list-style-type: none"> • The CCG has commissioned a “volunteer linguist” programme, to support bi lingual community activists to deliver social prescribing and “health promotion light” to their communities. • Public health has included the protected characteristic data collection as a requirement within the public health LCS contract with GP practices. • Best available data and evidence indicates that there is still progress to be made in collecting data from people from protected characteristic groups before public health, vaccination and screening programmes can ensure people from protected groups fare as well as people overall. Gaps in health inequalities remain. <p>Key areas for improvement in 17/18:</p> <ul style="list-style-type: none"> • There is more work to be done to improve data collection on protected characteristic groups in relation to screening and vaccination, which are organised centrally. • Continuation of cancer early diagnosis and health check work to reach protected characteristic groups; improved monitoring of the impact of these initiatives • Continue to work with the volunteer linguist programme to extend the number of communities, and to look at ways to demonstrate impact. <p>Case Study</p> <p>The CCG worked with Trans organisations in the Community and Voluntary Sector to develop a specific guide to trans screening, in response to issues raised by both community members and clinicians.</p> <p>http://www.brightonandhoveccg.nhs.uk/your-health/staying-well/screening</p>
Grading	Developing
Rationale	Due to a lack of available data and the need for further development as outlined, it is concluded that we are “developing”.
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
	<p>Key highlights from 15/16 (previously rated developing):</p> <ul style="list-style-type: none"> • During 2015/16 the local health economy faced significant performance challenges. Access to emergency care services was below the required standards and patients faced long waits for planned care services. • Some protected characteristic groups were reporting that they were still experiencing inequality of access to services via health engagement organisations. <p>Key actions taken in 16/17</p> <ul style="list-style-type: none"> • The CCG has been commended by the Secretary of State for Health in relation to our referral to treatment services (the services where one of our GPs refers a patient onwards for further investigation and treatment), for being the highest



improved CCG in the country having made an “exceptional improvement”. This improvement will have included improved access to services for all protected characteristic groups.

- **Carer awareness** sessions were offered to GP practices in late 2016, with take up by a number of practices and with a range of staff/clinicians attending.
- “**Right Here**” have built on earlier work to make GP practices more young person friendly; they have worked with one of our GP practices which has a high number of students registered to be a beacon of good practice for young people. .
- An **LGBT** kitemark has been developed which will include awareness and training, and will be trialled in a number of practices in 2017.
- The **Learning Disability** Thumbs up scheme continues and 5 practices are being targeted in 2017
- There are now 20 **Healthy Living pharmacies** across the city which all have healthy living champions trained in Equality and Diversity.
- The CCG’s **Health Champion** programme was extended and there is now a database of individuals and organisational contacts we can use to extend “reach” and cascade key messaging.
- The Communications Team have distributed ‘**Heroes**’ materials to protected characteristic groups to help promote information around accessing urgent care services appropriately .
- The “**My Life**” **website** is accessible, and includes information on accessing local NHS services. This website has been widely promoted across the city, including to protected characteristic groups.

- **Interpreting** provision has been promoted to all local GP surgeries and take up is routinely monitored. A partnership agreement and joint contracting arrangement is in place for the CCG, Sussex Community Foundation Trust, and Brighton Sussex University Hospital Trust. However, feedback has indicated that some service users are still not aware that they can access free interpreting, and the Deaf community in particular have highlighted issues of knowledge of, and access to, BSL interpreting.

BSUHT

- The hospital are piloting a ‘Sign live’ video relay service for British Sign Language users.
- Comprehensive interpretation and translation services are available.
- Hospital Communication books are available on all wards
- BSUHT has a Patient Experience Panel, which was reviewed and restructured during 2016, and is now chaired by Healthwatch, and also a Service User Disability Group
- Sonido listening devices are available within the Trust
- ‘BrowseAloud’ accessibility tools have been made available on the Trust website.

Key areas for improvement in 17/18:

- Evaluation and roll out of “beacon” work in Primary Care (re young people)
- Work with the CVS groups commissioned for equalities based engagement to develop short awareness sessions to GP practices and pharmacies, in order to ensure services are more responsive and accessible.
- The Health Champion programme requires further development to increase reach to protected characteristic groups.
- Further work to ensure the accessibility of the CCG website to take place

	<ul style="list-style-type: none"> • More promotion of interpreting services is needed to Primary Care services, and in particular to pharmacies. The CCG will re publicise telephone interpreting to GPs and pharmacists, and will pilot video relay interpreting in the Walk in Centre. • The CCG will continue to attend the BSUH Patient Experience Panel, feeding in issues and themes from equality related engagement as appropriate, and logging action taken • The Assistant Director of Quality and Patient Safety will be raising a specific request at the May 17 Quality Review meeting around strengthening EDS2 monitoring of patient experience. • The CCG and City Council will work closely to ensure more systematic responses are required for feedback received from Health Engagement Organisation recommendations.
Grading	Developing
Rationale	Evidence from our engagement with protected characteristic groups indicates that some groups and communities still have issues and experience inequality in accessing local NHS services. Whereas there have been some positive initiatives developed with the Community and Voluntary Sector, it is clear that further work needs to be carried out, including more work with GP practices in particular. We also need to continue to work with, and seek assurance from, our provider organisations that they are taking steps to respond to issues raised through the CCG's engagement work.
Goal	2- Improved patient access and experience
Outcome	2.2 - People are informed and supported to be involved as they wish to be in decisions about their care.
	<p>Key highlights from 15/16 (previous rating developing).</p> <ul style="list-style-type: none"> • The CCG is developing systematic and robust ways to ensure that all patients have the opportunities to be involved in their own care, including looking at ways to encourage and support self management and patient activation. • The CCG expects Choice to be offered at point of referral by a GP, and also where appropriate through the Referral Management Service. We do not have sufficient information in order to assess whether protected characteristic groups and individuals are being supported more or less than other people in the community on making decisions about their care. It has been acknowledged that providing an alternative choice of hospital to patients can make accessing care more difficult for the more vulnerable and for carers. <p>Key actions taken in 16/17:</p> <ul style="list-style-type: none"> • Self Care and Self Management are core elements of the Caring Together programme (Prevention and Community Care) • Peer support initiatives in the community voluntary sector have been identified and logged on the My Life Directory. • Peer Support is now included in the new Wellbeing Service. • Trans advocacy has been jointly commissioned by the CCG and the city council (Adult Social Care); bi lingual advocacy has been continued. The CCG also co funds a range of specialist advocacy , including support for people with learning



	<p>disabilities, disabled people, older people and those with mental health issues specifically including LGB people.</p> <ul style="list-style-type: none"> • Care Coaches working within Proactive Care have supported whole person assessments, which puts the patient at the centre of their care. • CVS feedback “we often hear of examples where people don’t feel listened to, are subject to short term interventions and lack ongoing support. There is a sense that services are not joined up” <p>Key areas for improvement in 17/18:</p> <ul style="list-style-type: none"> • Self Management to be defined and developed within the Caring Together programme. • Work to take place to look at health apps, and promote digital self management and access to information to all groups. • Peer support to be further developed through new commissioning, and an assessment of the need for wider peer support to be reviewed • Advocacy needs assessment carried out to inform future advocacy commissioning. • Further work to be undertaken to look at patient choice, and the extent to which this is understood and taken up by protected characteristic groups. • Continue to support the embedding of shared decision making. The CCG will be working with key providers, including primary care, over the coming year to ensure that shared decision making is a fundamental part of the conversations between clinicians and patients. We are specifically looking at shared decision making around cancer care (2 week wait referrals) and certain cardiology procedures. • Development of local health promotion events through Patient Participation Groups, CVS organisations and GP clusters will be supported, which will help support information provision, awareness and choice • The CCG will work with Healthwatch to scope the redevelopment of a former information session for patients and the public on “making the most of your GP visit”, with possible associated written information • CVS feedback- “putting more emphasis on person centred care would enable this (sic) to happen more consistently”
Grading	Developing
Rationale	There is clearly more work needed in the CCG to ensure that Choice is offered and understood across protected characteristic groups. We also need to develop work around self-management and look at ways to use community assets to support involvement in health and wellbeing.
Goal	2- Improved patient access and experience
Outcome	2.3 - People report positive experience of the NHS
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> • The CCG reviews provider Quality Accounts, the Joint Strategic Needs Assessment (JSNA) report, Public Health Annual Reports, Friends and Family Test information, CQC information, Patient surveys, as well as well as ensuring we listen and understand the specific needs of the population to inform our commissioning via surveys, peer research, social media and other means (as set out in our Patient and Public Participation Strategy) • The quality reports submitted by providers are not in sufficient depth to ascertain the overall views of users of the service –high level FFT and complaints response



	<p>times are reported, and there is no narrative about wider patient experience activity or themes to feedback/complaints.</p> <ul style="list-style-type: none"> Data and feedback is rarely fed back broken down by protected characteristic groups. <p>Key actions taken in 16/17:</p> <ul style="list-style-type: none"> A central business intelligence area has been established, and it is now possible to easily obtain FFT statistics. However this is not broken down into protected characteristic group categories. Equality monitoring forms from Complaints, Continuing Healthcare and any CCG engagement events are now stored on an improved centralised database and are analysed accordingly by the CCG. However, the return of such information is low and therefore cannot be taken as true representation. The CCG has continued to commission CVS groups to reach and hear from some of the protected characteristic groups in the city. By the nature of this work, much of the feedback is negative, but the reports always include recommendations for change. <p>Key areas for improvement in 17/18:</p> <ul style="list-style-type: none"> The CCG is to work with Healthwatch in order to triangulate patient experience information and feedback across the local health economy, which will help capture issues More work is needed to capture and analysis data from providers on protected characteristic groups. The recommendations from the engagement with protected characteristic groups will be reviewed for completed/outstanding actions, with impact being logged and further action taken where needed. This work will be supported further now that this work is jointly commissioned with the City Council.
Grading	Developing
Rationale	Given the lack of available data in relation to protected characteristic groups, and the ongoing feedback from our engagement with these groups, the CCG is graded as “developing”
Goal	2 - Improved patient access and experience
Outcome	2.4 - Peoples complaints about services are handled respectfully and efficiently
	<p>Key highlights from 15/16 (rated achieving)</p> <ul style="list-style-type: none"> The low numbers of complaints, compounded by the low response rate for equalities information, means that, it is statistically impossible to ascertain whether any groups are disadvantaged through complaints handling. Should a complainant not speak English, they have access to local interpreting services and/or bi-lingual advocates to support them through the process, if required. <p>Key actions taken in 16/17</p> <ul style="list-style-type: none"> The CCG continues to manage its complaints process in-house and all formal complaints are registered onto a secure database. The CCG complaints process has been reviewed and now requires a formal response within 25 working days (previously 40), a target which has generally been met, with exceptions where the



	<p>CCG is acting in a 'hosting' capacity for third parties.</p> <ul style="list-style-type: none"> • The complaints policy requires that feedback and equalities monitoring form is sent to complainants upon closure of the complaint, in order that the CCG can monitor who is complaining and responses are used to help the CCG get better at dealing with, and learning from, complaints. The feedback form has been updated and is also sent out as a survey monkey. • The CCG 'how the CCG deals with complaints guide' has been improved and updated. We offer to produce this information in an alternative format eg large print, braille or audio on request • The CCG has reviewed how it deals with informal issues, and takes action now to resolve issues quickly and informally where possible, rather than registering a formal complaint. • The CCG has now started registering compliments onto the complaints database. • Complaints are now reported quarterly in to the Quality Assurance Committee, a committee of the Governing Body, which includes trends. • An engagement exercise with protected characteristic groups was undertaken to review experience and attitudes of these groups towards "voice/feedback" in general, this included exploring attitudes and barriers to making complaints about the local NHS. • We have implemented the Accessible Information Standard. The Standard become law in 2016 and aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Any needs identified for complaints or their representatives are recorded on the complaints database and acted upon where relevant. <p>Key areas for improvement in 17/18:</p> <ul style="list-style-type: none"> • Consultations with equalities organisations indicate that there is a lack of awareness of complaints processes, and a need for simplified and responsible information, provided in different formats and more widely circulated. • Complaints information will be co produced with Healthwatch, ICAS and providers by September 2017, and then produced in different formats and widely circulated. • Recommendations from the consultations have been passed on to providers and feedback will be sought. • The CCG needs to review website accessibility, which will include the complaints information on the site.
Grading	Achieving
Rationale	<p>The CCG has robust processes in place to ensure that complaints are handled in a timely way, with respect and efficiency. Key disadvantaged groups are taken into account in the above processes. Everyone is treated fairly and equally during the complaints process so this outcome is assessed as "achieving"</p> <p>However it is important to recognise that the consultation on complaints with protected characteristic groups highlighted a lack of knowledge of complaints processes, and the support mechanisms for making a complaint. The CCG is working jointly with Healthwatch and Brighton and Sussex University Hospitals Trust to develop a simple guide to making a complaint, and the support available.</p>
Goal	3 – A representative and Supported Workforce



Outcome	3.1 - Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	<p>Key highlights from 15/16 (rated achieving)</p> <ul style="list-style-type: none"> • The CCG collects equality monitoring information on all staff during the recruitment process and this is stored and reported via the Electronic Staff Record. Staff monitoring information is reviewed annually so that the CCG is able to provide accurate reporting of its workforce. • The Recruitment and Selection Policy has been updated and issued alongside a new Recruiting Panel Protocol. This protocol insists that at least one member of the panel has undergone the CCGs enhanced mandatory EDI Training or is a CCG Equalities Champion. • E&D Mandatory Training is included within the staff induction program, but has been enhanced to cover a greater depth of ED&I. • All information recorded during the interview process and used in decision making is kept for audit. Interviews are conducted using the same questions and panel members for each candidate applying for a post to ensure that all recruitments are fair and transparent. • Eight staff have now had Job Evaluation Training in order to evaluate roles and respond to organisational change. Change Management Training is also being offered. • All HR policies are EIA'd as a matter of course. Any inconsistent applications will be picked up by our HR Manager and through the CCG Workforce Analysis Report. • We have a clear and fair recruitment and selection, which has been EIA'd and no protected characteristic groups have been found to fare any differently. <p>Key actions taken in 16/17</p> <ul style="list-style-type: none"> • The CCG complete the Workforce Race Equalities Standard available on our CCG reporting page: http://www.brightonandhoveccg.nhs.uk/publications/plans-priorities-and-progress/reporting • Aside from NHS jobs, internal only advertisements and agencies have been used to broaden capture. • The CCG has a robust organisational development (OD) plan and implementation plan in place which clearly describes the CCG vision to where we want to get to in the future, and the values our workforce will need to adopt to get there. • We have a staff side representative, who holds regular staff forum meetings. Issues raised at these forums are fed back to our Chief Accountable Officer, and issues are acted on accordingly. • A Wellbeing Policy has been developed as part of our commitment to the National Workplace Wellbeing Charter. <p>Key areas for improvements 17/18:</p> <ul style="list-style-type: none"> • An action plan will be implemented around the Workforce Race Equalities Standard, in which a number of actions will be put in place to ensure our workforce is as fully representative and diverse as our local population. • A Workforce equalities lead to be identified within the organisation to move this agenda forward. • More work is required in relation to additional advertising of posts, as there remains too much reliance on applicants searching the NHS Jobs Website.



	<ul style="list-style-type: none"> • Actions identified in the Organisational Development (OD) plan which link with the EDS2: <ul style="list-style-type: none"> - An accessible volunteer scheme will be implemented. - The CCG will re-visit the apprenticeship recruitment scheme to enhance capacity and invest in future workforce. - We will develop our reputation as an employer with a positive culture. - Recruitment will be done in line with the EDS2 action plan. - HR Processes and policies will be enhanced, ensuring they are consistently applied across the CCG, including robust recruitment and selection processes. • Increased rigour will be applied to our recruitment and selection process to ensure there are trained EDI champions on the selection panel where possible. • Workforce information will be extracted from NHS jobs to bring us into line with other CCGs.
Grading	Achieving
Rationale	BH CCG have made some good progress on ensuring the recruitment and selection processes lead to a more representative workforce and a number of positive actions have taken place as described above, however there is still some work to be carried out. The organisation have access to appropriate data and evidence, so as a whole it can be demonstrated that staff from all protected groups fare as well as the overall workforce.
Goal	3 – A representative and Supported Workforce
Outcome	3.2 - The NHS is committed to equal pay for work of equal value and expects employers to use pay audits to help fulfil their legal obligations
	<p>Key highlights from 15/16 (rated achieving)</p> <ul style="list-style-type: none"> • The CCG is committed to equal pay for work of equal value and holds job evaluation panels each time a new role is created. The panel, usually consisting of three people including a staff side representative, considers the role as defined in job description and specification against the agenda for change grades which ensures consistency amongst similar roles. • Where the nature of an employee's role changes over time, they may apply for their role to be considered by the job evaluation panel to ensure that the role is valued at the appropriate grade. • All panel outcomes are followed by consistency checking by a smaller panel. • Staff have now had Job Evaluation Training in order to evaluate roles and respond to organisational change. • The organisation has a fair and consistent approach to ensuring equal pay for work for equal value and a vast number of the CCG substantive posts are within the Agenda for Change terms and conditions, so are standardised across the organisation. In relation to Senior Manager Pay, the Remuneration and Communication Assurance Committee chaired and attended by Lay and Independent Members of the Governing Body and a representative from HR, ensure there is fair scrutiny of Senior Manager Pay. Pay at this level is published in our Annual Report in order that there is transparency. <p>Key actions in 16/17</p> <ul style="list-style-type: none"> • We have a designated staff side representative in the office, who holds regular confidential staff forums to address any concerns. Our Chief Executive regularly meetings with the staffside representative to address the issues and to ensure practical solutions are in place. • Staff survey results indicate a worsened position since 15/16. 11.3% of staff felt



	<p>very dissatisfied by their level of pay compared to 8.6% in 2015. 25.8% of staff were unsatisfied compared to 17.2% in 2015. A solution to be found on how to address this worsening position, such as an audit relating to equal pay conducted by reviewing pay data.</p> <p>Key areas for improvement in 17/18</p> <ul style="list-style-type: none"> • Further work is required to increase the number of staff side representatives within the organisation.
Grading	Achieving
Rationale	<p>We are achieving this as we are committed and have had no disputes. Equal pay usually relates to the gender pay gap which should be negated by Agenda for Change. There is no evidence to indicate that staff from protected characteristic groups fare any better or worse than the workforce in general.</p> <p>However Staff Survey results have worsened since 2015 on levels of staff satisfaction with pay, so this needs further investigation to the root cause of this issue.</p>
Goal	3 – A representative and Supported Workforce
Outcome	3.3 - Training and Development opportunities are taken up and positively evaluated by all staff
	<p>Key highlights from 15/16 (rated achieving)</p> <ul style="list-style-type: none"> • The CCG has initiated training across the organisation based on the development needs identified in individual personal development reviews. Following the annual PDP process managers collate the training requirements of their teams and these are then compared across the organisation to establish themes. • The CCG has developed a “training menu” based on the outcomes from PDPs which is then used to ensure that appropriate training is made available for the CCGs staff. • Following all CCG organised training, the CCG collects feedback from attendees so as to gauge the value of the training to the organisation and individual attendees. • In addition to the training needs identified through the PDP process, the CCG has also identified training necessary to managers focusing on the specifics of people management and includes EDI as a strong theme throughout. <p>Key updates from 16/17</p> <ul style="list-style-type: none"> • Enhanced EDI training is given as mandatory to all new starters. Existing staff need to refresh every three years. • EDI and Participation training was delivered in April 2017 and will be delivered every 6 months to help broaden awareness across the organisation. • Equalities Champions role has been merged with the Participation Champion role in order to embed culture across the CCG. • A new EDI Policy has been developed and was presented during the Equality, Diversity and Inclusion Week held in June 2017 to raise awareness. • The Staff survey results (published in December 2016) remained steady for the uptake of training, learning and development in the organisation. 72.5% of staff said they had had training, learning or development in the last 12 months (mandatory training was not included) compared to 75% in 2015. 96.8% had mandatory training in the last 12 months compared to 92.5%. • 62% of staff had an annual review or appraisal carried out, which was a drop from



	<p>68.9%.</p> <ul style="list-style-type: none"> • Staff survey results for whether your organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age shows a marked drop in confidence since 2015. From Yes it acts fairly (68.5% in 2015) to (55.3% in 2016) No it does not act fairly (9.8% in 2015) to (9.4% in 2016) and I don't know if it acts fairly (21.7% in 2015) to (35.3% in 2016). • In October 2016 our current level of compliance for PDPs and Mandatory Training was deemed insufficient by the Senior Management Team who requested all line managers take action as soon as possible to ensure that each member of staff in their team has had their PDP and was up to date with their Statutory and Mandatory training. Clear deadlines were given before the end of the year to complete these and we expect the position to be improved by the next staff survey 2017. • The current PDP data as of 22nd February 2017 is Compliant:172 Non compliant – 32 <p>Key areas for improvement in 17/18</p> <ul style="list-style-type: none"> • Key work set out in the Organisational Development plan which links with EDS2: <ul style="list-style-type: none"> - A package of training to be delivered to line managers which supports each element of employment at the CCG. - Mentoring and coaching to be embedded as a standard aspect of learning and development offers. - Deliver and offer the full range of development opportunities across the organisation, to develop our leaders and managers of the future. - Further develop our Learning and Development opportunities from PDP results, establishing the skills the CCG needs to deliver its objectives. - Continue to support the NHS Management Training Scheme by offering high quality placements. - Ensure appraisals provide greater clarity of roles and responsibilities. - Introduce the national pay gateway to support staff towards meaningful appraisals. - Supervision will be strengthened with clear management oversight which enhances staff wellbeing. • Staff Survey Findings around fairness of progression/promotion to be reviewed.
Grading	Achieving
Rationale	<p>The organisation has shown improvements in its development of the training menu and every member of staff uses the same appraisal process, and as such there is equal opportunity for all employees to benefit from training and development. Training is well advertised on the Extranet, and via the staff bulletin. Feedback is obtained following the training and also via the Staff Survey. The organisation is meeting this requirement, therefore can be considered “achieving”; however more work needs opt take place to encourage take up of training opportunities to develop the entire CCG workforce, rather than within certain pockets.</p>

Goal	3 – A representative and Supported Workforce
Outcome	3.4 - When at work, staff are free from abuse, harassment, bullying and violence from any source
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> • The CCG has an up to date Dignity in the Workplace policy.



- The organisation's bullying and harassment score in the staff survey 2015 saw a deterioration since the last report 2014. With 7.6% of staff reporting discrimination, and the clear association with protected characteristics.

Key updates from 16/17

- Exit interviews are now in place and outcomes are fed back anonymously to the Senior Management Team quarterly.
- A Resilience Course has been delivered to help people challenge unwanted behaviours.

From the staff survey 2016 results:

- In the past 12 months how many times have staff experienced physical violence at work from other colleagues or managers (Never 100%) No change since 2015.
- In the past 12 months how many times have staff experienced physical violence at work from patient users or members of the public (1-2 times 1.1%) No change since 2015.
- In the last 12 months how many times have staff experienced harassment, bullying or abuse at work from patients/service users, their members or other members of the public: 1-2 times (14.3%) has risen from 9.8% in 2015 and 3-5 times (4.4%) up from 3.3% in 2015, 6-10 times (1.1%) and more than 10 times (1.1%).
- In the last 12 months how many times have staff experienced harassment, bullying or abuse at work from managers: 1-2 times (12.1%) down from 16.3% in 2015, 3-5 times (7.7%) is up from 6.5%, 6-10 times 2.2 %, and more than 10 is 2.2%. When asked whether the incident was reported 27.6% did report it, and 69.0% did not.
- The Staff Survey also notes 1.1% of staff have experienced discrimination at work from patients/service users, their relatives or other members of the public. (No change since 2015)
- In relation to discrimination from a manager/team leader or other colleague, 7.7% said they had experienced discrimination (No change since 2015)
- When broken down into protected characteristic groups the discrimination reported was broken down as follows for all staff who carried out the survey (in number of people rather than percentage):

Ethnicity 2 Gender 1, Religion 0, Sexual Orientation 1, Disability 0, Age 3, Other 3

- On joining the organisation in November 2016, our new Chief Accountable Officer (CAO) reviewed the poor staff survey results and requested an immediate investigation into the findings. Our CAO has highlighted the zero tolerance approach to bullying and harassment in standing staff briefings, by visiting team meetings, by giving a clear steer to report any issues directly to line managers or in confidence to himself, and has introduced an open door policy. The clear messaging has marked a strong move towards a zero tolerance to bullying and harassment culture.

Key areas for improvement/actions in 17/18

- Further Dignity in the Workplace sessions.
- Reminder of the Dignity at Work Policy
- Continued efforts to stamp out instances of reported bullying and harassment.

Interim Staff survey results July 2017:



	Further to the annual staff survey, the CCG leadership carried out an interim staff survey in July 2017, to assess whether measures put in place had been effective. The interim survey showed significant improvement on the annual survey, however there is no data relating to protected characteristic groups in particular therefore the grading remains “developing”
Grading	Developing
Rationale	The organisation’s score in the annual staff survey has not significantly improved or deteriorated since the 2015 report in terms of experiences of harassment. However with 7.7% of staff continuing to report discrimination, and the clear association with protected characteristics, there is still more work to be done. The organisation continues to conduct initiatives in relation to ensuring staff are free from harassment, abuse, bullying and violence. A marked improvement was indicated in the 2017 interim staff survey which is attributed to the continued efforts of the leadership to tackle the issue. All necessary actions are in place to move towards ‘achieving’ in our next EDS2 assessment until then we cannot be rated above last year’s “developing” grading.

Goal	3 – A representative and Supported Workforce
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.
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> • The CCG has a refreshed Flexible Working Policy and working hours for staff in the CCG are generally flexible. Options such as home working or reduced hours are generally available to staff in agreement with their manager. The appropriate solution for any member of staff will depend on the requirements of their role and the ability to ensure that the necessary outcomes are met. • The CCG has developed its ability to work more flexibly with the use of technology that enables employees to work effectively from home or from any other NHS location in Sussex. Mobile technology is being rolled out to 20% of staff each year as part of the CCGs technical refresh. • Most flexible working arrangements are relatively informal and as such are not recorded by HR. For more formal arrangements such as compressed hours, reduced working hours or job shares, HR and the manager will work in line with the Flexible Working Policy. <p>Key updates from 16/17</p> <ul style="list-style-type: none"> • The Staff Survey results show a small decrease in staff satisfaction for flexible working patterns. 5.2% state they are very dissatisfied compared to 2.2% in 2015, and 8.2% are dissatisfied compared to 4.3% in 2015. So overall the result is slightly less positive than the previous year with 40.2% (46.2% in 2015) reporting satisfied and 28.9% very satisfied (30.1% in 2015). 17.2% were neither satisfied or dissatisfied. <p>Key areas for improvement/actions in 17/18</p> <ul style="list-style-type: none"> • No specific action has been identified
Grading	Achieving



Rationale	There is no evidence to suggest that any employees sharing a protected characteristic are treated any less favourably than any other group in the workforce in relation to flexible working. There are still some levels of dissatisfaction from staff around flexible working, so it would be still useful to do a small piece of work to explore this. The organisation can demonstrate that we meet this outcome, with high levels of staff reporting satisfaction in relation to flexible working arrangements.
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Goal	3 – A representative and Supported Workforce
Outcome	3.6 - Staff report positive experiences of their membership of the workforce
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> • The CCG is signed up to the National Public Health England 'Workforce Wellbeing Charter'. This charter creates a wellbeing plan for its staff and promotes wellbeing in the workforce. • A comprehensive induction process is in place to ensure staff are properly equipped for working within the CCG, this includes some monitoring by HR so that concerns or queries can be picked up earlier on. <p>Key updates from 16/17</p> <ul style="list-style-type: none"> • The Psychological Wellbeing Policy has been refreshed in April 2017. • Exit interviews are now in place and outcomes are fed back anonymously to SMT quarterly. • Staff Survey results were disappointing around whether the organisation takes positive action on health and wellbeing. 26.1% of staff said yes it definitely does take positive action which was a significant decrease from 2015 (42.2%) and Yes to some extent 48% (51.8% in 2015) and No it does not increased from 6% in 2015 to 19.3% in 2016. • Results showed that 50.5% of staff who completed the survey had felt unwell in the last 12 months as a result of work related stress which rose slightly from 44.6% in 2015. • There is no evidence to suggest that staff from protected groups fare any differently from the rest of the workforce. • On joining the organisation in November 2016, the new CEO reviewed the poor results of the staff survey and requested an immediate investigation into the findings. It was apparent that staff morale was low and so the SMT were tasked with seeking the causes of the issues. This included a deep dive into staff issues in the form of staff discussion feedback forms which were analysed by SMT and clear actions were identified. It is hoped that the actions taken will address the issues and the staff survey results should be more positive in 2017. • A confidential staff forum has been established, with staff side reporting significant issues confidentially to the CEO so appropriate action can be taken. • Significant work has taken out to embed the CCG Vision and Values which are over time becoming visible in our working environment by modelling the behaviours they describe and using them as part of the corporate image and staff communications. • The Organisational Plan has significant work around improving the morale of the organisation as a whole. <p>Key areas for improvement/action in 17/18</p> <ul style="list-style-type: none"> • Further Dignity in the Workforce sessions are planned. • Further communications will be circulated reminding staff of the policy and



	<p>procedure for reporting issues and getting support where appropriate.</p> <ul style="list-style-type: none"> Continued review of exit interview feedback.
Grading	Achieving
Rationale	Overall staff wellbeing is treated the same across the entire organisation, so most protected groups fare as well as the overall workforce. The CCG is achieving this outcome, but improvements can still be made in reducing the high levels of reported stress.
Goal	4 - Inclusive Leadership
Outcome	4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> As a matter of course, every paper received by the CCG Governing Body must either state the findings of an equality analysis or state why it is considered that no formal equality analysis is necessary. Each member of the Governing Body is required to complete a mandatory training course in equality and diversity. Senior leaders within the CCG require equality analysis to be carried out in respect of all new commissioning activity. The requirement to do so has become a part of the job specification for commissioning roles. The CCG monitors and revisits the equality analysis through its project management office to assure the senior leaders that the equality matters have been considered at each stage. <p>Key updates since 15/16:</p> <ul style="list-style-type: none"> Over the past 12 months, the CCG has seen a great deal of change in the senior leadership team, which is significant in assessing the continuity and further development of an equalities focus. The CCG's governance review in early 2017 included a focus on increasing the robustness of reporting, including the need for consistency in GB and committee papers. This includes systematising identification and scrutiny of the need for timely Equality Impact Assessments (EIA's). The Governing Body has an identified E&D Executive lead, and the Lay Member for Patient and Public Participation also brings a wealth of experience and constructive challenge to E & D issues. The CCG's Senior Management Team has taken action to respond to the results of the staff survey, which raised concerns about bullying and harassment within the organisation; SMT members have agreed to, and model, a set of behaviours which promote professional behaviours and respect which also support equality in the workplace. The CCG now has a number of Patient and Public Participation and EDI champions, spanning key teams in the organisation, which will help embed EDI in teams, which in turn will support Heads of Commissioning to ensure that EIAs are routinely considered as part of the commissioning cycle. The EDS2 is now reviewed by the Quality and Assurance Committee. EIA guidance has been updated, and made available to commissioners. EIA training has been given to commissioners. <p>Key areas for improvement:</p> <ul style="list-style-type: none"> The CCG leadership was reviewed by the Equality Academy in 2014, with a re



	<p>review in 2016; given the substantial change in CCG leadership over the past year, it is understandable that there has been a lack of review of these recommendations, but there is a need to revisit this report in 2017 to assess how appropriate this still is.</p> <ul style="list-style-type: none"> • There has clearly been progress through the Governance review, but there is still a need to embed Equality and Diversity throughout the CCG, with clear E & D leadership at Executive level. • Given the changes in the CCG Governing Body in the past year, it is recommended that all Governing Body members have appropriate E & D training, based on the NHS E&D Competency Framework to personalise E&D leadership. • The Competency Framework for Equality and Diversity in Leadership is now set out within the Organisational Development Plan; this needs to be reflected in leadership objectives and delivered against over the next year. • There is still a greater need for a systematic approach to characteristics (protected or otherwise) over an identified period of time; and the possibility of systematically including actual patient and staff experience in Governing Body business material.
Grading	Developing
Rationale	<p>The CCG can demonstrate many positive actions have been taken in relation to achieving this outcome, however until the NHS E&D Competency Framework is fully embedded into the organisation to personalise E&D Leadership, we can only be considered to be “developing”.</p>
Goal	4 - Inclusive Leadership
Outcome	4.2 - Papers that come before the Board and other major committees identify equality related impacts including risks and how these risks are to be managed.
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> • It is standard practice within the CCG that all papers received by the Governing Body or any or any senior committee either refer to appropriate equality impact assessment or state the reasons why this not necessary. • Usually the EIA will have been initiated at an early stage in the project and revisited as the project develops with a view to ensuring that any issues raised have been addressed in such a way as to minimise the risks or negative impacts on groups sharing a protected characteristic. • Findings are then deconstructed against each of the protected characteristics and appropriate actions identified to ensure that risks are minimised. It would be unusual for EIA in its entirety to be presented to a committee, although it would be available on request. Reports to committee will general identify the risks that were captured in the process of equality analysis and the actions that were taken to ensure that risks and negative impacts on patients sharing a protected characteristic have been mitigated. • Where pathway redesign is taking place, the CCG will specifically engage with groups identified as being impacted by change. This engagement is intended to give in depth consideration to the needs of specific groups who are identified as being harder to reach or as sharing a protected characteristic. The outcomes of this engagement will inform the equality analysis and will in turn be fed up to the committee through



	<p>the report.</p> <p>Key updates since 15/16</p> <ul style="list-style-type: none"> As part of the governance review, the format of papers to the GB and its committees have been reviewed, clarified and strengthened. There is a requirement to report on whether an EIA has been undertaken and, if not, why it was not appropriate. This template is now used for all reporting; however there remains inconsistency as to how effectively this section is reported and this is being addressed. The CCG's Head of Participation and Voluntary Sector Partnerships is working with the senior team and commissioners to ensure the need for an EIA is identified at an early stage, and completed in a timely way, in order that this is robustly reported. <p>Key areas for improvement:</p> <ul style="list-style-type: none"> More acknowledgement of positive or indirect impacts upon equality of any achievement. More analysis of the demographic of patients accessing services, disaggregated by protected characteristics. Increased discussion around the outcome of the EIA within Governing Body and committee meetings.
Grading	Developing
Rationale	Key disadvantaged groups have been taken into account in the mainstream processes. Until we have a more systematic approach to Equality and Diversity and are fully using the Competency Framework to address potential gaps in Equality and Diversity in the organisation we cannot be graded above "developing"
Goal	4 - Inclusive Leadership
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.
	<p>Key highlights from 15/16 (rated developing)</p> <ul style="list-style-type: none"> All CCG staff members are required to complete basic equality and diversity training as part of the set of mandatory training requirement of the CCG. In addition to this mandatory training, members of staff on senior grades were asked to complete enhanced equality and diversity training and this has become part of the CCG's regular training cycle. All staff of the CCG undergo the same appraisal process which is used to identify the development needs of the individual. The training needs identified through this process are then analysed across the CCG so that corporate training can be identified where there is a sufficient need. If a need is established for a particular individual only then managers can approve person specific training. All HR policies are subject to equality analysis as a matter of course. <p>Key updates since 15/16:</p> <ul style="list-style-type: none"> The Staff Survey indicates that, in relation to discrimination from a manager/team leader or other colleague, 7.7% said they had experienced discrimination (7.6 in 2015). The breakdown of protected



	<p>characteristics relates to overall discrimination, not specifically to discrimination from a manager/team leader or other colleague.</p> <ul style="list-style-type: none"> • The Equalities Champions role has been merged with the Participation Champion role in order to embed culture across the CCG. EDI and Participation Champions have been trained within the organisation and a meeting will be held quarterly. It was felt that champions should include a wide variation of all grades to ensure it was not focused on the leaders and managers in the organisation. The purpose of the training was: to equip Champions with insights, questions, models, perspectives, language and ideas which could support them in their role within the organisation and beyond. • .A Dignity in the workplace event aimed at managers has been held, and other initiatives are in place set out in the Organisational Development Plan to ensure Dignity is central to the organisation. • The CCG is engaged with a Joint Staff committee across the historical NHS CCG clusters and is engaged with the workforce and union representation. • The Senior Management Team have agreed a set of behaviours and standards of management which have been publicised across, and embedded in the organisation. This will improve the working culture of the CCG, and make it easier for people to challenge or report poor behaviour. <p>Key areas for improvement:</p> <ul style="list-style-type: none"> • Further “Dignity in the Workplace” training to take place.
Grading	Achieving
Rationale	<p>There is generally a culture of openness and support in the CCG and there is no evidence that any employees sharing a particular characteristic fare any worse than the workforce as a whole. Additional training has been procured in respect of the needs identified. The Staff Survey indicates some areas for improvement in terms of some staff members feeling that they experience discrimination, however the Senior Management Team has recognised the issues in the staff survey, and has agreed and models behaviours aimed to improve the culture of the CCG and ensure the environment is free from bullying, harassment and discrimination</p> <p>This will be tested in the next staff survey; however the actions taken and the expectations on all staff, including line managers, to model positive behaviours, is taken to indicate that the CCG is now achieving in this area.</p>



