

NHS Equality Delivery System (EDS) Summary for NHS Hampshire

EDS Outcome 1.1 (EDS Goal One – Better health outcomes for all)

Services are commissioned, designed and procured to meet the health needs of local communities promote well-being, and reduce health inequalities

Name: NHS Hampshire (NHS)	Lead contact:
<p>There is clear evidence that the needs of the Hampshire population identified in the Joint Strategic Needs Assessment (JSNA) inform strategic commissioning decisions. The JSNA together with other more detailed assessments cover 6 to 8 of the 9 protected groups. During 2011 NHS has developed JSNA for each emerging Clinical Commissioning Group. These include data on 2 out of 9 protected groups (age and disability).</p> <p>Sources of intelligence such as these highlight the impact of socio-economic disadvantage on life expectancy and health in certain parts of Hampshire. In response the Board prioritised actions to reduce health inequalities by targeting resources and programmes of work in these areas. Progress on closing gaps is reported back to the Board via mainstream processes. Reporting tends to focus on just 4 protected characteristics (age, disability, pregnancy and maternity and sex).</p> <p>Needs assessment also informs service redesign and the procurement of health services in more efficient ways to deliver better health outcomes. For example the NHS Hampshire Sexual Health Needs Assessment (2010) has led to county wide changes to services with the involvement of service users from key protected groups.</p> <p>Other good practice examples include:</p> <ul style="list-style-type: none"> • The Big Health Talk engagement process for people with a learning disability and their carers. This project took place in 2010 and was run in partnership with voluntary sector organisations. Their networks and expertise helped ensure involvement events were accessible for this seldom heard group. The views and experiences of people with a learning disability have been used to determine priorities for action, with progress being monitored by the Learning Disability Partnership Board • NHS Hampshire primary care commissioners working with NE Hampshire CCG to set up a health check service for people from Nepal registering at surgeries in Rushmoor. To overcome language difficulties the service is provided by a bi-lingual nurse. The 	

PCT has used a Locally Enhanced Service specification to incentivise local practices to adopt the service. This project was instigated as a result of the additional health needs and barriers faced by this community as identified by the Health Needs Assessment of the Nepalese Community in Rushmoor.

- There are also programmes of work to meet the health needs of some disadvantaged groups – homeless people, sex workers, people with drug and alcohol problems

Despite this good practice the routine analysis of equalities data to improve health outcomes is difficult to evidence. Data for some protected characteristics is collected routinely, whilst for others data is of poor quality, unused or simply not collected. The number of Equality Impact Assessments completed as the means to demonstrate ‘due regard’ is limited or the analysis can be superficial. This highlights that managers need support to understand equality and diversity issues. Where Equality Impact Assessment takes place at an early stage and this shapes engagement with patients and communities, and is supported by ongoing monitoring, there is clear evidence of improved outcomes (for example the roll out of the vascular health check project). The lack of a systematic approach to equality analysis means knowledge and expertise remains in pockets across the organisation.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Improved health outcomes are achieved for some protected groups • Engagement: There are many examples of engagement across the organisation that leads to improved services. Equalities monitoring of engagement activity is not standard practice • Mainstream processes: Mainstream processes are used and there is evidence of consideration of issues for some protected characteristics • Progression plans: The EDS process will be used to decide priorities for action which will be monitored and driven by the newly established Equality and Diversity Sub-Committee • Disadvantaged groups: The health needs of some disadvantaged groups are met <p>There is clear evidence that mainstream commissioning processes narrow health inequalities and lead to improved health outcomes for some protected characteristics and disadvantaged groups. There is a lack of routine equalities data collection and analysis as part of less strategic commissioning activities. Progression plans are being developed. For these reasons NHS Hampshire is graded as ‘developing’.</p>

EDS Outcome 1.2 (EDS Goal One – Better health outcomes for all)

Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways

Name: NHS Hampshire (NHSH)	Lead contact:
<p>At the strategic, population and community levels there are numerous examples of NHS Hampshire assessing health need. Evidence of assessment includes:</p> <ul style="list-style-type: none">• NHS Hampshire and Hampshire County Council Joint Strategic Needs Assessment (2008) and JSNA Update 2010• NHS Hampshire Health Needs Assessment of the Nepali Community in Rushmoor (2010)• NHS Hampshire Sexual Health Needs Assessment (2010)• NHS Hampshire Pharmaceutical Needs Assessment 2011 <p>The needs of up to 8 protected characteristics are identified through this activity.</p> <p>In response to identified needs and differences in outcomes a range of strategic and commissioning decisions are taken. See mainstream documents like Healthy Horizons Strategy, Operating Plan, QIPP programmes, Older Persons Mental Health Strategy. In turn health services are redesigned and procured to better meet local need. Access to and the quality of commissioned services is monitored by the PCT to ensure patients receive the treatment they need in safe and clinically effective ways.</p> <p>Feedback from patients via patient experience surveys and comments, compliments and complaints are also used to ensure health services are appropriate. For example NHS Hampshire utilises the NHS GP Patient Survey as one way to monitor the quality of GP services across the county. This survey includes questions to identify following protected groups sex, age, ethnic group, disability (deafness, blindness, physical disability, learning disability, psychological/ emotional condition, and long-term health condition), plus carer responsibilities (4 out of 9 protected characteristics).</p> <p>In a similar way the quality of NHS care through the patients' eyes of local hospital, community and mental health provider trusts is monitored using the National Inpatient Survey.</p> <p>The involvement of patients and the public in the business of commissioning health services is given priority. There are numerous examples outlined in the NHS Hampshire Real Accountability Report http://www.hampshire.nhs.uk/listening-to-you/623-engagement-0910</p>	

EDS Grade	Achieving
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: There is strong evidence of needs assessment for most protected characteristics and this shapes commissioning decisions • Engagement: Engagement with patients, communities and the public is prioritised. Most protected groups are involved • Mainstream processes: Mainstream processes are used to assess needs and ensure resulting services are provided in effective and appropriate ways. Most protected characteristics are covered. • Progression plans: The EDS process will be used to decide priorities for action which will be monitored and driven by the newly established Equality and Diversity Sub-Committee • Disadvantaged groups: The health needs of some disadvantaged groups are assessed and met <p>The organisation is graded as ‘achieving’ because there is evidence that the needs of most protected groups are assessed.</p>

EDS Outcome 1.3 (EDS Goal One – Better health outcomes for all)

Changes across services for individual patients are discussed with them, and transitions are made smoothly

Name: NHS Hampshire (NHSH)	Lead contact:
<p>NHS Hampshire has prioritised the development of new models of care to support people with long-term conditions. This is particularly important in Hampshire as the population is becoming increasingly elderly. Projects are underway to redesign care pathways for long-term conditions providing care closer to home as well as looking at closer links between health and social care. This is being done with the involvement of patients from some protected groups.</p> <p>The Quality and Patient Experience Team hold regular Quality Performance Review Meetings with provider trusts. The providers are held to account for continuous quality improvements on the basis of a quality schedule built into the contract. This is achieved using a range of measures, for example:</p> <ul style="list-style-type: none"> • Results of the Inpatient Survey (includes questions around transfer from A&E to ward and discharge planning) • Contract requirements to implement patient experience methodologies that take account of the needs of vulnerable groups such as children, patients with dementia and patients with a learning disability 	

The Quality Team have developed a Quality Support Tool to enhance reporting through mainstream processes. Outcomes can be demonstrated for some protected characteristics. Analysis of equalities data from the Inpatient Survey would enhance these processes, and better ensure differences in the transition experiences of protected groups are identified and tackled.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Outcomes are improved for some protected characteristics • Engagement: There is evidence that some protected groups are engaged in how service changes are planned and transitions made smooth • Mainstream processes: Examples of mainstream processes used to ensure service changes and transitions are discussed with patients are outlined. Increased use of equality analysis would ensure outcomes for all protected groups are achieved. • Progression plans: The EDS process will be used to decide priorities for action which will be monitored and driven by the newly established Equality and Diversity Sub-Committee • Disadvantaged groups: No evidence has been received so far. <p>NHS Hampshire is graded as ‘developing’.</p>

EDS Outcome 1.4 (EDS Goal One – Better health outcomes for all)

The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all

Name: NHS Hampshire (NHSH)	Lead contact:
<p>Best available evidence demonstrates that it is only possible to compare the safety of patients from some protected characteristics. This is because:</p> <ul style="list-style-type: none"> • Serious Untoward Incidents (SUI) reported using STEIS software database which includes data fields for age, sex/ gender and ethnic background (3 out of 9 protected characteristics) The NHSH Quality Team monitor SUI in commissioned provider services, but do not complete analysis by protected group. • Patient Safety Incident reporting at NHS Hampshire uses Datix Risk Management software, which includes fields for age, disability, race, sex, religion and sexual orientation (6 out of 9 protected characteristics) 	

For the protected groups for which there are data fields in Datix an analysis of safety incidents reported across NHS Hampshire in the period April - Sept 2010 showed some issues with data quality:

Total = 35

Where age recorded = 12 (34.3%)

Total where disability declared = 1 (2.86%)

Disability 'not applicable/ not known' = 12 (34.3%)

Disability field blank = 22 (63%)

Race 'white British = 10 (28.6%)

Race 'white Irish = 1 (2.9%)

Race not stated = 18 (51.4%)

Race 'blank field' = 6 (17.1%)

Sex/ Gender:

Male = 12 (34.3%)

Female = 23 (65.7%)

Religion and Sexual Orientation = blank for all incidents

On the other hand, the contract Quality Schedule with each provider trust includes requirements to demonstrate compliance with/ achievement of/ satisfactory performance on Safeguarding Vulnerable Adults Assurance Framework, Safeguarding Children's Assurance Framework, Mental Capacity Act, and Deprivation of Liberty Safeguards. The NHSH Quality Team monitors performance with each provider via regular Clinical Quality Review Meetings. It is not known if data about protected characteristics is collected or analysed.

The safety of patients is prioritised and assured through mainstream processes however.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Improved patient safety outcomes are achieved but it is problematic to disaggregate data by protected characteristic • Engagement: Patients and carers are engaged • Mainstream processes: The safety of patients is prioritised and assured through mainstream processes • Progression plans: Consideration of ways to improve data collection and analysis by protected characteristic will be undertaken as part of the EDS process • Disadvantaged groups: The safety of some vulnerable groups is considered as part of mainstream contractual processes.

For these reasons the organisation is graded as 'developing'

EDS Outcome 1.5 (EDS Goal One – Better health outcomes for all)

Public health, vaccination and screening programmes reach and benefit all local communities and groups

Name: NHS Hampshire (NHSH)	Lead contact: Alison Taylor, Consultant in Public Health (Screening) Iain McLennan, Consultant in Public Health (Immunisation)
<p>NHS Hampshire commissions a full range of public health, vaccination and screening programmes in line with national guidance. Performance is monitored against nationally required targets and reported through mainstream processes, but for only one or two protected characteristics. Data about other protected characteristics is sometimes collected but not analysed, or not collected at all. Health equity audits have been undertaken for some programmes.</p> <p>Public Health programmes have been targeted at patients and communities who experience the worst health outcomes or socio-economic disadvantage. For example programmes to support people to give up smoking, tackle obesity and increase exercise levels. These groups are prioritised on the basis of the JSNA and other needs assessment. Social marketing techniques are used to reach targeted groups and support positive health behaviour change.</p>	
EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: There is evidence that targeted people access screening, immunisation and public health programmes. Analysis of differential access rates for more than one or two protected groups is not undertaken at present • Engagement: There numerous examples of engagement with targeted communities • Mainstream processes: Access rates are reported via mainstream processes but only for one or two protected characteristics • Progression plans: Plans are drafted for screening programmes • Disadvantaged groups: Evidence that some disadvantaged groups are taken account of. <p>The organisation is graded as 'developing'.</p>

EDS Outcome 2.1 (EDS Goal Two – Improved patient access and experience)

Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds

Name: NHS Hampshire (NHS)	Lead contact: Julia Bagshaw Associate Director of Primary Care Commissioning; Sarah Elliott Director of Nursing; Keith Douglas Director of Contracting
<p>A range of evidence sources have been used to assess how involved Hampshire patients are in their care, and whether they are able to exercise choice about treatments and where they are treated. This includes:</p> <ul style="list-style-type: none"> • NHS GP Patient Survey http://results.gp-patient.co.uk/report/13/result.aspx • NHS Inpatient Questionnaire http://www.nhssurveys.org/survey/738 • NHS Choices • NHS South Central Public Perceptions Survey Wave 6 (ICM 2010) • SHIP PCT Cluster Board Quality Report http://www.southamptonhealth.nhs.uk/ship/board/ <p>NHS Hampshire Real Accountability 2010/ 11Report http://www.hampshire.nhs.uk/listening-to-you/623-engagement-0910</p> <p>The evidence suggests that most patients are satisfied with access to services, for example 84% of Hampshire patients said they found it ‘very easy’ or ‘fairly easy’ to get through to the GP surgery by phone. 12% said it was ‘not very easy’ or ‘not at all easy’. This is where 82% (NHS GP Patient Survey 2011)</p> <p>Access to services is monitored through mainstream processes like comments and complaints, the Quality Schedule built into contracts with provider trusts, reporting on nationally mandated metrics like waiting times and access to screening programmes. NHS Hampshire and provider trusts generally perform to target on most measures.</p> <p>Equality analysis by protected group is not routinely carried out as part of mainstream processes. It is therefore difficult to establish if access varies between different groups.</p>	
EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Evidence available that some protected groups readily access services and are not denied access on unreasonable grounds. Limited data/ analysis for other protected characteristics makes demonstration of equal access across all communities difficult.

	<ul style="list-style-type: none"> • Engagement: Engagement with patients and the public is prioritised and there are opportunities for patient feedback through a range of processes • Mainstream processes: Mainstream processes are used to ensure patients, carers and communities can readily access services. For example Joint Strategic Needs Assessments, Health Equity Audits, primary, community and hospital care commissioning and contract monitoring. • Progression plans: There is a need to extend data collection and equalities analysis to better demonstrate due regard to all groups protected by the Equality Act 2010 • Disadvantaged groups: There is evidence of consideration of some disadvantaged groups <p>The organisation is graded as ‘developing’ for this outcome.</p>
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EDS Outcome 2.2 (EDS Goal Two – Improved patient access and experience)

Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment

Name: NHS Hampshire (NHSH)	Lead contact: Julia Bagshaw Associate Director of Primary Care Commissioning; Sarah Elliott Director of Nursing; Keith Douglas Director of Contracting
<p>A range of evidence sources have been used to assess how involved Hampshire patients are in their care, and whether they are able to exercise choice about treatments and where they are treated. This includes:</p> <ul style="list-style-type: none"> • NHS GP Patient Survey http://results.gp-patient.co.uk/report/13/result.aspx • NHS Inpatient Questionnaire http://www.nhssurveys.org/survey/738 • NHS Choices • NHS South Central Public Perceptions Survey Wave 6 (ICM 2010) • SHIP PCT Cluster Board Quality Report http://www.southamptonhealth.nhs.uk/ship/board/ • NHS Hampshire Real Accountability 2010/ 11Report http://www.hampshire.nhs.uk/listening-to-you/623-engagement-0910 • Quality Reports and Quality Support Tool <p>What the evidence says:</p> <ul style="list-style-type: none"> • 77% of Hampshire patients rated their GP as ‘very good’ or ‘good’ at involving them in decisions about their care. This compares to 3% who rated GP as ‘poor’ or ‘very poor’ (NHS GP Patient Survey 2011) • 86% of Hampshire patients rated their GP as ‘very good’ or ‘good’ at explaining tests and treatments (NHS GP Patient Survey 	

2011)	
EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Evidence shows most patients are satisfied with their involvement in decisions about their care. It is possible to analyse data like survey results by some protected groups but this is not routinely carried out. • Engagement: Engagement with patients and the public is prioritised and there are opportunities for patient feedback through a range of processes. Equalities monitoring as standard across engagement activities would enable the organisation to better demonstrate due regard. • Mainstream processes: As commissioner NHS Hampshire uses a range of mainstream processes to monitor patient experience and service quality. These processes would be enhanced by equality analysis • Progression plans: Actions will be agreed as part of the EDS process • Disadvantaged groups: There is evidence for some disadvantaged groups

EDS Outcome 2.3 (EDS Goal Two – Improved patient access and experience)

Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Name: NHS Hampshire (NHSH)	Lead contact: Sarah Elliott, Director of Nursing
<p>A range of mainstream evidence sources have been used to assess the experience of patients using health services across Hampshire. This includes:</p> <ul style="list-style-type: none"> • NHS GP Patient Survey http://results.gp-patient.co.uk/report/13/result.aspx • NHS Inpatient Questionnaire http://www.nhssurveys.org/survey/738 • NHS Choices • NHS South Central Public Perceptions Survey Wave 6 (ICM 2010) SHIP PCT Cluster Board Quality Report http://www.southcentral.nhs.uk/how-we-are-doing/market-research-results/ • NHS Hampshire Real Accountability 2010/ 11Report http://www.hampshire.nhs.uk/listening-to-you/623-engagement-0910 • Quality Reports and Quality Support Tool <p>The evidence suggests that experiences are positive, for instance:</p> <ul style="list-style-type: none"> • 91% of Hampshire patients reported that their overall experience of using the GP surgery was ‘very good/ fairly good’, whilst 2% said their overall experience was ‘fairly poor/ very poor’ (NHS GP Patient Survey 2011) 	

Analysis of these evidence sources is possible for some protected groups but is not routinely carried out. Engagement activities are carried out across the organisation but the involvement of protected groups is isolated to good practice examples rather than part of mainstream activity.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: The Real Accountability Report and Complaints Reports demonstrate real improvements in the delivery and commissioning of health services as a consequence of patient and public involvement. There are isolated examples of targeted engagement with protected groups • Engagement: Patient and public involvement is prioritised across the organisation. There are some good examples of engagement with protected groups • Mainstream processes: Patient and public involvement and the use of patient experience data is well embedded • Progression plans: There is a need to collect equalities monitoring data and analyse patient experience by protected group in order to better demonstrate due regard. Actions will be agreed as part of the EDS process • Disadvantaged groups: <p>The organisation is graded as 'developing' for this outcome.</p>

EDS Outcome 2.4 (EDS Goal Two – Improved patient access and experience)

Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

Name: NHS Hampshire (NHSH)	Lead contact: Elaine Williams, Head of Patient Experience & Complaints, PCT Cluster
<p>Complaints are handled across the PCT Cluster in line with requirements of the Local Authority Social Services and NHS Complaints (England) Regulations 2009. The Regulations provide the opportunity for complainants to raise their complaint with either the provider of the service complained about, or the commissioning organisation that purchased the relevant service.</p> <p>Headlines for the number and type of complaints for NHS Hampshire are reported quarterly to Board meetings as part of the SHIP PCT Cluster Quality Report. Complaints and Enquiries Annual Report 2010/ 11 went to the NHS Hampshire Governance and Healthcare Assurance Committee.</p>	

The Complaints and Enquiries Annual Report for 2010/ 11 outlines many examples of lessons learned from complaints raised by patients and service users. Specific reference is made to outcomes for some protected characteristics.

Over the last year complainants have been sent an equality monitoring form with the written acknowledgement of their complaint. The monitoring form is based on a format recommended by the Equality and Human Rights Commission. Return is voluntary and 21% of complainants (44 out of 207 people) replied. The responses were considered as part of completing an Equality Impact Assessment. This analysis highlighted that some protected groups are under represented amongst complainants, and work needs to be done to ensure these communities have their experiences heard.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Clear evidence of improvements for patients, with outcomes for some specific protected groups. • Engagement: Complainants are engaged directly by the Comments and Complaints Team in order to respond to and resolve the issues. The complaints team work with services and commissioners across NHS Hampshire to ensure lessons learned. • Mainstream processes: Complaints and concerns are dealt with using national frameworks and locally agreed processes. Headlines are reported to the Board and usually include details which may relate to some protected characteristics. • Progression plans: Plans are in place following completion of an Equality Impact Assessment and analysis of equalities monitoring data. This shows that some protected groups are under represented and so a key action is to ensure accessible information is shared with these communities • Disadvantaged groups: There is currently no data on use of the complaints service by disadvantaged groups <p>Through mainstream processes there is evidence of outcomes for some protected groups as a result of lessons learned from complaints about health services across Hampshire. Equalities monitoring has been implemented and analysis of the data shows that more work is needed with certain communities to ensure they know how to raise concerns. A plan is in place to make improvements. For these reasons the organisation is graded as ‘developing’.</p>

EDS Outcome 3.1 (EDS Goal Three – Empowered, engaged and well-supported staff)

Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades

Name: NHS Hampshire (NHSH)	Lead contact: Rosalyn Jack, Director of Human Resources; Sarah Garland, Associate Director (HR Operational Services)
<p>NHS Hampshire has guidelines in place around recruitment and selection, and a <i>Recruitment Toolkit</i>.</p> <p>NHS Hampshire uses the NHS Jobs website as the main route to publicise and process job vacancies. NHS Jobs (www.jobs.nhs.uk/index.html) is accessible and there is a stated aim for the site to comply with all W3C Priority AA guidelines, and the majority of W3C Priority AAA guidelines. Paper applications are available on request.</p> <p>Via NHS Jobs, applicants are encouraged to disclose 6 of the 9 protected characteristics. As part of the EDS evidence gathering process job applications for NHS Hampshire between January 2011 and January 2012 were analysed by age, disability, race, religious belief, sex and sexual orientation. The analysis highlights that:</p> <ul style="list-style-type: none"> • 2.15% of applicants identify themselves as lesbian, gay or bi-sexual compared to a national estimate of 10% of the UK population being lesbian, gay or bi-sexual. Just fewer than 8% of applicants chose not to disclose their sexual orientation. This suggests more could be done to encourage applicants to declare their sexual orientation, and encourage applications from the lesbian, gay and bi-sexual communities • 65% of applicants identify themselves as White British, White Irish or Other White background. 33% of applicants identified their ethnicity as black or minority ethnic (BME) or mixed background. This compares favourably to an estimated BME population of 7% for Hampshire • 4.2% of applicants declared they have a disability, compared to an estimated 15% of Hampshire residents having a disability. As part of progression planning this should be explored further. <p>The Staff Forum is established for NHS Hampshire staff as well as the other 3 PCTs in the SHIP Cluster. This meets on a monthly basis. Equality data not currently shared with the Staff Forum.</p>	
EDS Grade	Achieving
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Data is available for 6 out of 9 protected characteristics, and this shows that outcomes for some protected groups are comparable to those of the workforce as a whole • Engagement: The Staff Forum is the main route for staff engagement, plus feedback via the NHS Staff Survey

	<ul style="list-style-type: none"> • Mainstream processes: The evidence shows that it is possible to monitor 6 out of 9 protected characteristics using NHS Jobs data reporting. Guidelines and a toolkit are available to support inclusive and transparent recruitment and selection processes. • Progression plans: Plans are not currently in place. Analysis using the EDS highlights that the recruitment guide and toolkit needs to be updated in light of the Equality Act 2010; that the SHIP PCT Cluster must work towards data collection for all 9 protected characteristics; and that the Staff Forum should receive equalities monitoring data. Plans need to take account of PCT Clustering and that PCTs will be abolished in April 2013. • Disadvantaged groups: It is not possible evidence whether key disadvantaged groups are accessing recruitment and selection processes <p>Data about 6 out of 9 protected characteristics is captured by NHS Jobs, and has been analysed as part of EDS implementation. Guidance and a toolkit for recruitment are available. Progression plans will be developed that link to Equality Objectives for the SHIP PCT Cluster. For these reasons the organisation is graded as 'achieving'.</p>
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EDS Outcome 3.2 (EDS Goal Three – Empowered, engaged and well-supported staff)

Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay

Name: NHS Hampshire (NHSH)	Lead contact: Rosalyn Jack, Director of Human Resources; Sarah Garland, Associate Director (HR Operational Services)
<p>All staff, except very Senior Managers and those on Medical and Dental contracts are on national Agenda for Change terms and conditions of service which are consistently applied. This provides a system that is fair and transparent.</p> <p>Through the National Staff Survey 2010, 39% of employees believe the trust provides equal opportunities for career progression and promotion. NHS Hampshire's score of 39% was average when compared with trusts of a similar type.</p> <p>All posts are job evaluated through the Agenda for Change process with a staff side representative and manager on the panel.</p> <p>These processes are nationally applied and assessed for equality impact</p>	
EDS Grade	Achieving

Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Analysis has been undertaken linked to the EDS evidence gathering process. This is published on the PCT website in line with the specific Public Sector Equality Duty • Engagement: Staff side are engaged via the Joint Consultative and Negotiating Committee (JCNC) and participate in job evaluation • Mainstream processes: National Agenda for Change terms and conditions are consistently applied. There is a need to complete a pay gap analysis • Progression plans: There is no progression plan in place as yet. There is a need to analyse data to ascertain that there are no pay gaps for protected groups. • Disadvantaged groups: These processes are nationally applied and assessed for equality impact. There is no evidence of impact for disadvantaged groups <p>For these reasons the organisation is graded as 'achieving'.</p>
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EDS Outcome 3.3 (EDS Goal Three – Empowered, engaged and well-supported staff)

Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately

Name: NHS Hampshire (NHSH)	Lead contact: Rosalyn Jack, Director of Human Resources; Sarah Garland, Associate Director (HR Operational Services)
<p>Through the staff survey (2010) (only asks staff respondents age, gender, ethnicity and disability - 4 out of 9 protected characteristics) 87% of staff had an appraisal in the last 12 months and 79% have a personal development plan in place. Both these scores put NHS Hampshire in the highest (best) 20% when compared with trusts of a similar type.</p> <p>Equality training is mandatory for all staff. According to staff survey responses 32% have received this training (The trust's score was in the lowest (worst) 20% when compared with trusts of a similar type).</p> <p>The performance appraisal process has been assessed for equality impact and attendees on courses are monitored through Learning and Development</p> <p>the organisation deal with instances of possible unfairness in the provision and uptake of personal development opportunities & performance appraisals This would be addressed through the grievance procedure</p>	

Obtain 100% of all staff to have received this training

Training on equality and diversity is mandatory for all staff and is updated every three years. Mandatory training is included as part of the annual appraisal to ensure all staff are up-to-date. Staff can access equality and diversity training online or by attending a workshop.

Since January 2009 all new employees have received equality and diversity training as part of the NHS Hampshire Induction Programme. This is achieved using an interactive board game which has proved effective and staff positive feedback. Some 130 new staff have been trained.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Scores from Staff Survey favourable around performance appraisal. Need to provide equalities training. • Engagement: NHS Hampshire does currently engage with staff-side and staff around the provision and uptake of personal development opportunities & performance appraisals for protected groups. There is a need to identify how this can be done • Mainstream processes: Processes in place. Equality Impact Assessment Training for middle managers is needed as part of training and development activities • Progression plans: Obtain 100% of all staff to have received equality and diversity training. Action plan has already been implemented. • Disadvantaged groups: Aim for all staff to receive necessary training and personal development, and to be supported by line managers <p>For these reasons the organisation is graded as 'developing'.</p>

EDS Outcome 3.4 (EDS Goal Three – Empowered, engaged and well-supported staff)

Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all

Name: NHS Hampshire (NHSH)	Lead contact: Rosalyn Jack, Director of Human Resources; Sarah Garland, Associate Director (HR Operational Services)
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<p>There have been no issues of bullying and harassment upheld by any of the 3 mainland PCTs. The organisation has no instances of bullying and harassment of staff raised through a formal process There is a Bullying and Harassment Policy in place that includes an Equality Impact The results of the annual Staff Survey are discussed with the Staff Forum which includes details of the number of staff experiencing bullying, harassment or abuse. This information is not recorded against the 9 protected characteristics. There is specific reference to protected groups in the Bullying and Harassment Policy.</p>	
EDS Grade	Achieving
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Free counselling service available to all staff. Issues can be raised informally and formally • Engagement: Staff engaged collectively through the Staff Forum, and on individual basis if a concern is raised • Mainstream processes: NHS Hampshire deals with instances of possible abuse etc against protected groups through the Bullying and Harassment Policy • Progression plans: There is a need to harmonise policy/ protocols following PCT Clustering and in light of the Equality Act 2010 • Disadvantaged groups: Policy consistently applied to all staff <p>For these reasons the organisation is graded as 'achieving'.</p>

EDS Outcome 3.5 (EDS Goal Three – Empowered, engaged and well-supported staff)

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

Name: NHS Hampshire (NHS)	Lead contact: Rosalyn Jack, Director of Human Resources; Sarah Garland, Associate Director (HR Operational Services)
<p>When needed staff can access a number of Special Leave provisions with the agreement of their manager (Bereavement, Carers, Parental, Compassionate, Paternity & Adoption).</p> <p>Care Quality Commission National Staff Survey:</p> <ul style="list-style-type: none"> • 79% of staff feel the Trust supports a good work/ life balance <p>The Flexible Working Guidance is applicable to all staff.</p>	

Information and Communication Technology are utilised to enable staff to work flexibly, for example remote access from home to workplace servers.

This guidance is consistently applied to all staff of NHS Hampshire

EDS Grade	Achieving
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: • Engagement: Staff are well engaged via one-to-ones with managers and collectively through the Staff Forum • Mainstream processes: In place • Progression plans: Not currently in place. There is a need to develop an action plan with milestones to harmonise flexible working protocols following the PCT Clustering • Disadvantaged groups: The Flexible Working Guide is consistently applied to all staff. <p>For these reasons the organisation is graded as 'achieving'.</p>

EDS Outcome 3.6 (EDS Goal Three –Empowered, engaged and well-supported staff)

The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

Name: NHS Hampshire (NHS)	Lead contact: Rosalyn Jack, Director of Human Resources; Sarah Garland, Associate Director (HR Operational Services)
<p>NHS Hampshire aims to promote the health of staff and support them to maintain a healthy work-life balance. When needed staff can access a number of Special Leave provisions with the agreement of their manager (Bereavement, Carers, Parental, Compassionate, Paternity & Adoption). There is also an Occupational Health service, and access to a professional counselling, information and advice service</p> <p>Other examples:</p> <ul style="list-style-type: none"> • Health and Well-being section on the staff intranet. This is regularly updated with forthcoming activities, top tips for better health and well-being, services and staff benefits • Choose well leaflet distributed to all employees with payslip on 30 January 2011 	

- Weekly Staff Update includes an article on 'Carbon Tip of the Week'
- Health related information and campaigns publicised on staff notice boards in staff rooms
- Through the work of the Staff Forum

HR and Workforce Reports to Board include metrics for staff sickness and turnover with a benchmark set by the SHA. There is no breakdown or analysis by protected group.

Omega House User Group – Meets quarterly. Work place well-being issues are discussed/ resolved

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Activities are aimed at all staff • Engagement: Employees are engaged through the Staff Forum • Mainstream processes: Range of processes in place • Progression plans: Not currently in place. Aim to develop an action plan with milestones for this outcome. • Disadvantaged groups: There is no evidence available. <p>For these reasons the organisation is graded as 'developing'</p>

EDS Outcome 4.1 (EDS Goal Four – Inclusive leadership at all levels)

Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond

Name: NHS Hampshire (NHS)	Lead contact: Debbie Fleming, Chief Executive; Jonathan Montgomery, Chair; Rob Dalton, Director of Corporate Affairs
<p>The NHS Hampshire Board communicates a clear vision and commitment to equality and diversity and tackling health inequalities. This is evidenced in key strategic documents like the Annual Report 2010/11, Healthy Horizons Strategy and Operating Plan. NHS Hampshire has also published a Single Equality Scheme 2010 – 2013 (http://www.hampshire.nhs.uk/about-us/equality-and-diversity/91-equality-schemes). The scheme is signed by both the Chief Executive and the Chair of the organisation.</p> <p>Tackling health inequalities is achieved through mainstream processes. For example there is a clear connection between the needs of the Hampshire population identified via the Joint Strategic Needs Assessment (JSNA) and organisational priorities. The JSNA</p>	

found that when compared to the national average, life expectancy in Hampshire is higher and increasing whilst deaths from heart disease, stroke and cancer are lower. However there are three deprived areas of the county with lower life expectancies and poorer health. As a result NHS Hampshire has targeted resources and programmes to reduce the gaps in health outcomes in these localities.

The Director of Strategy and Corporate Business was the Executive Director lead for equality and diversity at NHS Hampshire. Since the formation of the SHIP PCT Cluster in July 2011, this role has been undertaken by the Cluster Director of Corporate Affairs

In order to keep up to date with the changes following the introduction of the Equality Act 2010 the Chief Executive and Board have received regular updates.

To assure the Board of progress on equality and diversity a steering group has been in place for several years. Membership included community representatives. With the clustering of the 4 local PCTs a new Equality and Diversity Sub-Committee was established in January 2012. Membership includes the Chief Executive and a Non-Executive Director, and the Sub-Committee is chaired by the Executive Director of Corporate Affairs.

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: Improved health outcomes for some protected groups can be evidenced through the work of the Board. The Board has signed up to the NHS Equality Delivery System • Engagement: Engagement is prioritised by the Board as key to commissioning, accountability and transparency. • Mainstream processes: NHS Hampshire aims to reduce health inequalities in the county and put patients at the centre of commissioning. This is evidenced in key strategic documents • Progression plans: There are plans in place to further tackle health inequalities • Disadvantaged groups: There is a clear Board and organisational focus on tackling health inequalities stemming from socio-economic disadvantage, with resources and programmes having been targeted at the three most deprived parts of Hampshire (Gosport, Havant and Rushmoor). There is little evidence that disadvantaged groups are taken into account in the work of Board members and senior leaders. <p>The organisation is graded as ‘developing’.</p>

EDS Outcome 4.2 (EDS Goal Four – Inclusive leadership at all levels)

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

Name: NHS Hampshire (NHSH)	Lead contact: Rosalyn Jack, Director of Human Resources; Anne Axford, Associate Director Learning and Development
<p>NHS Hampshire has set out a vision to:</p> <ul style="list-style-type: none">• Create an organisation where everyone realises their true potential and everyone feels valued• Attract, retain and develop a diverse and skilled workforce• Eradicate any discriminatory practices in our work, eliminating all forms of harassment and promoting equality of opportunity in our recruitment, training, performance management and development practices• Encourage our staff to develop attitudes and behaviours that lead them to consider equality as a priority <p>This vision is underpinned by a number of frameworks and processes, for example:</p> <ul style="list-style-type: none">• The Performance Development Review Policy, Induction Policy, and Bullying and Harassment Policy• NHS Code of Conduct for Managers• Job descriptions include statements regarding equality and diversity• One-to-one support and annual appraisal for staff• Mandatory training - which includes equality and diversity refreshers every three years• Staff Forum meetings• Completion of Equality Impact Assessments <p>Improvements as a result of inclusive leadership by middle managers are difficult to evidence in quantitative terms. Analysis of the NHS Hampshire workforce disaggregated by protected characteristic was completed for the Single Equality Scheme in 2010. The Electronic Staff Record (ESR) system held information about the age, gender, race and disability of employees.</p> <p>In addition it is possible to identify the number of staff who have participated in equality and diversity training (130 since January 2009)</p> <p>There has been no co-ordinated or specific programme of training and support for middle managers around equality, diversity and inclusion since 2008</p>	

There are a few examples of middle and line managers supporting and motivating staff to work in culturally competent ways, and develop diverse talent:

- The managers of one department wanted to improve the quality and professionalism of their service. Working in partnership with Human Resources and the Equality and Diversity Manager, a series of workshops were delivered to all staff. This clarified expectations and stimulated debate around issues that could hinder improvements. Back in the workplace, managers and teams built on this learning to achieve their objectives.
- Two NHS Hampshire employees took up fully funded places for staff from black and minority ethnic backgrounds to undertake the Postgraduate Certificate in Health and Social Care Management
- In January 2011 black and minority ethnic managers (Band 8 and above) were encouraged to participate in the NHS Institute for Innovation and Improvement *Breaking Through Coaching Programme*

EDS Grade	Developing
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: There has been a clear vision, underpinned by range of mainstream processes. Evidence of outcomes is limited and for only some protected characteristics • Engagement: Engagement with staff is via Staff Forum and feedback from the NHS Staff Survey • Mainstream processes: Inclusive leadership at middle management level is mainly achieved through annual appraisal and mandatory training. NHS Hampshire policies need to be updated as part of PCT clustering. • Progression plans: A plan is currently being implemented to ensure all staff across the SHIP PCT Cluster have completed mandatory training. This plan includes equality and diversity sessions. • Disadvantaged groups: Key disadvantaged groups are not taken into account in the above processes <p>The EDS outcome is demonstrated for some protected groups. There are some good practice examples. Mainstream processes to tackle this outcome need to be updated following PCT clustering. For these reasons the organisation is graded as ‘developing’ as further work is needed in this area.</p>

EDS Outcome 4.3 (EDS Goal Four – Inclusive leadership at all levels)

The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes

Name: NHS Hampshire (NHSH)	Lead contact: Rosalyn Jack, Director of Human Resources; Anne Axford, Associate Director Learning and Development
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NHS Hampshire has not adopted the Competency Framework for Equality and Diversity Leadership.

The Competency Framework for Equality and Diversity Leadership was developed in partnership between NHS North West and the Department of Health. It was launched in September 2011 and details are available here:

<http://help.northwest.nhs.uk/news/id/102>

The framework aims to offer an holistic, comprehensive and evidence-based overview of the competencies required to support improved equality in health outcomes and workforce diversity across all communities. It was developed for several reasons:

- Provide senior management teams with tool to help them ensure that they have (between them) the right skills and expertise to excel in leading their organisations to successful equality and diversity outcomes.
- Provide individual managers charged with equality and diversity leadership with clear picture of their role and expectations.
- To provide the NHS with a consistent national approach to developing the skills and expertise needed to deliver healthcare in a way that takes proper account of issues of equality, diversity and inclusion, and the outcomes required by the Equality Delivery System.

The SHIP PCT Cluster Board will consider whether to adopt the Competency Framework for Equality and Diversity Leadership as part of the Equality Objectives prioritisation process.

EDS Grade	Undeveloped
Reasons for Rating	<ul style="list-style-type: none"> • Outcome: • Engagement: • Mainstream processes: • Progression plans: • Disadvantaged groups: <p>As NHS Hampshire has not adopted the Competency Framework for Equality and Diversity Leadership, the organisation is graded as ‘undeveloped’.</p>