

Interim baseline assessment against the NHS Equality Delivery System for NHS Hampshire

The NHS Hampshire has adopted the NHS Equality Delivery System as the framework to achieve compliance with the Public Sector Equality Duty. In order to comply with the Public Sector Equality Duty the Primary Care Trust (PCT) must:

- Demonstrate due regard in the exercise of its functions to nine protected characteristics (age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex and sexual orientation)
- Publish equalities information to demonstrate compliance with the duty no later than January 31, 2012, and at least annually thereafter. The information must be published in a manner which is accessible
- Prepare and publish one or more Equality Objectives by April 6, 2012, and at least every four years after that. The objectives must be specific and measurable.

Using the NHS Equality Delivery System (EDS) NHS Hampshire has completed a baseline assessment of progress on equality and diversity. The assessment has involved gathering evidence for each of the NHS EDS Goals and Outcomes from across the PCT. On the basis of this evidence an initial judgement has been made about the equalities performance of the PCT. The PCT can be rated 'undeveloped', 'developing', 'achieving' or 'excelling' for each of the 18 EDS outcomes. The table below provides a summary of the interim rating for each outcome.

Goal	Outcome	Rating	Evidence
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Developing	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 more detailed assessments cover 6 to 8 of the 9 protected characteristics. In response to these sources of intelligence the PCT Board targeted resources and programmes of work in the three most deprived areas of Hampshire. The JSNA also informs service redesign so that commissioned services operate in more effective ways and deliver better health outcomes.

Goal	Outcome	Rating	Evidence
			<p>The organisation cannot currently evidence that mainstream commissioning processes consistently take account of the needs of all protected groups. Using the EDS plans will be agreed and implemented to bring the organisation to 'achieving' for this outcome</p>
	<p>1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways</p>	<p>Achieving</p>	<p>The PCT has a statutory duty to assess health needs at the population level. In response to identified needs strategic and commissioning decisions are taken. This can be evidenced in 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 through contractual processes 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.</p> <p>The involvement of patients and the public in the business of commissioning health services is given priority. This is a further way the organisation can ensure health services meet the needs of local people.</p> <p>The above processes take account of most protected groups.</p>
	<p>1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly</p>	<p>Developing</p>	<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>Some protected groups are involved in this kind of work. Outcomes can be improved by increased collection and analysis of equalities data across</p>

Goal	Outcome	Rating	Evidence
			<p>projects.</p> <p>The GP and inpatient surveys, together with comments and complaints are also used to assure and monitor improvements in these aspects of care.</p>
	<p>1.4 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</p>	<p>Developing</p>	<p>The safety of patients is prioritised through a range of mainstream commissioning processes. It is possible to analyse Serious Untoward Incidents by 3 out of 9 protected characteristics, and Patient Safety Incident data by 6 out of 9 protected groups. This makes it problematic to demonstrate due regard to all 9 protected characteristics.</p> <p>The inpatient survey results are used by the Quality Team to monitor and drive improvements in provider trusts. It is possible to consider 6 out of 9 protected groups.</p> <p>A plan will be developed to improve the use of data and equality analysis around patient safety.</p>
	<p>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups</p>	<p>Developing</p>	<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>Where projects are properly equality impact assessed the outcomes of these programmes are enhanced.</p>
<p>2. Improved patient access and experience</p>	<p>2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds</p>	<p>Developing</p>	<p>A range of evidence sources are 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 is achieved through mainstream processes for some protected characteristics.</p> <p>The evidence suggests that most patients are satisfied with access to services.</p>

Goal	Outcome	Rating	Evidence
			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 certain protected groups.
	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	Developing	<p>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 always carried out.</p> <p>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.</p>
	2.3 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	Developing	<p>As part of mainstream processes a range of sources are used to assess the experience of patients using health services across Hampshire. This includes NHS GP Patient Survey, NHS Inpatient Questionnaire, NHS Choices, NHS South Central Public Perceptions Survey Wave 6, and Quality Support Tool.</p> <p>The evidence suggests that experiences are positive for some protected groups. Lack of data means it is difficult to demonstrate this for all groups.</p>
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Developing	Complaints are handled across the PCT Cluster in line with national regulations. Headlines for the number and type of complaints for NHS Hampshire are reported quarterly to Board meetings. Reporting outlines many examples of lessons learned from complaints raised by patients and service users. Specific reference is made to outcomes for some protected characteristics. Complainants have been asked to complete equalities monitoring forms and this data analysed. 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.
3. Empowered, engaged and well-supported staff	3.1 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	Achieving	<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</p>

Goal	Outcome	Rating	Evidence
			<p>in line with disability access 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 application processes are fair and inclusive for most protected characteristics.</p>
	<p>3.2 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</p>	<p>Achieving</p>	<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>
	<p>3.3 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</p>	<p>Developing</p>	<p>Staff survey results show 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</p>

Goal	Outcome	Rating	Evidence
			<p>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>
	<p>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</p>	<p>Achieving</p>	<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</p> <p>There is a Bullying and Harassment Policy in place that includes an Equality Impact Assessment.</p> <p>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.</p> <p>There is specific reference to protected groups in the Bullying and Harassment Policy.</p>
	<p>3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)</p>	<p>Achieving</p>	<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> <p>Information and Communication Technology are utilised to enable staff to work flexibly, for example remote access from home to workplace servers.</p> <p>This guidance is consistently applied to all staff of NHS Hampshire</p>
	<p>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual</p>	<p>Developing</p>	<p>NHS Hampshire aims to promote the health of staff and support them to maintain a healthy work-life</p>

Goal	Outcome	Rating	Evidence
	staff and the wider population		<p>balance. When necessary staff can access a number of Special Leave provisions with the agreement of their manager. 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 <p>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.</p> <p>Omega House User Group – Meets quarterly. Work place well-being issues are discussed/resolved</p>
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Developing	<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.</p> <p>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.</p> <p>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</p>

Goal	Outcome	Rating	Evidence
			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.
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Developing	<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:</p> <ul style="list-style-type: none"> • 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 <i>Breaking Through Coaching Programme</i>
	4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes	Undeveloped	NHS Hampshire has not adopted the Competency Framework for Equality and Diversity Leadership.