

# EQUALITY DELIVERY SYSTEM 2 (EDS2)

## Introduction to Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was Developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The report is a summary of how the organisation is working alongside the legislative requirements. Our legal responsibility under the Equality Act 2010 includes the general and specific duties covering age, sex, race, disability, sexual orientation, religion and belief, gender identity, marriage and civil partnerships and pregnancy and maternity – these are known as “protected characteristics”.

*Evidence*  
*MARCH 2018*

## Assessing and grading performance

**“The key question is: how well do people from protected groups fare compared with people overall? There are four grades – underdeveloped, developing, achieving and excelling.”**

When assessing and grading performance on a particular outcome, NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do. Within a protected characteristic, they might decide to focus on people most at risk, and/or for whom considerable progress has been made. It is advised that the aspects that are reviewed are ones where there is local evidence that suggests a significant equality-related concern; and/or where progress has been made and good practice can be spread. It is recommended, for the sake of balance, that a proportionate mix of progress and challenge is selected for assessment and grading. While at any one time, particular services or particular groups may be reviewed using EDS2, it is recommended that over a longer-term period (say three to five years), organisations should review all aspects of their work where there might be equality-related progress or challenge.

Essentially, there is just one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall? There are four grades – undeveloped (red), developing (amber), achieving (green) and excelling (purple).

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

- Undeveloped if there is no evidence one way or another for any protected group of how people fare or ...
- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

It is recommended that when using EDS2, organisations take stock of their engagement activities, and the availability and use of evidence, once all outcomes are graded. If an organisation and its local partners believe that engagement and/or evidence has been poor, the grades for all or some of the particular outcomes can be adjusted downwards. Quite how this happens is left to local discretion. Where engagement and evidence is assessed as poor, organisations should put improvement plans in place.

### **CCG Engagement on the Equality Delivery System 2**

This year we have undertaken engagement with our population on our EDS2 self-assessment return, enabling the CCG, in discussion with our local partners and population, to review and continually improve our performance for people with protected characteristics as defined by the Equality Act 2010. Our EDS2 engagement has involved:-

- In depth discussions with our Patient Council about how this work should be approached and ways to engage different groups
- An EDS2 public survey that received a response of 120
- A CCG staff EDS2 survey that received a response of 29
- An EDS2 Assessors Group that has helped the CCG to assess our progress against the EDS2 statements, and agree our Equality Objectives for the next year. The assessors group was made up of CCG officers, including staff from the Quality, Engagement and Equalities team, Patient Representatives, and staff from Healthwatch.

# Equality Delivery System 2 (EDS2) Evidence Portfolio

## 1. Better health outcomes

The NHS should achieve improvements in patient health, patient safety and public health for all, based on comprehensive evidence of needs and results


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

**How does the organisation design/procure/commission services which are appropriate to its local population? Please give examples**

Protected characteristics & Survey Results	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading				
<p>All</p> <p>Survey result:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Services commissioned by LECCG meet the needs of local communities</td> </tr> <tr> <td style="padding: 2px;">Strongly Agree/agree – 45%</td> </tr> <tr> <td style="padding: 2px;">Strongly disagree / Disagree 36%</td> </tr> <tr> <td style="padding: 2px;">Don't know – 19%</td> </tr> </table>	Services commissioned by LECCG meet the needs of local communities	Strongly Agree/agree – 45%	Strongly disagree / Disagree 36%	Don't know – 19%	<p>Embed monitoring into all service contracts to ensure that the Equality Delivery System is an integral part of all provider contracts and that the services we commission meet the needs of the whole community.</p>	<p>These are good examples of equality work in commissioning. In order to get to purple “excelling”, the EDS2 assessors group agreed that the CCG needed to address concerns around the Neurology &amp; Attention Deficit Hyperactivity Disorder (ADHD) services in Lincolnshire.</p>	<p><b>CCG Planning to meet the needs of the population:</b></p> <ul style="list-style-type: none"> <li>The 2012 Health and Social Care Act requires local authorities and Clinical Commissioning Groups to publish a Lincolnshire Joint Strategic Needs Assessment (JSNA) and to use it to identify the priorities for a <u>Joint Health and Wellbeing Strategy</u>. The Strategy aims to inform and influence decisions about health and social care services. Responsibility for producing the JSNA and the Joint Health and Wellbeing Strategy rests with the <u>Lincolnshire Health and Wellbeing Board</u>.</li> <li>The JSNA looks at wide ranging information sources, including patient demographics, to identify the key health and wellbeing needs of people living in Lincolnshire. It has recently been updated following review. The new JSNA is available as an interactive web resource on the Lincolnshire Research Observatory. <u>View the JSNA</u>.</li> <li>The JSNA brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and predicted future needs.</li> <li>The JSNA is a shared evidence base and not the sole responsibility of one organisation. It is facilitated by Lincolnshire Public Health and brings together a range of experts from partner organisations including Lincolnshire County Council, the four Lincolnshire Clinical Commissioning Groups, Healthwatch Lincolnshire, NHS Providers, District Councils and representatives from the voluntary and community sector.</li> <li>The JSNA is then used by the CCG and wider NHS system as the basis for planning, commissioning and providing services to meet the health needs of Lincolnshire East residents.</li> </ul>	<p>These processes ensure that patients receive an equal and fair service from all providers, whether they are NHS organisations or private contractors and that the CCG listens to, and takes note of, patients’ views.</p>	<p>2018 grading -green</p> <p>2017 grading -green</p> <p>2016 Grading - green</p>
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			<p><b>Joint Commissioning and Contracting Intentions</b></p> <ul style="list-style-type: none"> <li>NHS Planning Guidance has drawn the expectation that every health and care system, including commissioners and NHS providers, will come together to create one local Sustainability and Transformation Plan to deliver the ambitions set out in the national NHS Five Year Forward View. <a href="#">NHS England Five Year Forward View</a> .</li> <li><b>Sustainability and transformation plans (STPs)</b> have been developed by NHS and local government leaders in 44 parts of England. The seven NHS organisations in Lincolnshire (4 CCGs, and 3 provider trusts) are working collectively as one Lincolnshire Sustainability and Transformation Partnership (STP) to deliver this work. Health and social care leaders are now working much closer together to improve care and manage limited resources. The Lincolnshire STP can be read here: <a href="https://lincolnshirehealthandcaredotorg.files.wordpress.com/2017/07/stp-full-plan-20161212-web.pdf">https://lincolnshirehealthandcaredotorg.files.wordpress.com/2017/07/stp-full-plan-20161212-web.pdf</a></li> <li><b>Engagement on the STP</b> has continued over the last year, and the CCG has worked with NHS partner organisations and key stakeholders to raise awareness of the STP to residents. Information about the STP is promoted by the CCG, please see example from the April 17 CCG newsletter (page 2).                        1375_CCGlincs_Closer_Apr17FINAL.pdf</li> <li><b>Acute Care Reconfiguration / Acute Service Review (Hospital Services)</b> Lincolnshire Co-ordinating Board agreed that the current STP plan is not ambitious enough to address quality, staffing and finances. A review is required to fully address sustainability of services for our population. This is partly as a response to the deteriorating quality and financial position and the magnitude of the scale of change required in Lincolnshire to achieve sustainable services. The review builds on all the previous work of the STP and Lincolnshire Health and Care programme (LHaC), and completing the work where there are gap, and creating a list of options for configuration of hospital services on hospital sites. The aim is to be able to identify what acute hospital services are required for the whole</li> </ul>		

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			<p>population. Any options that suggest significant change to hospital services will go through NHS England assurance processes and public consultation before service changes are made.</p> <ul style="list-style-type: none"> <li>The CCGs expect the current financial challenge to continue. We will, therefore, use the CCG's prioritisation process to identify key schemes from the county wide Quality Innovation Productivity and Prevention (QIPP) programme so that decisions are made consistently for the Lincolnshire population. We will also work in collaboration on those that are high priority in terms of outcome, quality and delivery of NHS Constitutional Standards and support delivery of our financial position. <i>*QIPP is a large scale programme developed by the Department of Health to drive forward quality improvements at the same time as making efficiency savings.</i></li> <li><b>Implementation of GP Forward View (GPFV)</b> NHS England published the GPFV setting out a programme of support for general practice over the next five years <a href="https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf</a></li> <li>All 4 CCGs have now submitted an application for funding to commence roll out of e-consultation during 2018/19.</li> <li>All 4 CCGs have now submitted plans to show how 7 day access to General Practice will be developed by 2019.</li> <li><b>General Practice Forward View Implementation in Lincolnshire East CCG - Pilot - Extended Hub Service in East Lindsey commenced in February 2018</b> - 11 practices in East Lindsey are working together to create an Extended Hub Service that will provide their registered patients access to GP services in the evenings and weekends. The service will be starting 26 February 2018.</li> <li>Patients will be able to see a GP at a clinic based at the Urgent Care Unit at Louth Hospital between the hours of 6.30pm to 8.00pm Monday to Friday and 8.00am to 7.30pm on Saturday and Sunday.</li> <li>The appointments are all pre-bookable and patients should contact their own practice to access one of these appointments.</li> <li>The innovative pilot scheme is part of a wider plan</li> </ul>		





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			<p>to strengthen Lincolnshire East CCG's out-of-hospital strategy, integrate care within the community and improve collaborative working between local practices to deliver more joined-up GP services. This service will provide better access to services.</p> <ul style="list-style-type: none"> <li> <b>CCG Equality Analysis when considering service change</b> -Equality Analysis is carried out on new and revised CCG services. Please see example Equality Impact assessments from the recent practice merger applications to the CCG:                     <ul style="list-style-type: none"> <li> <b>Stuart House and Westside practices</b>                            Stuart House and Westside Item 10 iv -                     </li> <li> <b>Newmarket/Wolds practices</b>                            Newmarket Tetford Coningsby Item 4 ii. -                     </li> <li> <b>James Street/Kidgate practices</b>                            Kidgate-James Street Item 5 ii. - EqI                     </li> </ul> </li> </ul> <p><b>Lincolnshire East CCG Procurement Process</b></p> <ul style="list-style-type: none"> <li>The management of the tender process is delivered by Arden &amp; GEM Commissioning Support Unit in collaboration with the CCG</li> <li>All procurement processes undertaken either directly by the CCG or led by other CCGs, utilize best practice and contain a robust equality and human rights element at both the Pre-Qualification Questionnaire and Invitation to Tender stages. The equality and human rights question are evaluated by appropriately trained and qualified HR staff to ensure that the responses are robust and meet the expectations of the CCG. Procurements undertaken in 2017/18 have included the Adult Hearing Loss and Community Surgery; both have required evidence of strong equality and human rights provision including, but not limited to, interpreting and translation, staff support and showing due regard to the Equality Act</li> <li>The equality questions used in all procurements</li> </ul>		

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			<p>relating to the CCG are continually reviewed as part of the Arden &amp; GEM Standard Documentation meeting; to ensure they are routinely updated and meet with the latest legislation around, equality and human rights (including the Modern Slavery Act)</p> <ul style="list-style-type: none"> <li>Suppliers are not able to bid for NHS services unless they comply with the legislation.</li> </ul> <p><b>The equality questions can be reviewed in this document (see Section H: Compliance with Equality Legislation in tab 1):</b></p>  <p>CSS Questionnaire v2.xlsx</p> <p><b>Monitoring Effectiveness against this standard</b></p> <p>The CCG has various mechanisms to ensure the CCG is effective in ensuring our services are commissioned, procured, designed and delivered to meet the health needs of local communities some of these are explained below and in more detail throughout this document:</p> <ul style="list-style-type: none"> <li>The CCG's <b>Quality and Patient Experience Committee (QPEC)</b> keeps oversight of quality and provides assurance to the CCG's Governing body from: comments/ compliments and complaints, patient safety and effectiveness reports and patient / stakeholder feedback gathered through engagement events, representing seldom heard voices.</li> <li><b>The Patient Council</b> was established in March 2015 and continues to meet with work being undertaken on widening participation. The CCG has developed a patient feedback form to feed into the patient council from different groups, for example young people, carers and parents of children with Special educational Needs, and or Disability. Please see feedback form on the Virtual Patient Council: <a href="https://lincolnshireeastccg.nhs.uk/get-involved/virtual-patient-council">https://lincolnshireeastccg.nhs.uk/get-involved/virtual-patient-council</a></li> <li>The CCG are in the process of setting up <b>PPG chairs meetings</b> in the Boston and East Lindsey localities to further widen participation</li> </ul>  <p>Proposed approach to locality meetingsv3</p>		




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			<ul style="list-style-type: none"> <li>• <b>Listening Clinics</b> in Primary Care, secondary care, and in the community commenced in November 2015 and have continued over the past year.</li> <li>• Listening clinics enable the CCG to listen to patient experiences first hand and understand where things are working and not working so well from the patient's perspective</li> <li>• Targeted listening clinics have taken place with groups of young people as part of the Maternity transformation project "Better Births" and work is taking place to ensure equity of access for mothers on low income living in rural east Lincolnshire, including the CCG's work on community hubs, taking care closer to home.</li> <li>• Some evidence of listening clinics is shown below and many more can be seen on the CCG's Facebook page: Lincolnshire East Clinical Commissioning group and the CCG's Better Births Lincolnshire page.</li> </ul>  <p>Listening Clinics.docx</p>		

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How does the organisation ensure individual health needs are met effectively? Please give examples					
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All  Survey result: LECCG commissions and meets your health needs in appropriate and effective ways: Strongly Agree/agree – 63%  Strongly disagree /	Develop further targeted work with protected characteristics	The EDS2 Assessors group agreed that in order to achieve a purple rating, the CCG need to evidence the impact of this work, and so agreed to rate the CCG as green.	The CCG has various mechanisms to ensure Individual health needs are assessed and met in appropriate and effective ways, some of these are explained below: <ul style="list-style-type: none"> <li>• <b>CCG's Quality Monitoring</b> - Quality team site visits take place with provider organisations on a regular basis, including unannounced visits, themed visits and follow up meetings to monitor improve performance against this standard.</li> <li>• <b>The Quality and Patient Experience Committee (QPEC)</b> – monitors provider performance against quality standards of patient safety, clinical effectiveness, Risk, and patient experience. Reports are sent on:               <ul style="list-style-type: none"> <li>○ Commissioning for Quality and Innovation (CQUINs) Quality Schedule. The CQUINs</li> </ul> </li> </ul>	Improved services for people with dementia, for carers and families and for young people. Improved access to inclusion and widening participation via the Patient Council and patient stories.	2018 grading -green  2017 grading -green  2016 grading – amber





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<p>Disagree 32%</p> <p>Don't know – 4%</p>			<p>payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.</p> <ul style="list-style-type: none"> <li>○ The meeting also monitors information on protected characteristics, i.e. gender Same Sex accommodation. QPEC looks at patient safety and patient experience reports, including a review of national CQC patient experience reports, GP patient Survey, Healthwatch reports, complaints, MP letters, patient feedback and provides assurance to the Governing Body. (more on QPEC is explained under section 1.4)</li> </ul> <ul style="list-style-type: none"> <li>● <b>Patient Involvement to monitor the effectiveness of this standard- Monitoring the patient experience via patient stories</b> -The CCG recognise that sometimes it is the lone voice that is saying the most important things, patient stories have been presented to the Governing Body to ensure that the CCG is able to listen to, and connect with the patient experience across the health services we commission. The CCG ensure that the topics of stories cover a wide range of conditions, and or disability. See example from the Governing Body minutes, patient stories information document, and report below: <ul style="list-style-type: none"> <li> LECCG Patient Stories.pdf</li> <li> Patient Stories Evidence.docx</li> <li> Item 7a - Patient Stories for the GB.pd</li> </ul> </li> <li>● <b>Patient Council</b> met regularly this year and has undertaken a restructure to expand attendance and to make the Council more representative of the patient population. The CCG have developed a patient feedback form to feed into the patient council to hear the voice of different groups of people, for example this year we have had more engagement from different support groups supporting young people, carers and parents of children with Special educational Needs, and or Disability. Please see feedback form on the Virtual Patient Council: <a href="https://lincolnshireeastccg.nhs.uk/get-involved/virtual-patient-council">https://lincolnshireeastccg.nhs.uk/get-involved/virtual-patient-council</a></li> </ul>		



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			<ul style="list-style-type: none"> <li>All engagement and communications strategies are reviewed and approved at our Patient council</li> <li>The CCG is in the process of setting up PPG chairs meetings in the Boston and East Lindsey localities to further widen participation (see proposal below which was approved at the patient council in November 17)</li> </ul>  <p>Proposed approach to locality meetingsv3</p> <ul style="list-style-type: none"> <li><b>The Viewpoint Panel (VPP)</b> actively involves patients and members of the public in the development, planning and delivery of local services. The Viewpoint Panel are encouraged to: Respond to questionnaires and surveys, attend public meetings, take part in discussion groups, and be the voice of patients in developing services. Information about CCG and partner events are sent out on a regular basis. Activity to the VPP is monitored via a quarterly patient engagement report presented to the QPEC meeting. Reports are available to view here: <a href="https://lincolnshireeastccg.nhs.uk/get-involved/engagement-reports-and-publications">https://lincolnshireeastccg.nhs.uk/get-involved/engagement-reports-and-publications</a></li> <li><b>Lincolnshire Diversity and Inclusion Listening Event</b> - As part of Equality, Diversity and Human Rights Week 2018 (15 to 19 May), planning is underway for the CCG to host a joint Lincolnshire Diversity and Inclusion Listening Event; to better hear Lincolnshire's hidden Voices. This event will be delivered in partnership with the CCG's largest provider United Lincolnshire Hospitals NHS Trust (ULHT)</li> <li>The event will raise awareness of equality, diversity and human rights. During the event representatives from different local groups will be invited to share their experience of accessing healthcare services, and also share their views on our local NHS plans.</li> </ul>  <p>May 18 Lincolnshire Diversity Listening Ev</p>		



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			<ul style="list-style-type: none"> <li> <b>Lincolnshire Lesbian Gay Bisexual Transsexual (LGBT) conference</b> - A Lincolnshire wide conference was held on 23 February 2018 with the local LGBT population to hear their views on access to healthcare. Learning from the day will be used to help improve access and services for these patient groups and the CCG will work collaboratively with partners to deliver this work to ensure consistency across the NHS in Lincolnshire.                                Lincs LGBT Event 2018.docx                         </li> <li> <b>Dementia Services</b> - Continued work has been undertaken to improve dementia services this year, building on the success of the previous year.                     </li> <li>                         The Boston and Skegness area Locality have both been granted 'Working towards Dementia Friendly Community' status by Alzheimer's Society. Both areas (via the local Dementia Action Alliances) are working across the local communities to roll out this status to services and businesses within the area. Work is ongoing to raise awareness of Dementia and the support available i.e. Dementia Friends training and specific Dementia events                     </li> <li>                         A large amount of community work is ongoing in East Lindsey area working to support them to achieve Dementia Friendly status.                     </li> <li> <b>The CCG support Dementia Awareness Week</b> which takes place in May each year. As part of the week, the CCG send information packs to all LECCG practices for them each to have a display stand in the practice. In addition, the CCG take part in engagement events and stands to promote awareness of dementia to Lincolnshire East residents.                     </li> <li>                         Dementia diagnosis rates are monitored via the CCG'S QPEC meeting                     </li> </ul> <p><b>Evidence – please see Dementia Action Alliance Minutes</b></p>  DAA Minutes 06.12.17.doc		


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			<p><b>Skegness Area Dementia Action Alliance Meeting (chaired by LECCG)</b></p> <p> Skegness DAA Meeting Notes 13 Jun</p> <p><b>Skegness area Dementia Friendly Business &amp; Service Event – 18 May 2017</b></p> <p> Skegness DAA Meeting Notes 13 Jun</p> <ul style="list-style-type: none"> <li>• <b>Special Educational Need and Disability (SEND) Work</b> - In 2014 the Children and Families Act was updated to incorporate reforms for Children and Young People with Special Educational Need and Disability (SEND).</li> <li>• The SEND reforms mean that professionals from Education, Health and Social Care services have to work more closely together to give children and young people from 0-25 with special educational needs or a disability, the support they need. Children and young people have more say over what support and services are offered in their local area, and more help will be available for young people as they prepare for adulthood.</li> <li>• The SEND provision in Lincolnshire by Education, Health and Social Care is monitored by the CCGs via the SEND Health Committee which reports via the SEND Steering Group, into the Women and Children's Board. A robust assurance programme developed by NHS England, and means that evidence is collated to provide assurance to the Care Quality Commission, Ofsted and Council for Disabled Children to highlight areas of good practice and areas for development.</li> <li>• <b>SEND Engagement</b> -The CCG have developed a process for SEND engagement to ensure that the voices are this group are heard and health needs are addressed. (see process below)</li> </ul>		

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			 <p>v2 NHS Lincolnshire Clinical Commissioning</p> <ul style="list-style-type: none"> <li>The Designated Clinical Officer (DCO) for (SEND), who works across all CCGs, has been working in association with the Local Authority to discuss a joint plan for widening participation to include the voices of the young people who use Lincolnshire SEND services.</li> <li>They have created a group called "Lincolnshire Young Voices". The proposal is for a small group of young people to meet on bi-monthly basis to review and provide commentary on services and activities designed to support this community. This is a statutory requirement of the SEND Reforms (2014) however the structure, remit and name of the group has been decided on by the young people themselves and they are an autonomous group.</li> <li>Membership of the group will be through an elective process in the form of a council and led by a Chair.</li> <li>The Chair's position will be supported as a development opportunity facilitating the post holder to work alongside the Local Authority and Health sector in learning and developing business administration/ communication and other professional skills.</li> <li>The Local authority is providing funding support and the group are considering bidding for social enterprise funds.</li> <li>The DCO has supported this by designing a logo and setting up a closed Facebook page for people to manage and discuss SEND related issues and will act as an admin to the Facebook page.</li> <li><b>Carers Award</b> - The CCG has achieved carer friendly status in January 2018, and CCG staff will be presented with the Carers Quality Award from the carers organisation "Everyone" at the March 18 Team Brief (CCG Team Meeting).</li> <li>As part of the Carers quality award the CCG promoted the award to all of our member practices,</li> </ul>		



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			<p>practice achievement of the award involves practices having a carer's register, to identify and better support carers and their health needs. A number of our practices have achieved the award already, and a number a "working towards"</p> <ul style="list-style-type: none"> <li>• <b>Better Births</b>-The CCG is leading on the work for the implementation of the recommendations identified in the National Maternity review across Lincolnshire. <a href="https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf</a></li> <li>• The review aims to ensure women and their babies receive safe and more personalised care in their community, improving women's choice for how they are supported before during and after the birth of their baby; giving more consistent support to women who chose midwife led care or home births; providing ante-natal and post-natal care closer to home; setting up midwife led units where mothers can have a home style birthing experience with the support of their midwife and up to date birthing facilities.</li> <li>• The Local Maternity System team have been working with local children's centres and the University of Lincoln to develop the community hub model of care which allows parents to have access to antenatal, postnatal and social services under one roof for the first time. 4 pilot sites have been launched in the county, two in the LECCG area, as shown below:             <ol style="list-style-type: none"> <li>1. Lincoln – Birchwood Children's Centre – Launch date 4th Dec 2017</li> <li>2. Grantham – Swingbridge Children's Centre Launch 8th Dec 2017</li> <li>3. Skegness – Skegness Children's Centre 5th Jan 2018</li> <li>4. Boston – Norfolk Lodge Children's Centre – 16th Jan 18</li> </ol> </li> <li>• The whole project has been co-produced with women and families and listening clinics have taken place across Lincolnshire to ensure that new</li> </ul>		

## 1.2 Individual people's health needs are assessed and met in appropriate and effective ways

### How does the organisation ensure individual health needs are met effectively? Please give examples

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>services are what women want and need.</p> <ul style="list-style-type: none"> <li>As part of the project social media sites have been developed (Facebook: Better Births Lincolnshire/Twitter: @betterbirthlinc / Instagram:# BetterbirthsLincolnshire)</li> <li>The CCG have submitted an implementation plan for Lincolnshire to NHS England, this can be reviewed on the website: <a href="https://betterbirthslincolnshire.co.uk/wp-content/uploads/2017/12/Better-Births-Submission-website.pdf">https://betterbirthslincolnshire.co.uk/wp-content/uploads/2017/12/Better-Births-Submission-website.pdf</a></li> <li>The CCG's engagement manager is currently finalising a summary version so that information is more accessible on the Lincolnshire plan.</li> <li>A website has been created to make information about maternity services more accessible to women and families, and includes a translation feature.</li> <li>The website will include a self-registration section when women find out they are pregnant, so that more support is offered before during and after pregnancy: <a href="https://betterbirthslincolnshire.co.uk/">https://betterbirthslincolnshire.co.uk/</a></li> <li>Electronic patient records development is also underway for maternity services.</li> <li><b>A Maternity Voices meeting</b> takes place regularly to ensure local parents and parents-to-be can share their views and experiences of maternity care with midwives and doctors from the local maternity services, and with the clinical commissioning groups, who pay for and monitor maternity care. A patient chair has been appointed to this, and will chair meetings in 2018.</li> </ul>		

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

**How does the organisation ensure patients and carers are well-informed when moving between services/care pathways? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]				
<p>All</p> <p>Survey result:</p> <table border="1" data-bbox="103 451 356 1039"> <tr> <td data-bbox="103 451 356 724">You are kept informed of transition from one health service to another making it smooth and easy:</td> </tr> <tr> <td data-bbox="103 724 356 829">Strongly Agree/agree – 44%</td> </tr> <tr> <td data-bbox="103 829 356 966">Strongly disagree / Disagree 40%</td> </tr> <tr> <td data-bbox="103 966 356 1039">Don't know – 13%</td> </tr> </table>	You are kept informed of transition from one health service to another making it smooth and easy:	Strongly Agree/agree – 44%	Strongly disagree / Disagree 40%	Don't know – 13%	<p>Embed monitoring into all service contracts to ensure that that the Equality Delivery System is an integral part of all provider contracts and that the services we commission meet the needs of the whole community.</p> <p>Ensures that people are treated with dignity and respect and gives autonomy</p>	<p>The group agreed for this standard to be amber. In order to achieve a green grading, the CCG needs to:</p> <ul style="list-style-type: none"> <li>• Add in evidence around the impact of the Neighborhood team (NHT) working in Lincolnshire East. It was agreed this could take place next year as the NHTs are fairly newly established in the CCG's localities.</li> <li>• Look at rehab services and repatriation back to Lincolnshire.</li> <li>• Gather more evidence on Care home work impacts, for example care home staff training records, study days and collecting data on the number of ambulance call outs made from our care homes.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Sustainable Transformation Plan</b> –The CCG continues to work in partnership with Lincolnshire health and care organisations on the programme to create integrated care for residents across the county.</li> <li>• <b>LECCG Neighbourhood Teams - Lincolnshire East CCG has four Neighbourhood Team areas -</b> Skegness &amp; Coast, Boston, East Lindsey North and East Lindsey Middle. Each of these Neighbourhood Teams is supported by Neighbourhood Team Liaison Officers.</li> <li>• Neighbourhood Teams aspire to a population-based model where care and wellbeing are maximised through communities, voluntary and statutory services working together. They include everyone who provides health, social and voluntary services in the area and aims to ensure that people receive good quality co-ordinated care relevant to their need closer to home.</li> <li>• Central to this new model of care is the individual who will be supported by an integrated network of services and functions which can respond to his/her needs as and when they change. The model promotes, where appropriate, self-care. The model encompasses a virtual team that can be tailored and coordinated to meet the needs of the individual in the context of his/her life and community. Whilst the model focuses on prevention and time-limited interventions, it will also identify when longer-term support is required and will work with the individual and their family to facilitate this. Collaborative working underpins the ethos of this.</li> </ul> <p><b>LECCG Neighbourhood Teams:</b></p> <ul style="list-style-type: none"> <li>• Integrated working to improve patient care</li> <li>• Co-ordinated approach to assess and review patients through Neighbourhood Team MDT meetings</li> <li>• Highlight successes, gaps and barriers within current service provision</li> <li>• Neighbourhood Teams provide signposting and care navigation information to professionals to support</li> </ul>	<p>Patients will have a seamless transition between services</p>	<p>2018 rating-amber</p> <p>2017 rating amber</p> <p>2016 rating – amber</p>
You are kept informed of transition from one health service to another making it smooth and easy:									
Strongly Agree/agree – 44%									
Strongly disagree / Disagree 40%									
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### 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

**How does the organisation ensure patients and carers are well-informed when moving between services/care pathways? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>the population.</p> <ul style="list-style-type: none"> <li>• Networking with all partners and organisations to develop integrated working</li> <li>• LECCG are supporting GP practices to undertake Active Signposting and Correspondence Management training to support the population which will be linked to the Neighbourhood Team Principles.</li> <li>• <b>Work with Care Homes</b> - The CCG regularly meet with the Locality Authority to discuss quality monitoring in care homes and have set up working agreements and clear roles and responsibilities in Care Home Quality Monitoring. This is reported into the CCG's QPEC meeting.</li> <li>• The CCG are working with the federated safeguarding team, Continuing Healthcare (CHC) team, and the other 3 CCG quality teams to re-establish a quality improvement meeting for care homes and domiciliary care providers, in conjunction with the Local Authority.</li> <li>• There is ongoing work with Lincolnshire Care Association (LINCA) who provide workforce development, represent care homes in Lincolnshire and provide training for care homes</li> <li>• The CCG are working on a collaborative care home medication policy.</li> <li>• <b>The Care Portal</b> – The CCG is the lead for this project, which will provide health and care workers in Lincolnshire with a view of a patient's integrated care record via IT systems. The project started 2 years ago and is now rolling out to users.</li> <li>• GP practices in LECCG will be getting access to the Care Portal in the near future. Currently the Portal surfaces Summary Care Record and information from ULHT's patient administration system, lab results and radiology reports. The attached presentation shows the timeline for further system connections.</li> <li>• Feedback from our early adopter cohort is positive</li> </ul>		

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

**How does the organisation ensure patients and carers are well-informed when moving between services/care pathways? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>with health and care workers reporting the system is easy to use and is providing them with information they previously could not see. This enables them to provide better care for patients and save them time chasing up information so giving them more time to care.</p> <ul style="list-style-type: none"> <li>We are now scoping the Personal Community module of the Care Portal. This enables patient access to their integrated record. The patient module can also support proxy access if appropriate. Patients can communicate with care providers via secure messaging, use the portal to complete and submit forms, e.g. referral forms and questionnaires and see their various appointments on a calendar. The patient module will have a trusted library of information and can be used to target information to a specific cohort or individual, this could be a leaflet, video or suggested app. Individuals can also contribute to their own record via wearable devices for example. It is planned to have a limited cohort using the patient portal by mid-2018</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   <small>Care Portal - General Overview Feb 2018.f</small> </div> <div style="text-align: center;">   <small>20161011 - Lincs_Leaflet_v8 HR.i</small> </div> </div> <ul style="list-style-type: none"> <li><b>Better births</b> - A website has been created to make information about maternity services more accessible to women and families, this will soon include a registration section when women find out they are pregnant, so that more support is offered before during and after pregnancy: <a href="https://betterbirthslincolnshire.co.uk/">https://betterbirthslincolnshire.co.uk/</a></li> <li><b>Electronic records</b> are also being looked at as part of the Maternity Transformation Programme.</li> </ul>		



## 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

**How does the organisation ensure patient safety is a priority and ensure patients are free from mistakes/mistreatment/abuse? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]								
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>LECCG ensure your safety is prioritised</td> </tr> <tr> <td>Strongly Agree/agree 49%</td> </tr> <tr> <td>Strongly disagree / Disagree 33%</td> </tr> <tr> <td>Don't know 17%</td> </tr> </table> <p>Survey result:</p> <table border="1"> <tr> <td>LECCG ensure that patients are treated well and free from any abuse</td> </tr> <tr> <td>Strongly Agree/agree – 63%</td> </tr> <tr> <td>Strongly disagree / Disagree 12%</td> </tr> <tr> <td>Don't know – 24%</td> </tr> </table>	LECCG ensure your safety is prioritised	Strongly Agree/agree 49%	Strongly disagree / Disagree 33%	Don't know 17%	LECCG ensure that patients are treated well and free from any abuse	Strongly Agree/agree – 63%	Strongly disagree / Disagree 12%	Don't know – 24%	<p>Embed monitoring into all service contracts to ensure that the Equality Delivery System is an integral part of all provider contracts and that the services we commission meet the needs of the whole community.</p> <p>Freedom from degrading and inhumane treatment</p>	<p>The assessors group agreed that the CCG has robust systems and processes in place to ensure safe care free from mistakes, mistreatment and abuse. The group agreed that the CCG's rating for this standard should be green. To get to a purple rating, the EDS2 assessors group agreed that the CCG needed to make sure that the systems and processes are working on a day to day basis through CCG regular communication with the providers.</p>	<p>The CCG have various ways of ensuring patient safety is prioritised and care is free from mistakes, mistreatment and abuse, these are listed below:</p> <ul style="list-style-type: none"> <li>• There is a <b>federated quality and patient safety team</b> that support all four Lincolnshire CCGs. The team works closely with the CCG's in house <b>Quality team</b>; together the teams review patient safety, patient experience, and quality intelligence which is monitored via various meetings of the CCG. More information on these committees and the types of information that is discussed is shown below.</li> <li>• <b>The QPEC meeting</b> – Takes place bi-monthly, the role of the Quality and Patient Experience Committee (QPEC) is to monitor and review the quality of services commissioned by the CCG, and promote a culture of continuous improvement and innovation in:             <ul style="list-style-type: none"> <li>• The safety of treatment and care provided to patients;</li> <li>• The effectiveness of treatment and care received by patients</li> <li>• The experience patients and their carers have of treatment and care received.</li> <li>• QPEC provides strategic leadership and direction to support the CCG in commissioning high quality services.</li> <li>• QPEC monitors responses to national issues and their local implementation (e.g. Francis, Winterbourne etc.)</li> <li>• QPEC monitors health information on protected characteristics, i.e. gender Same Sex accommodation.</li> <li>• QPEC looks at patient safety and patient experience reports and provides assurance to the Governing Body.</li> <li>• It also monitors Patient Safety reports which includes:                 <ul style="list-style-type: none"> <li>○ Safety thermometer information, (% of wards achieving harm free care (VTE, falls, UTIs Catheters))</li> </ul> </li> </ul> </li> </ul>	<p>Patients receive high quality care and are less likely to experience mistakes, mistreatment and abuse.</p>	<p>2018 Grading -green</p> <p>2017 Grading -green</p> <p>2016 grading – green</p>
LECCG ensure your safety is prioritised													
Strongly Agree/agree 49%													
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**1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

**How does the organisation ensure patient safety is a priority and ensure patients are free from mistakes/mistreatment/abuse? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<ul style="list-style-type: none"> <li>○ Never events, healthcare associated infections (MRSA C-Diff rates etc.), ambulance turnaround times, ambulance response times, waiting times (A&amp;E, Cancer and other NHS targets), patient feedback, complaints, patient experience reports.</li> <li>● <b>Learning Disabilities Mortality Review (LEADER)</b> The LeDeR programme has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to:               <ul style="list-style-type: none"> <li>○ Identify common themes and learning points</li> <li>○ Provide support to local areas in their development of action plans to take forward the lessons learned</li> </ul> </li> <li>● <b>Safeguarding ambassadors in care homes.</b> The role of Safeguarding Ambassadors across the organization are additional to further enhance safeguarding practice to ensure that consistent, current, competent advice and support is available locally within all areas of the business.</li> <li>● <b>Primary care Risk Sharing meeting</b> – takes place monthly to discuss risks within primary care relating to Quality and performance issues, this meeting is attended by the CCG’s quality, locality &amp; performance teams, as well as attendance from staff from the Care Quality Commission and NHS England.</li> <li>● <b>Monthly patient safety meetings</b> take place with providers as well as <b>Monthly Provider Risk Management Meetings</b></li> <li>● <b>Continuing Healthcare (CHC)</b> - The CCG meets continuing healthcare weekly to ensure that follow up meetings are undertaken in a timely manner and CHC reports come to each QPEC meeting.</li> <li>● <b>MORAG Mortality Operational review Group</b> for ULHT. The CCG attend the United Lincolnshire</li> </ul>		

**1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

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Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>Hospitals' Trust (ULHT). The group (MoRAG) is responsible for:</p> <ul style="list-style-type: none"> <li>○ Reviewing the quality of mortality reviews carried out at specialty level;</li> <li>○ Identifying areas of system or systematic failing;</li> <li>○ Recognizing and sharing lessons learned;</li> <li>○ Providing feedback to clinicians carrying out mortality reviews.</li> <li>○ Undertaking further case review where concerns have been raised through specialty governance, complaints, never events or serious untoward incidents</li> </ul> <p>• <b>Reports and other supporting evidence</b> -The federated risk team puts together a robust approach to incident reporting including:</p> <ul style="list-style-type: none"> <li>○ Monthly review meetings with provider organisations</li> <li>○ Patient safety meetings with large providers to pick up and deal with trends</li> <li>○ Processes to rapidly report, review and challenge serious untoward incidents</li> <li>○ Relationships with colleagues in Safeguarding to share concerns</li> <li>○ Monthly risk management meetings which also check clinical compliance</li> <li>○ Health professional feedback monitoring</li> <li>○ Monthly reports to the Executive Nurse</li> <li>○ The CCG has also signed up to the "Sign Up to Safety" pledge and has a Datix system in place to strengthen reporting of incidents in primary care.</li> <li>○ Quarterly Health Professional Feedback Reports</li> <li>○ Adverse Incidents) published to general practice (shared with CCG) in response to patient safety incidents identified within the Lincolnshire health community.</li> <li>○ Quarterly Patient Safety Reports which identify trends in reporting serious incidents/adverse incidents / National Reporting and Learning System (NRLS</li> </ul>		

#### 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

**How does the organisation ensure patient safety is a priority and ensure patients are free from mistakes/mistreatment/abuse? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>reporting (inclusive of lessons learnt post investigation).</p> <ul style="list-style-type: none"> <li>○ <b>Serious Incident</b> work has been strengthened during the year- Review Meetings held, attendance secured by each of the Commissioning Groups and key care providers to review quality of serious incident investigations, identification of lessons learnt to prevent future patient safety incidents.</li> <li>○ Schedule 6 Reports for the main providers (ULHT, LCHS,NWAFT,LPFT) to ensure that the organisations adhere to the standards of incident reporting</li> <li>○ Attendance at ULHT's internal monthly Patient Safety Meetings with a view to providing positive challenge and support lessons learnt within the organisation</li> <li>○ Ad hoc attendance at locality meetings to discuss patient safety issues</li> <li>○ Provision of Primary Care Commissioning adverse/serious incident reports regarding patient safety in primary care</li> <li>○ Dashboards included in Datix system to support strategic trend analysis of patient safety incidents to target action.</li> <li>○ Health Professional Feedback system revitalised for Nursing Home incident reporting, forward plan to provide incident reports to the multiagency nursing meeting</li> <li>○ Quality Schedule / CQUIN work with Trusts to ensure patient safety/quality of services are embedded into practice through monitoring of key performance indicators.</li> </ul>		


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

**How does the organisation work in partnership to support health promotion in its local communities? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]

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

**How does the organisation work in partnership to support health promotion in its local communities? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result:</p> <p>LECCG ensure any health promotion activity reaches and benefits all local communities</p> <p>Strongly Agree/agree – 45%</p> <p>Strongly disagree / Disagree 36%</p> <p>Don't know – 19%</p>	<p>Develop locality-based projects to address the local needs highlighted in the Joint Strategic Needs Assessment, such as take-up of screening initiatives.</p>	<p>The EDS2 assessors agreed that this rating would stay at amber, and the CCG would also collate further evidence to the group via email on the following areas:</p> <ol style="list-style-type: none"> <li>1. Evidence of vaccination rates of different groups (requested 20/03/18) to be added as evidence for last year;</li> <li>2. Work on traveller engagement that Health watch had undertaken (information requested from healthwatch and the Gypsy and Traveller Community Initiative 20/03/18) to be an action as healthwatch advise this work is still underway.</li> <li>3. The CCG to work in partnership with healthwatch on key engagement projects.</li> </ol> <p>In order for the CCG to progress to a "green" rating it was agreed that more focused work is required with Eastern European groups next year.</p>	<p>The CCG has worked in partnership with other organisations to support health promotion in its local communities, some examples of this are identified below:</p> <ul style="list-style-type: none"> <li>• <b>Partnership working with the Public Health Team-</b> The CCG work closely with the public health team at the Lincolnshire County Council, who have: <ol style="list-style-type: none"> <li>1. Worked jointly with NHS England and practices to set in place plans with practices with lower uptake rates for screening and immunisation programmes.</li> <li>2. Worked jointly with NHS England to develop a wider community plan targeting harder to reach communities through settings outside of practices including workplaces and community groups.</li> <li>3. Developed targeted resources like z-cards to support information about and uptake of UK programmes across foreign nationals and harder to reach groups ( see word document below)</li> </ol>  </li> <li>• <b>LECCG Quality and Patient Experience Committee monitoring</b> - the update of vaccinations is also monitored via the CCC's Quality and Patient Experience Committee.</li> <li>• <b>Work of CCG's Health Protection Team</b></li> <li>• The CCG Health Protection Team is supporting all 4 CCG's to look at vaccination and immunisation uptake within the county. They meet regularly with the member GP practices and offer training and education via Health Protection Link Practitioner meetings.</li> <li>• They have created an online forum for the Link Practitioners to share information about vaccination and immunisation programmes and encourage participation in various campaigns, such as the seasonal Flu campaign.</li> <li>• They offer links to external resources and encourage feedback from practices on their performance and successes with these campaigns.</li> <li>• The team attend the Immunisation programme board which takes place quarterly and is chaired by NHS England. This looks at vaccination and immunisation</li> </ul>	<p>Higher numbers of people have access to screening and diagnostics</p>	<p>2018 grading -amber</p> <p>2017 grading -amber</p> <p>2016 grading – amber</p>






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

**How does the organisation work in partnership to support health promotion in its local communities? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>uptake, changes to immunisation schedules and explores ways in which we can work with other providers to target harder to reach demographics.</p> <ul style="list-style-type: none"> <li>The Eastern European demographic has been identified as a hard to reach re this standard, as a large number are not registered with a GP. This group can struggle to communicate with healthcare staff due to language barriers. In addition, UK Vaccination schedules differ from European systems, as vaccinations are chargeable in Europe - there is some misunderstanding that people have to pay for vaccinations in the UK also.</li> <li>There is a new team within Lincolnshire Community Health Services who employ 2 Eastern European healthcare workers. They engage with harder to reach groups, including factory workers who are not registered with GP's and the travelling community. They help people to overcome language barriers by interpreting leaflets and assisting with the completion of GP registration forms.</li> <li>The team vaccinate CCG staff during Flu season. They have one member of the team who is a registered nurse and is qualified and up to date with vaccination training and basic life support. They administer the vaccine under a Patient Group Directive to all CCG staff during the Flu season. The team also offer Antiviral treatment and prophylaxis in outbreak situations out of season. This has recently been put into practice during an outbreak of Influenza in a care home just before the current Flu season was announced.</li> <li>The team also attend the Health Protection Board meetings which look at and discusses resilience within Midlands and East and addresses pandemic preparedness.</li> <li>Lincolnshire NHS Health Protection Team have been proven to be a robust team who are able to respond quickly and effectively to outbreaks with minimal or no disruption to day to day services – an achievement that cannot be matched by many other neighbouring counties, who would usually have to escalate to a Major Incident in these circumstances.</li> <li>The team sit on our providers Flu planning meetings to gain an understanding of their plans for the season and keep track of their uptake. This gives the team an</li> </ul>		





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**How does the organisation work in partnership to support health promotion in its local communities? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>oversight of the planning and preparation involved and allows us to celebrate the organisations who manage their uptake targets.</p> <ul style="list-style-type: none"> <li>The team have very good engagement and communication with all our providers and this allows for support and oversight to be achieved</li> </ul> <p> Health Protection Board - Annual Repo</p> <p><b>Patient Engagement</b></p> <ul style="list-style-type: none"> <li><b>CCG work with groups who have English as a second language:</b></li> <li><b>Workplace Health Meeting</b> Following on from previous factory engagement, the CCG attend a workplace health meeting, alongside key local stakeholders, to ensure that health concerns can be addressed for factory staff at Fresh time in Boston, particularly where English is not a first language of workers. The meetings are well attended by human resources personnel from the factories. (see example of minutes)</li> </ul> <p> Workplace Health Meeting Minutes 9th :</p> <ul style="list-style-type: none"> <li>The CCG have developed an Accessing health care booklet in partnership with public health, NHS England, and factories in Boston and South Holland. The booklet aims to go into induction packs for migrant staff working in factories in South Holland and Boston to encourage GP registration and promote appropriate use of NHS services. The booklet is given to all staff at start of their induction to the workplace.</li> </ul> <p> Accessing Healthcare Sept 17.pdf</p> <ul style="list-style-type: none"> <li><b>Engagement via Social Media - CCG Flu and other screening campaigns</b> - engagement takes place to encourage people getting vaccinated screened via social media and messages/awareness videos on the</li> </ul>		

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**How does the organisation work in partnership to support health promotion in its local communities? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>CCG website. (see example below). Also see example on flu from CCG newsletter, September 17 (page 2) and social media for cervical cancer screening.</p> <p>  Engagement via Social Media Screenin   1427_CCG Lincolnshire_Closer_S   Cervical Cancer Video.docx                 </p> <ul style="list-style-type: none"> <li><b>Cancer 2 week wait leaflet</b>-has been produced by the CCG and was sent to the Viewpoint panel to ensure that the document is clear and makes sense to patients, this leaflet has also been produced in numerous languages and distributed to practices across LECCG. The aim of the leaflet is to ensure that patients attend their 2 week secondary care referral appointment</li> </ul> <p>  Cancer 2ww leaflet.pdf                 </p>		


## 2. Improved patient access and experience

**The NHS should improve accessibility and information, delivering the right services that are targeted, useful and useable in order to improve patient 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**

**How does the organisation ensure all people can access healthcare services where no one is discriminated against and denied access on unreasonable grounds? Please give examples**


Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result: You can readily access local services, in terms of mobility,</p>	<p>Embed monitoring into all service contracts to ensure that that the Equality Delivery System is an integral part of all provider contracts and that the services we commission meet the needs of the whole community.</p> <p>The right to non-discrimination</p>	<p>The EDS2 group agreed that this is well supported by the CCG and agreed a green rating.</p> <p>To further improve access the CCG need to note and act on issues relating to the physical NHS premises ie via complaints</p>	<ul style="list-style-type: none"> <li>The CCG offers documents available in a range of different languages that are available on request.</li> <li>Boston GP practices have staff able to speak numerous eastern European languages.</li> <li>The CCG undertakes Equality Analysis for all policies and service reviews to ensure that people are not denied access on unreasonable grounds</li> </ul>	<p>Patients have access to information and support around access to services and this is monitored and analysed.</p>	<p>2018 grading – green</p> <p>2017 grading – green</p>

<p>language etc</p> <p>Strongly Agree/agree – 61%</p> <p>Strongly disagree / Disagree 21%</p> <p>Don't know – 18%</p>	<p>information for example.</p>	<ul style="list-style-type: none"> <li>• Work has been undertaken with Public Health to ensure population demographics are included in Equality Analysis to ensure the process is robust.</li> <li>• The CCG obtain information from the Lincolnshire Health Observatory when undertaking EIAs to ensure population needs are considered when commissioning services</li> <li>• The CCG developed the patient council to support a two-way flow of information between patients and the CCG and to have external scrutiny of the work of the CCG and is continuing to widen participation CCG has promoted information about equalities work to patients and members of the public and asked them to take part in the EDS2 survey during dec 17- jan 18. Information about the EDS2 is promoted via the CCG's Newsletter (page 3), there is also information on social media and the CCG's website</li> </ul> <p> 1427_CCG Lincolnshire_Closer_S</p> <ul style="list-style-type: none"> <li>• <b>Complaints information</b> is also used to ensure this standard is achieved by the CCG. The complaints process ensures that no one is discriminated against and denied access on reasonable grounds.</li> <li>• Staff are experienced in assessing and understanding individual requirements and tailor individual management plans according to the overall needs of the individual. (Please see more information on section 2.4).</li> <li>• Better Births: The whole project has been co-produced with women and families and listening clinics have taken place across Lincolnshire to ensure that new services are what women want and need.</li> </ul>	<p>2016 grading – green</p>
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2.2 People are informed and supported to be as involved as they wish to be in decisions about their care					
How does the organisation ensure that people are at the centre of the decisions about their care? Please give examples					
Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result:</p> <div style="border: 1px solid black; padding: 2px;"> <p>You are informed, supported and involved in the decisions made</p> </div>		<p>The EDS2 assessors agreed that a lot of work has been carried out in this area, however due to the proportion of people in the public survey who disagreed or didn't know the CCG agreed to stay as Green as more work is required in this area.</p>	<p>The CCG collects various patient experience information such as patient stories, review of national CQC patient experience reports, GP patient Survey, Healthwatch reports, complaints, MP letters, patient feedback via Patient Council and the Viewpoint and readers panel, PALs and Friends &amp; family test. – These report to the QPEC meeting.</p>	<p>The CCG has access to a range of information and is able to react to any issues or trends that may arise.</p>	<p>2018 grading – green</p> <p>2017 grading – green</p>

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

**How does the organisation ensure that people are at the centre of the decisions about their care? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>about your healthcare</p> <p>Strongly Agree/agree – 59%</p> <p>Strongly disagree / Disagree 29%</p> <p>Don't know – 12%</p>			<p>The CCG launched a patient council to support a two-way flow of information between patients and the CCG and to have external scrutiny of the work of the CCG and is continuing to widen participation. The CCG have promoted PPGs via the CCG's newsletter in June 2017. (page 3)</p> <p> 1375_CCG Lincolnshire_Closer_J</p> <p>The CCG's Communications team promote healthcare information and NHS Constitutional standards via the CCG's website, social media to ensure people are aware of their rights regarding involvement about care decisions. Example: <a href="https://lincolnshireeastccg.nhs.uk/index.php/your-health-services/be-clear-on-cancer">https://lincolnshireeastccg.nhs.uk/index.php/your-health-services/be-clear-on-cancer</a></p> <p><b>Better Births</b> The whole project has been co-produced with women and families and listening clinics have taken place across Lincolnshire to ensure that new services are what women want and need.</p> <ul style="list-style-type: none"> <li>• As part of the project social media sites have been developed (Facebook Better Births Lincolnshire/Twitter @betterbirthlinc / Instagram:# BetterbirthsLincolnshire)</li> <li>• The CCG have submitted an implementation plan for Lincolnshire to NHS England: <a href="https://betterbirthslincolnshire.co.uk/wp-content/uploads/2017/12/Better-Births-Submission-website.pdf">https://betterbirthslincolnshire.co.uk/wp-content/uploads/2017/12/Better-Births-Submission-website.pdf</a></li> <li>• The CCG's engagement manager is currently finalising a summary version so that information is more accessible.</li> <li>• A website has been created to make information about maternity services more accessible to women and families, this will soon include a registration section when women find out they are pregnant, so that more support is offered before during and after pregnancy: <a href="https://betterbirthslincolnshire.co.uk/">https://betterbirthslincolnshire.co.uk/</a></li> <li>• Maternity Voices meeting takes place regularly to ensure local parents and parents-to-be can share their views and experiences of maternity care with midwives and doctors from the local maternity services, and with</li> </ul>		<p>2016 grading – amber</p>





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

**How does the organisation ensure that people are at the centre of the decisions about their care? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>the clinical commissioning groups, who pay for and monitor maternity care.</p> <ul style="list-style-type: none"> <li>• <b>The Continuity Healthcare Team (CHC) offer Personal Health Budgets to patients in LECCG</b></li> <li>• For all people, CHC eligible or otherwise, the criteria for counting a package as a PHB is the same which is that the six key features must be in place. So people must: <ul style="list-style-type: none"> <li>• Be central in developing their personalized care and support plan and agree who is involved</li> <li>• Be able to agree the health and wellbeing outcomes they want to achieve, in dialogue with the relevant health, education and social care professionals</li> <li>• Know upfront an indication of how much money they have available for healthcare and support</li> <li>• Have enough money in their budget to meet health and wellbeing needs and outcomes agreed in the personalized care and support plan</li> <li>• Have the option to manage the money as a direct payment, a notional budget, a third party budget or a mix of these approaches</li> <li>• Be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their personalized care and support plan</li> </ul> </li> <li>• <b>Care Portal</b> developments are helping to ensure that people are at the centre of decisions about their care. The team are now scoping the Personal Community module of the Care Portal. This enables patient access to their integrated record. The patient module can also support proxy access if appropriate. Patients can communicate with care providers via secure messaging, use the portal to complete and submit forms, e.g. referral forms and questionnaires and see their various appointments on a calendar. The patient module will have a trusted library of information and can be used to target information to a specific cohort or individual, this could be a leaflet, video or suggested app. Individuals can also contribute to their own record via wearable devices for example. It is planned to have a limited cohort using the patient portal by mid-2018.</li> </ul> <p><b>Cancer 2 week wait leaflet</b>-has been produced by the</p>		

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

**How does the organisation ensure that people are at the centre of the decisions about their care? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>CCG and was sent to the Viewpoint panel to ensure that the document is clear and makes sense to patients, this leaflet has also been produced in numerous languages and distributed to practices across LECCG. The aim of the leaflet is to ensure that patients attend their 2 week secondary care referral appointment</p>  <p>Cancer 2ww leaflet.pdf</p> <p><b>Breast Screening</b> leaflet is offered in different languages and is available on the CCG's website:  <a href="https://lincolnshireeastccg.nhs.uk/index.php/your-health-services/be-clear-on-cancer">https://lincolnshireeastccg.nhs.uk/index.php/your-health-services/be-clear-on-cancer</a></p> <p><b>Lincolnshire East CCG Listening Clinics</b> in Primary Care, secondary care, and in the community commenced in November 2015 and have continued over the past year. Some evidence of these is shown below.</p>  <p>Listening Clinic Advert.docx</p>		


## 2.3 People report positive experiences of the NHS

**How does the organisation engage and involve people to listen to their views of the NHS? Please give examples**

Protected characteristics & Survey Results	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]			
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>LECCG involve people and listen to their experiences of the NHS</td> </tr> <tr> <td>Strongly Agree/agree – 39%</td> </tr> <tr> <td>Strongly disagree /</td> </tr> </table>	LECCG involve people and listen to their experiences of the NHS	Strongly Agree/agree – 39%	Strongly disagree /	N/A	<p>The EDS2 assessors agreed that Patient experience is well collected and documented, however in consideration of the “disagree” and “don’t know” public EDS2 survey results, the group felt that further communication was needed to publicise what we do well, demonstrating how we listen to our patients.</p> <p>It was agreed this standard was green. In order to progress to a purple grading, the CCG will also continue to actively</p>	<p>The CCG engage and involve people to listen to their views of the NHS in a variety of ways:</p> <ul style="list-style-type: none"> <li>• <b>Demographics</b> are collected for CQC patient experience reports so that the CCG can ascertain any areas where patients are not responding.</li> <li>• <b>National patient experience</b> questionnaires are available in other languages to ensure inclusion</li> <li>• <b>Event feedback</b> form has demographic information included so we can assess how effectively we engage with the population.</li> <li>• <b>View Point and Readers’ Panel</b> information is demographically collected. The CCG has been working to widen participation in this area and to engage with a</li> </ul>	The CCG has access to a range of information and is able to react to any issues or trends that may arise.	<p>2018 grading – green</p> <p>2017 grading – green</p> <p>2016 grading - amber</p>
LECCG involve people and listen to their experiences of the NHS								
Strongly Agree/agree – 39%								
Strongly disagree /								



## 2.3 People report positive experiences of the NHS

### How does the organisation engage and involve people to listen to their views of the NHS? Please give examples

Protected characteristics & Survey Results	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>Disagree 29%</p> <p>Don't know – 33%</p>		<p>work with groups representing people with protected characteristics in order to gain insight into their experiences.</p>	<p>wider range of groups.</p> <ul style="list-style-type: none"> <li>• <b>The patient council feedback form</b> - To ensure wider representation, the CCG has developed a patient council feedback form, where targeted engagement takes place with different groups of people; to listen to how they access and experience our services. We have had increased feedback this year from young people and carers by linking in with children and the parents of children with Special educational Needs (SEND) through the Lincolnshire's Parent Carer Forum.</li> <li>• <b>Listening Clinics</b> in Primary Care, secondary care, and in the community commenced in November 2015 and have continued over the past year and enable the CCG to listen to patient experiences first hand and understand where things are working and not working so well from the patient's perspective</li> <li>• <b>Targeted listening clinics</b> have taken place with groups of young people as part of the Maternity transformation project "Better Births" and work is taking place to ensure equity of access for mothers on low income living in rural east Lincolnshire, including the CCG's work on community hubs, taking care closer to home.</li> <li>• Some evidence of listening clinics is shown below and many more can be seen on the CCG's Facebook page: Lincolnshire East Clinical Commissioning group and the CCG's Better Births Lincolnshire page.</li> </ul> <p> Listening Clinics.docx</p> <p><b>Stakeholder Database</b> - CCG events are promoted widely, and sent out to members of the CCG's stakeholder database which contains information on groups which support people to become involved, including all protected groups. Continued work is being undertaken with the development of the stakeholder database and improving working relationships with third sector organisations to enhance positive relations and listen to different voices.</p> <ul style="list-style-type: none"> <li>• <b>Hearing Lincolnshire's Hidden Voices - Diversity and Inclusion Listening Event</b>- As part of Equality, Diversity and Human Rights Week 2018 (15 to 19 May), the CCG have been planning a Diversity and Inclusion</li> </ul>		


## 2.3 People report positive experiences of the NHS

### How does the organisation engage and involve people to listen to their views of the NHS? Please give examples

Protected characteristics & Survey Results	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>Listening Event which will take place on the 16 May 2018 alongside their largest provider United Lincolnshire Hospitals NHS trust, to raise awareness of equality, diversity and human rights. During the event members of the public, representing protected groups will be asked to share their experience of accessing healthcare services, and also share their views on local NHS plans. The event will help ensure that we are able to meet the diverse health needs of our local population, and further strengthen the patient voice from different communities. <b>of</b></p> <ul style="list-style-type: none"> <li> <b>CCG work with groups who have English as a second language- Workplace Health Meeting</b>                      Following on from previous factory engagement, the CCG attend a workplace health meeting, alongside key local stakeholders, to ensure that health concerns can be addressed for factory staff at Fresh time in Boston, particularly where English is not a first language of workers. The meetings are well attended by human resources personnel from the factories. (see example of minutes)                        Workplace Health Meeting Minutes 9th .                 </li> <li>                     The CCG have developed an Accessing health care booklet in partnership with public health, NHS England, and factories in Boston and South Holland. The booklet aims to go into induction packs for migrant staff working in factories in South Holland and Boston to encourage GP registration and promote appropriate use of NHS services. The booklet is given to all staff at start of their induction to the workplace.                        Accessing Healthcare Sept 17.pdf                 </li> <li> <b>Lincolnshire Lesbian Gay Bisexual Transsexual (LGBT) conference</b> - A Lincolnshire wide conference was held on 23 February 2018 with the local LGBT population to hear their views on access to healthcare. Learning from the day will be used to help improve access and services for these patient groups and the CCG will work collaboratively with partners to deliver this work to ensure consistency                 </li> </ul>		

## 2.3 People report positive experiences of the NHS

### How does the organisation engage and involve people to listen to their views of the NHS? Please give examples

Protected characteristics & Survey Results	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
			<p>across the NHS in Lincolnshire.</p>  <p>Lincs LGBT Event 2018.docx</p> <ul style="list-style-type: none"> <li>• <b>SEND engagement</b> The CCG has worked to engage with children with disabilities – Special Educational Needs and Disability (SEND) (see section 1.2)</li> <li>• <b>Complaints</b> comments feedback is used to involve and listen to patients. (see section 2.4)</li> <li>• <b>Healthwatch Lincolnshire</b> reports are reviewed by the CCG on a monthly basis as well as any specific project work undertaken.</li> <li>• <b>A quarterly patient engagement report</b> presented to the QPEC meeting showing all engagement activity, as well as a summary of Healthwatch reports. Reports are available to view here: <a href="https://lincolnshireeastccg.nhs.uk/get-involved/engagement-reports-and-publications">https://lincolnshireeastccg.nhs.uk/get-involved/engagement-reports-and-publications</a></li> <li>• An annual report of engagement is presented to the CCG's governing body and is included in the CCG's annual report and accounts.</li> </ul>		

## 2.4 People's complaints about services are handled respectfully and efficiently

### How does the organisation handle and monitor complaints ensuring action is taken? Please give examples

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]			
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>The way in which complaints by LECCG are handled is respectful and efficient</td> </tr> <tr> <td>Strongly Agree/agree – 28%</td> </tr> <tr> <td>Strongly</td> </tr> </table>	The way in which complaints by LECCG are handled is respectful and efficient	Strongly Agree/agree – 28%	Strongly		<p>The EDS2 assessors group considered that processes were robust regarding complaints, and rated the CCG green.</p> <p>In order to progress to a “purple” rating, the CCG would do some further work with Healthwatch Lincolnshire regarding complaints, as well as do some more work to measure complaints outcomes; to include the number of people who re-complain, as well as you said we did examples.</p>	<ul style="list-style-type: none"> <li>• The complaints service for the CCG is provided by Optum Commissioning Support Services and is governed by statutory legislation (the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).</li> <li>• All complaints are managed in accordance with the CCG's Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments. <a href="https://lincolnshireeastccg.nhs.uk/about-us/key-documents/policies-1/corporate-governance-1/1530-gucg017-recording-investigating-and-management-of-complaints-comments-concerns-and-compliments-policy-current-review-april-2020/file">https://lincolnshireeastccg.nhs.uk/about-us/key-documents/policies-1/corporate-governance-1/1530-gucg017-recording-investigating-and-management-of-complaints-comments-concerns-and-compliments-policy-current-review-april-2020/file</a></li> </ul>	People know how to complain and are supported to do so.	<p>2018 grading – green</p> <p>2017 grading – green</p> <p>2016 grading – amber</p>
The way in which complaints by LECCG are handled is respectful and efficient								
Strongly Agree/agree – 28%								
Strongly								



## 2.4 People's complaints about services are handled respectfully and efficiently

**How does the organisation handle and monitor complaints ensuring action is taken? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>disagree / Disagree 16%</p> <p>Don't know – 55%</p>			<ul style="list-style-type: none"> <li>All complaints are handled, in an individual manner and as follows:</li> <li>All complaints are acknowledged within three working days. All acknowledgement letters include contact details for the advocacy service, who can provide support to patients or their representatives, according to individual needs or requirements: <a href="https://lincolnshireeastccg.nhs.uk/86-contact-us/140-nhs-complaints-advocacy-service">https://lincolnshireeastccg.nhs.uk/86-contact-us/140-nhs-complaints-advocacy-service</a></li> <li>This also includes Patient Advice and Liaison Service (PALs) details for further support, as required, this information is available on LECCG's website: <a href="https://lincolnshireeastccg.nhs.uk/contact-us">https://lincolnshireeastccg.nhs.uk/contact-us</a></li> <li>The CCG has produced a complaints leaflet to let people know how to provide comments, compliments or complaints: <a href="https://lincolnshireeastccg.nhs.uk/about-us/key-documents/patient-information-1/1448-le-ccg-complaints-leaflet/file">https://lincolnshireeastccg.nhs.uk/about-us/key-documents/patient-information-1/1448-le-ccg-complaints-leaflet/file</a></li> <li>An individual management plan is discussed and agreed with each complainant; this includes a timeframe for responding, allowing for appropriate and full investigation to be undertaken</li> <li>Staff are experienced in assessing and understanding individual requirements and tailor individual management plans according to the overall needs of the individual.</li> <li>Complaint investigation outcomes are provided by formal response and can also be provided to complainants at a face to face meeting. A meeting can also be held if the complainant remains dissatisfied and details of the Parliamentary and Health Service Ombudsman are included within the formal response, should the complainant wish for an Independent Review to be undertaken.</li> <li>All information including leaflets, letters, reports and forms can be provided in various formats, such as braille, alternative fonts, Easy Read, and translation services can be provided, on request.</li> <li>A quarterly complaints report is provided to the CCG's Quality and Patient Experience Committee (QPEC).</li> <li>The CCG also review Healthwatch monthly reports which provide soft intelligence information on our practices and providers. Where the CCG are required to respond to these comments, they do so within 20 working days.</li> </ul>		



### 3. A representative and supported workforce


The NHS should support the diversity of its workforce (whether paid or non-paid) to improve the quality of their working lives, enabling them to better respond to the needs of patients and local communities

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

**What systems and processes are in place for fair recruitment at the organisation at all levels? Please give examples**

**How is the recruitment and selection process monitored and evaluated? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]				
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>LECCG operates a fair recruitment and selection process, which is fair, inclusive and transparent</td> <td>Strongly Agree/agree – 86%</td> <td>Strongly disagree / Disagree 14%</td> <td>Don't know – 0%</td> </tr> </table>	LECCG operates a fair recruitment and selection process, which is fair, inclusive and transparent	Strongly Agree/agree – 86%	Strongly disagree / Disagree 14%	Don't know – 0%	<p>Support our staff and focus recruitment to ensure that our workforce represents the community we serve. The CCG has a relatively small number of staff; hence it is difficult to provide robust statistical information without inadvertently identifying individuals. However, in order to further improve, the CCG will report on equality in recruitment as part of its equality reporting.</p>	<p>It was agreed to rate the CCG as green. In order to further improve, the CCG will produce a robust staff survey action plan from the staff survey results.</p>	<ul style="list-style-type: none"> <li>The CCG uses NHS Jobs to recruit staff and requests monitoring information at the applicant stage, so that the profile of applicants and successful candidates can be reviewed and appropriate action taken should there be any discrepancies</li> <li>The CCG adhered to its <b>Recruitment and selection policy</b> which is best on Agenda for Change NHS Terms and Conditions of employment, the policy can be reviewed here: <a href="https://lincolnshireeastccg.nhs.uk/index.php/about-us/key-documents/policies-1/hr-1/1183-hr022-recruitment-and-selection-policy-review-november-2018-1/file">https://lincolnshireeastccg.nhs.uk/index.php/about-us/key-documents/policies-1/hr-1/1183-hr022-recruitment-and-selection-policy-review-november-2018-1/file</a></li> <li>Although the CCG undertakes a review of applicants, the fact that it is a small organisation means that the numbers do not make a statistically significant sample.</li> <li><b>The CCG is a Mindful Employer as well as Disability Confident Employer</b></li> <li><b>Disability Confident</b> -In March 2015, we were successful in getting the “Positive about Disabled People” or “Two Ticks” disability symbol, which has been replaced with the Disability Confident Symbol. As part of our promise, we made five commitments: <ol style="list-style-type: none"> <li>Interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities</li> <li>Discuss with disabled employees, at any time but at least once a year, what you can both do to make sure they can develop and use their abilities</li> <li>Make every effort, when employees become disabled, to make sure they stay in employment</li> <li>Take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work</li> </ol>                     We review these commitments annually and report to Job Centre Plus. Information about this had been promoted in the CCGs Newsletter in April 17 (page 4) as well on our website: <a href="https://lincolnshireeastccg.nhs.uk/about-us/our-">https://lincolnshireeastccg.nhs.uk/about-us/our-</a> </li> </ul>	<p>The CCG gets the rights staff with the right skills in the right place at the right time.</p>	<p>2018 grading – green</p> <p>2017 grading – green</p> <p>2016 grading – green</p>
LECCG operates a fair recruitment and selection process, which is fair, inclusive and transparent	Strongly Agree/agree – 86%	Strongly disagree / Disagree 14%	Don't know – 0%						

			<p>commitments</p>  <p>1375_CCGIncs_Closer_Apr17FINAL.pdf</p> <ul style="list-style-type: none"> <li>• <b>Mindful Employer</b> Over the last year we have worked to ensure that our staff are aware of our commitment as a Mindful Employer and that they have the tools they need to maintain a good work-life balance, to manage stress at work and to maintain good mental health, as part of this the CCG had arranged a number of occupational health roadshows and this has included information on stress awareness. More information is available on the website: <a href="https://lincolnshireeastccg.nhs.uk/about-us/our-commitments">https://lincolnshireeastccg.nhs.uk/about-us/our-commitments</a></li> </ul>	
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### 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


**How does the organisation demonstrate its commitment to equal pay for equal work and how is this monitored and evaluated? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]				
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>LECCG is committed to equal pay for work of equal value</td> </tr> <tr> <td>Strongly Agree/agree – 72%</td> </tr> <tr> <td>Strongly disagree / Disagree 17%</td> </tr> <tr> <td>Don't know – 10%</td> </tr> </table>	LECCG is committed to equal pay for work of equal value	Strongly Agree/agree – 72%	Strongly disagree / Disagree 17%	Don't know – 10%	N/A	<p>It was agreed to rate the CCG as green, in order to progress the CCG would:</p> <ul style="list-style-type: none"> <li>• Continue to work in line with Agenda for Change terms and conditions of NHS employment</li> <li>• Undertake further engagement with staff to explore the views of staff who 'disagreed' or stated 'not know' to the EDS2 staff survey results.</li> </ul>	<ul style="list-style-type: none"> <li>• The CCG uses Agenda for Change pay scales and job descriptions are jobs are evaluated using NHS Agenda for Change processes.</li> <li>• The CCG has undertaken gender pay audits and publishes the results in its's annual report and accounts - see example from 2016/17 (page 63): <a href="https://lincolnshireeastccg.nhs.uk/about-us/key-documents/annual-report-1/2016-2017-1/1487-elccg-2017-annual-report/file">https://lincolnshireeastccg.nhs.uk/about-us/key-documents/annual-report-1/2016-2017-1/1487-elccg-2017-annual-report/file</a></li> </ul>	Staff are paid on an equal basis for work of an equal value	<p>2018 grading - green</p> <p>2017 grading - green</p> <p>2016 grading - amber</p>
LECCG is committed to equal pay for work of equal value									
Strongly Agree/agree – 72%									
Strongly disagree / Disagree 17%									
Don't know – 10%									

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

**How does the organisation support the development and training needs of its staff? Please give examples**  
**How does the organisation monitor the effectiveness of training through feedback from staff? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result:</p>	Ensure that staff have training on Equality, diversity and Human Rights issues including developing knowledge of the	The EDS2 assessors agreed that the CCG's rating for this standard should be green and agreed the following actions to move to a purple rating:	Equality and Diversity training has been delivered and is part of mandatory training. Uptake of training is monitored and reports go to the Risk and Governance Committee. Training is provided in a range of formats, including e-	Staff understand their rights and responsibilities in relation to equality  Staff have access to the training they	2018 grading - green

<p>LECCG offer staff training and development opportunities</p> <p>Strongly Agree/agree – 69%</p> <p>Strongly disagree / Disagree 21%</p> <p>Don't know – 10%</p>	protected characteristics.	<ul style="list-style-type: none"> <li>To look at training on wider issues that could be delivered at the CCG's monthly team brief meetings</li> <li>To look at what the CCG can put in around mental health training for staff.</li> </ul>	<p>learning and face-to-face.</p> <p><b>The CCG's staff survey</b> addresses how staff feel about training opportunities, the last staff survey results indicate the following in terms of training:</p> <ul style="list-style-type: none"> <li>Where training needs were identified, 72% (13/18) of staff felt that their manager "definitely" or "to some extent" supported them to receive this training, learning or development (2016/17 results), this was compared to 88% (15/17) in the previous staff survey results (2015).</li> </ul> <p>All staff have a Performance Development Review (PDR) or appraisal to identify training needs and it's effectiveness where training has taken place, additionally staff receive regular 1-1s with their line manager where training needs are discussed.</p> <p>The CCG promote all training opportunities to staff via the CCG's corporate office.</p> <p><b>The appraisal process</b> has been reviewed and a new template developed to support staff to carry out their duties effectively and give staff the opportunity to influence their career development and level of job satisfaction.</p> <p style="text-align: center;"> TEMPLATE Appraisal with ED format Octob</p>	need to undertake their role.	<p>2017 grading - green</p> <p>2016 grading - green</p>
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### 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

#### What systems and processes are in place to ensure that organisation's staff are not exposed to abuse/harassment/bullying/violence at work? Please give examples

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]									
<p>All</p> <p>Survey result:</p> <p>LECCG ensure when at work staff are free from abuse, harassment, bullying and violence from any source</p> <p>Strongly Agree/agree – 72%</p> <p>Strongly disagree / Disagree 10%</p>	Freedom from degrading and inhumane treatment	<p>The EDS2 assessors agreed that this rating could stay at green but that more work was required to understand the "disagree" and "don't know" EDS2 staff survey results. It was agreed that:</p> <ul style="list-style-type: none"> <li>Optum CSS would do some further analysis of the survey results on this issue and</li> <li>Healthwatch suggested that a further survey could be undertaken to explore staff views further.</li> </ul>	<p>The CCG has an anti-bullying and harassment policy. <a href="https://lincolnshireeastccg.nhs.uk/about-us/policies/hr-1/1122-hr10-bullying-harassment-policy-review-september-2018-1">https://lincolnshireeastccg.nhs.uk/about-us/policies/hr-1/1122-hr10-bullying-harassment-policy-review-september-2018-1</a></p> <p>The disciplinary process would be used in any reported case of bullying on the part of another member of staff. An incident reporting process is in place for staff to report bullying and harassment on the part of patients or the public.</p> <p>Bullying and harassment training has been undertaken which includes issues around bullying because of a protected characteristic.</p> <p><b>Staff Survey</b> – this is a question in the CCG's staff survey The 2016/17 survey indicated the following results ( this is not comparable to previous results as was a new question).</p> <table border="1" data-bbox="1258 1787 2160 1919"> <thead> <tr> <th colspan="3" style="color: red;">Question 20 The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (29 responses)</th> </tr> </thead> <tbody> <tr> <td>Yes, I reported it</td> <td>1/29</td> <td>3.4%</td> </tr> <tr> <td>Yes, a colleague reported it</td> <td>0/29</td> <td>0.0%</td> </tr> </tbody> </table>	Question 20 The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (29 responses)			Yes, I reported it	1/29	3.4%	Yes, a colleague reported it	0/29	0.0%	Staff feel able to raise issues of bullying and harassment at work.	<p>2018 grading – green</p> <p>2017 grading – green</p> <p>2016 grading – amber</p>
Question 20 The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (29 responses)														
Yes, I reported it	1/29	3.4%												
Yes, a colleague reported it	0/29	0.0%												

Don't know – 17%			<table border="1"> <tr><td>No</td><td>2/29</td><td>6.9%</td></tr> <tr><td>Don't know</td><td>0/29</td><td>0.0%</td></tr> <tr><td>Not applicable</td><td>26/29</td><td>89.7%</td></tr> </table>	No	2/29	6.9%	Don't know	0/29	0.0%	Not applicable	26/29	89.7%																																					
No	2/29	6.9%																																															
Don't know	0/29	0.0%																																															
Not applicable	26/29	89.7%																																															
			<p><b>Question 21</b> In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? (29 responses)</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="2">...Managers</th> <th colspan="2">...Other colleagues</th> <th colspan="2">...External organisations / colleagues</th> </tr> </thead> <tbody> <tr> <td>Never</td> <td>27/29</td> <td>93.10 %</td> <td>27/29</td> <td>93.10 %</td> <td>29/29</td> <td>96.55%</td> </tr> <tr> <td>1-2</td> <td>2/29</td> <td>6.90%</td> <td>2/29</td> <td>6.90%</td> <td>1/29</td> <td>3.45%</td> </tr> <tr> <td>3-5</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>6-10</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>More than 10</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>		...Managers		...Other colleagues		...External organisations / colleagues		Never	27/29	93.10 %	27/29	93.10 %	29/29	96.55%	1-2	2/29	6.90%	2/29	6.90%	1/29	3.45%	3-5	-	-	-	-	-	-	6-10	-	-	-	-	-	-	More than 10	-	-	-	-	-	-			
	...Managers		...Other colleagues		...External organisations / colleagues																																												
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6-10	-	-	-	-	-	-																																											
More than 10	-	-	-	-	-	-																																											
			<p><b>Datix reporting</b> staff are encouraged to report any incidents and risks via Datix</p>																																														
			<p><b>Whistle blowing policy</b> – the CCG has a “Whistleblowing” policy which enables staff to raise concerns if they know or suspect, any wrong doing in the workplace. The policy states that staff must report the matter to the CCG immediately so that the CCG can take steps to deal with it appropriately. The policy can be reviewed here:</p>																																														
			<p><a href="https://lincolnshireeastccg.nhs.uk/about-us/key-documents/policies-1/hr-1/1246-hr026-raising-concerns-at-work-whistleblowing-policy-review-august-2018/file">https://lincolnshireeastccg.nhs.uk/about-us/key-documents/policies-1/hr-1/1246-hr026-raising-concerns-at-work-whistleblowing-policy-review-august-2018/file</a></p>																																														
			<p><b>Disciplinary and Bullying and Harassment Policies</b> deals with any alleged allegations of bullying and can be reviewed here:</p>																																														
			<p><a href="https://lincolnshireeastccg.nhs.uk">Disciplinary Policy - lincolnshireeastccg.nhs.uk</a></p>																																														
			<p><a href="#">BULLYING &amp; HARASSMENT POLICY - Lincolnshire East CCG</a></p>																																														

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

**How does the organisation facilitate a work-life balance and ensure flexible working options are available for all staff? Please give examples**


Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result: LECCG offer flexible working options to all staff consistent with the needs of the service and the way people lead their lives</p> <p>Strongly Agree/agree – 86%</p>	N/A	<p>The EDS2 Assessors group were assured that staff are aware of their right to request flexible working and many staff already work flexibly, this maintained a green rating.</p> <p>In order to progress it was agreed that the CCG would further explore the views of the 14% of EDS2 Staff survey respondents who disagreed or strongly disagreed with the statement.</p>	<p>The CCG has a flexible working policy and requests to work flexibly are dealt with on an individual basis.</p> <p>See flexible working, special leave, Management of Work Related Stress and annual leave policies: (HR policies can be reviewed on our website here: <a href="https://lincolnshireeastccg.nhs.uk/about-us/policies/hr-1">https://lincolnshireeastccg.nhs.uk/about-us/policies/hr-1</a>)</p> <p><b>Carers Quality Award</b> During a presentation on Monday 12th March, the CCG received the Lincolnshire Carer's Quality Award from Lincolnshire based organisation, Every-One, which works to support unpaid carers and those they care for. The Carers Quality Award is funded by the Lincolnshire County Council. Lincolnshire East CCG have worked with Every-One for the last few months to gain the accreditation,</p>	Staff feel able to request flexible working and there is an improvement in work-life balance	<p>2018 grading – green</p> <p>2017 grading – green</p> <p>2016 grading – green</p>








<p>Strongly disagree / Disagree 14%</p> <p>Don't know – 0%</p>			<p>recognizing their commitment to identifying and supporting unpaid carers both within their workplace and through their commissioned services. As part of the award the CCG provided evidence of how we support staff carers to work flexibly around their caring needs.</p> <p><b>Staff Survey Results –</b> In the last CCG staff survey (2016/17) 60% (18/30) of staff said they were either “satisfied or “very satisfied” with the CCG’s opportunities for flexible working patterns (question4), this is compared to 82% (28/34) the last time the survey took place (2015).</p>	
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### 3.6 Staff report positive experiences of their membership of the workforce

**How does the organisation engage with its employees and use their feedback constructively and positively to improve morale and experience? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result: Your experience as part of the workforce at LECCG is positive</p> <p>Strongly Agree/agree – 69%</p> <p>Strongly disagree / Disagree 24%</p> <p>Don't know – 7%</p>	<p>Support our staff and focus recruitment to ensure that our workforce represents the community we serve.</p>	<p>The EDS2 Assessors group agreed that this would remain green and the CCG would further explore the views of the 24% of EDS2 Staff survey respondents who disagreed or strongly disagreed with the statement.</p>	<ul style="list-style-type: none"> <li>The CCG has undertaken a staff survey, which has been analysed and reported on. As part of this an action plan was developed and a range of staff events created to improve morale and team working.</li> <li>The CCG has a monthly team meeting “Team Brief” which has improved staff engagement and communication over the past year. A written report of feedback is circulated to all staff, so that staff are kept well informed in periods of absence, annual leave, or where they cannot attend due to other work commitments. Training is sometimes delivered at this meeting, for example carer training was delivered at the team brief meeting on 9 October 2017.</li> </ul> <p> Carers training.docx</p> <ul style="list-style-type: none"> <li>The CCG has established “Accountable Officer” questions over the past year, which has been popular with staff. Staff can ask questions to the AO confidentially via the communications manager, and responses are sent to all staff. This has improved communication within the organisation.</li> <li>Regular one-to-ones take place between all staff and their line manager.</li> <li>Appraisals/staff development reviews are</li> </ul>	<p>Staff have the opportunity to give their views on working for the CCG.</p>	<p>2018 grading-green</p> <p>2017 grading-green</p> <p>2016 grading - amber</p>

			<p>undertaken annually to monitor morale and improve the experience of staff working for the CCG.</p> <ul style="list-style-type: none"> <li>The CCGs Newsletter has also improved communication and engagement with staff.</li> </ul> <p>  1517_CCG Lincolnshire_Closer_F   1517_CCG Lincolnshire_Closer_C   1427_CCG Lincolnshire_Closer_S   1375_CCG Glincs_Closer_Apr17FINAL.pdf   1375_CCG Lincolnshire_Closer_J </p> <ul style="list-style-type: none"> <li>Work is underway to develop a CCG intranet and a Lincolnshire East CCG Nurse and Allied Health Professionals Forum via Facebook.</li> <li>CCG Facebook &amp; Twitter page has been successful in promoting and sharing information with staff.</li> </ul>		
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## 4 Inclusive leadership

NHS organisations should ensure that equality is everyone’s business with everyone taking an active role

### 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

**How has the organisation’s senior management and governing body promoted equality throughout the organisation and the local health economy? Please give examples**





Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]					
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>Board members and SMT routinely demonstrate their commitment to equality</td> </tr> <tr> <td>Strongly Agree/agree – 48%</td> </tr> <tr> <td>Strongly disagree / Disagree 17%</td> </tr> <tr> <td>Don't know – 34%</td> </tr> <tr> <td>Clinical &amp; nonclinical managers routinely demonstrate</td> </tr> </table>	Board members and SMT routinely demonstrate their commitment to equality	Strongly Agree/agree – 48%	Strongly disagree / Disagree 17%	Don't know – 34%	Clinical & nonclinical managers routinely demonstrate	N/A	<p>Given the survey results, with 17% of staff disagreeing, and 34% of staff who didn't know how the CCG's senior management team and Governing Body promoted equality, it was agreed that the following actions need to take place:</p> <ol style="list-style-type: none"> <li>E&amp;D face to face training for the CCG's Governing Body</li> <li>E&amp;D lead to produce a quarterly paper to the CCG's Governing Body.</li> </ol>	<p>The CCGs lay member for Patient and Public Involvement is an equality champion and provides challenge to the CCG's Governing Body</p> <p>The CCG's senior team are required to undertake mandated training; E&amp;D is a key module of this.</p> <p><b>The CCG's Equality strategy and</b> other supporting documents for Equality and Diversity can be reviewed on our website here: <a href="https://lincolnshireeastccg.nhs.uk/about-us/equality-and-diversity">https://lincolnshireeastccg.nhs.uk/about-us/equality-and-diversity</a> These documents explain how the CCG work in ways that ensure equality and inclusion is embedded into all of its functions.</p>	The senior management of the organisation provides leadership in equality and human rights.	<p>2018 grading - amber</p> <p>2017 grading - amber</p>
Board members and SMT routinely demonstrate their commitment to equality										
Strongly Agree/agree – 48%										
Strongly disagree / Disagree 17%										
Don't know – 34%										
Clinical & nonclinical managers routinely demonstrate										



their commitment to equality				
Strongly Agree/agree – 59%				
Strongly disagree / Disagree 10%				
Don't know – 31%				

**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**

**What processes are in place to demonstrate that the organisation's decision making committees have considered equality relating impacts? Please give examples**

Protected characteristics & Survey Results	Equality objective/Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]
<p>All</p> <p>Survey result:</p> <p>Any risks associated with equality are identified and managed by LECCG</p> <p>Strongly Agree/agree – 57%</p> <p>Strongly disagree / Disagree 11%</p> <p>Don't know – 32%</p>	N/A	<p>The EDS2 group agreed that the CCG are amber for this rather than green, and agreed the following actions to improve:</p> <ul style="list-style-type: none"> <li>An audit on completion of the E&amp;D section of the Governing Body's front sheet</li> <li>Deputy Chief Nurse to work with E&amp;D lead and the PPI lay member to improve this standard</li> </ul>	<p>The Governing Body front sheet contains a section to report on equality impact on each paper, as do the QPEC, Risk and Governance and other committees.</p> <p> Template Front Sheet.doc</p> <p><b>CCG Equality Analysis when considering service change</b> -Equality Analysis is carried out on new and revised CCG services. Please see example Equality Impact assessments from the recent practice merger applications to the CCG:</p> <p><b>Stuart House and Westside practices</b></p> <p> Stuart House and Westside Item 10 iv -</p> <p><b>Newmarket/Wolds practices</b></p> <p> Newmarket Tetford Coningsby Item 4 ii. -</p> <p><b>James Street/Kidgate practices</b></p> <p> Kidgate-James Street Item 5 ii. - EqI</p> <p>The CCG has an <b>Equality and Diversity Policy</b> which provides a framework the CCG that will ensure compliance with the Equality Act 2010 and Human Rights Act 1998 in respect of their duties as an employer and commissioner of</p>	The Governing Body are made aware of any equality implications of the papers they receive	<p>2017 grading- Amber</p> <p>2017 grading- green</p>

			NHS services. The policy demonstrates the CCGs commitment towards dealing fairly with issues of equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as an employer. The Policy can be reviewed here: <a href="https://lincolnshireeastccg.nhs.uk/index.php/about-us/key-documents/policies-1/hr-1/1255-hr024-equality-a-diversity-policy-current-review-may-2018/file">https://lincolnshireeastccg.nhs.uk/index.php/about-us/key-documents/policies-1/hr-1/1255-hr024-equality-a-diversity-policy-current-review-may-2018/file</a>		
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**4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

**How does the organisation ensure managers proactively engage with their staff to value diversity and so creating an inclusive working environment? Please give examples**

Protected characteristics & Survey Results	Equality objective/ Human Rights	Information and next steps	Evidence (What has actually been done/achieved?)	Impact	Grading [Date]								
<p>All</p> <p>Survey result:</p> <table border="1"> <tr> <td>Middle managers and other managers support staff and create a work environment free from discrimination</td> <td>86%</td> </tr> <tr> <td>Strongly disagree / Disagree</td> <td>0%</td> </tr> <tr> <td>Don't know –</td> <td>14%</td> </tr> </table> <p>Survey result:</p> <table border="1"> <tr> <td>Clinical &amp; nonclinical managers routinely demonstrate their commitment to equality</td> <td></td> </tr> </table>	Middle managers and other managers support staff and create a work environment free from discrimination	86%	Strongly disagree / Disagree	0%	Don't know –	14%	Clinical & nonclinical managers routinely demonstrate their commitment to equality		Freedom from discrimination	The EDS2 Assessors group agreed that the CCG should stay green for this standard, and more work was required to understand the views of the staff who responded “disagree” or “don’t know” to the two survey questions in order to improve.	<p>The CCG has a stated commitment to equality and inclusion and all staff are required to undertake equality training as part of mandated training. This is monitored by the CCG’s corporate office, and reminders are sent to all staff and their line manager.</p> <p>The CCG is a Mindful and a Disability Confident Employer and is has achieved the Carers Charter (information about these is provided above in section 3.1).</p> <p><b>The Staff Survey</b> included questions on equality and diversity last year. The key results for equality and diversity were:</p> <ul style="list-style-type: none"> <li>○ 93.1% of staff felt that the organisations supports equality and diversity</li> <li>○ 62.1% felt the act fairly with regard to career progression / promotion, regardless of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation and 21% didn’t know.</li> <li>○ 96.6% of staff said they had not experienced discrimination at work from their manager / team leader or other colleagues</li> </ul> <p><b>The appraisal process</b> has been reviewed and a new template developed to support staff to carry out their duties effectively and give staff the opportunity to influence their career development and level of job satisfaction.</p>	Staff are aware of their rights and responsibilities with respect to equality and human rights.	<p>2018 grading-green</p> <p>2017 grading-green</p>
Middle managers and other managers support staff and create a work environment free from discrimination	86%												
Strongly disagree / Disagree	0%												
Don't know –	14%												
Clinical & nonclinical managers routinely demonstrate their commitment to equality													

Strongly Agree/agree – 59%
Strongly disagree / Disagree 10%
Don't know – 31%



TEMPLATE Appraisal  
with ED format Octob

