Equality Delivery System 2 Grades and Improvement Plans 2017-18

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This report documents NHS Sutton Clinical Commissioning Group's performance and improvement plans on equality and diversity.

Contents

Version 1	Sandra Ovid and Valerie Richards	24 July 2018
Version 2	Sandra Ovid and Valerie Richards with input from Anna Cassin and Sarah Patmore and Sam Green	4 September 2018

1. The Public Sector Equality Duty and the Equality Delivery System

1.1 The Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought existing equality law within a single piece of legislation and covers race, sex, disability, age, marital status and civil partnership, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment. These categories are also referred to as 'protected characteristics'.

Under the Equality Act, public bodies, such as NHS Sutton Clinical Commissioning Group (referred to as Sutton CCG) have a general duty to show 'due regard' to three aims:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

To meet the general duty, Sutton CCG has two 'specific duties', which include:

- publishing 'equality information' to demonstrate compliance with the general duty,
- publishing 'equality objectives' needed to meet the aims of the general duty.

To be legally compliant, Sutton CCG would need to meet both the general and specific duties of the Equality Act – as they are part of its Public Sector Equality Duty (PSED). The aim of the PSED is to integrate consideration of equality into the day-to-day business of public bodies and consider how to tackle systemic disadvantage faced by people with protected characteristics.

Demonstrating 'due regard' to people with protected characteristics means that Sutton CCG must consider the three aims of the general duty in its decision-making and day-to-day activities by:

- removing or minimising disadvantages suffered by people due to their protected characteristics,
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

This can be done through: training and development, consultation and engagement with staff, leadership teams, service users and members of the public and setting objectives and targets around improving outcomes for protected groups. Implemented systematically, the PSED can lead to improved decision-making, improved satisfaction levels among staff and service users and effective use of resources.

1.2 The Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) was launched on 11 November 2011 by NHS England to help health commissioning and provider organisations improve their performance on Equality and Diversity through regular reviews and engagement with staff, patients, carers, community activists, public and voluntary sector partners and Governing Body members.

Refreshed in 2013, the EDS2 is now implemented annually by all NHS organisations. It is included in the NHS Standard Conditions of Contract and recognised as a tool to meet the aims of the General Equality Duty.

The EDS2 assessment reviews 18 outcomes (described in Appendix 1) grouped under the following 4 goals:

Goal 1:   **Better Health Outcomes**

Goal 2:   **Improved Patient Access and Experience**

Goal 3:   **A Representative and Supported Workforce**

Goal 4:   **Inclusive Leadership**

The goals and outcomes are graded as either: undeveloped, developing, achieving or excelling (using a red/Amber/Green/Purple colour-coding scheme) following an evidence-gathering and engagement process.

Improvement plans developed thereafter are integrated into operational and organisational development plans through tools, such as service specifications, key performance indicators and clinical review processes. Issues related to the workforce are addressed through training and development, appraisal processes and policies and procedures.

The overall objective of the EDS2, is to embed equality into everyday business practices and foster a culture of transparency and accountability.

The EDS2 has helped Sutton CCG systematically review a selection of commissioned services, employment practices and decision-making processes to ensure compliance with Equality Act.

It has helped improve services and provided a means to engage with key stakeholders, namely patients, staff, leadership teams, the voluntary sector and the public. The aggregated goals for Sutton CCG since 2014 for all four Goals can be found in Table 1.1.

Table 1.1 EDS2 Grades 2014-15 till 2017-18

EDS2	2014-15	2015-16	2016-17		2017-18
Goal 1	Developing	Developing (Admiral Nursing)	Achieving (C-SALT)		(Achieving) (MSK)
		Developing (Enhanced Optometry Services)	Developing (CHC)		
Goal 2	Developing	Developing (Admiral Nursing)	Achieving (C-SALT)		(Achieving) (MSK)
		Achieving (Enhanced Opt. Services)	Achieving	Developing(CHC)	
Goal 3	Developing	Developing	Developing		(Developing)
Goal 4	Developing	Achieving	Developing		(Achieving)

2. Implementing the Equality Delivery System

Since authorisation in April 2013, Sutton CCG has ensured that embedding equality and diversity is a priority. The implementation of the EDS2 for 2017-18 was overseen by the CCG's Equality and Engagement Steering Group.

The group meets quarterly and monitors progress of the EDS2 work plan. The group includes representatives from commissioning and quality and safety teams and the Governing Body. Feedback from the group is reported to the Quality Committee and Governing Body.

2.1 Stakeholder Engagement and Grading

Sutton CCG gathered a range of quantitative and qualitative evidence throughout 2017-18 to assess its performance against the EDS2.

A key aspect of the assessment process was the involvement of a range of stakeholders - staff, Governing Body representatives, providers, carers and voluntary sector representatives - in the grading of Goals 1 and 2.

Commissioning managers gathered evidence for each of the outcomes under Goals 1 and 2 and assessed them at a public event at Jubilee Health Centre 20 February 2018.

Goal 1-2

To assess Goals 1 and 2 (the patient-focussed domains), the CCG reviewed the following commissioning priority: For 2017-18 the CCG concluded the assessment for Goals 1 and 2 for which it reviewed the Community Musculo-Skeletal Service.

Based on the feedback, Sutton CCG was assessed as:

Goal 1 -Outcomes 1.1, 1.2 and 1.4 - **ACHIEVING**

Outcome 1.3. - **ACHIEVING/EXCELLING**

Goal 2 -Outcomes 2.1 - 2.2 - **ACHIEVING**

2.3 **EXCELLING** Outcome 2.4 - **ACHIEVING**

Table 1.2 EDS2 Grades for Goal 1-2

Goal	Outcomes	Community Musculo-Skeletal Service			
Goal 1 (Better Health Outcomes)	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving			
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving			
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving		Excelling	
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Achieving			
Goal 2 (Improved patient access and experience)	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving			
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving			
	2.3 People report positive experiences of the NHS	Excelling			
	2.4 People's complaints about services are handled respectfully and efficiently	Achieving			
Grading Key	Undeveloped People from all protected groups fare poorly compared with people overall OR evidence is not available.	Developing People from only some protected groups fare as well as people overall.		Achieving People from most Protected groups fare as well as people overall.	Excelling People from all Protected groups fare as Well as people overall.

Goal 3

Goal 3 outcomes was graded on the staff survey at the Task and Finish group on 16 April 2018 where a cross-section of employees from a range of teams reviewed evidence from the Employee Staff Records (ESR) and staff survey 2017.

Equality and Engagement Steering Group meeting was held on 28 June 2018 with NEL's Equality, Diversity Inclusion Manager to engage with staff on the outcomes of the 2017 staff survey.

A further meeting was held on 17 July 2018 with OD representatives to sense check the grading results from the previous meetings. For this goal, Sutton CCG was assessed as **DEVELOPING** overall. This means that staff members from some protected groups fare well compared with the overall workforce. *(See Table 1.3)*.

Table 1.3 EDS2 Grades for Goal 3

	Outcomes	Grades in 2014	Grades in 2015	Grades in 2016	Grades in 2017
Goal 3: A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	(D)	(D)	(A)	(A)
	3.2 The NHS is committed to equal pay for equal work and expects employers to use equal pay audits to help fulfil their legal obligations.	(U)	(D)	(U)	(D)
	3.3 Training and development opportunities are taken up and positively evaluated by staff	(D)	(D)	(U)	(D)
	3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.	(D)	(A)	(D)	(D)
	3.5 Flexible options are available to all staff consistent with the needs of the service the way people lead their lives	(U)	(A)	(D)	(A)
	3.6 Staff report positive experiences of their membership of the workforce.	(D)	(A)	(A)	(A)
Grading Key	**Undeveloped** Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is unavailable.	**Developing** Staff members from only some protected groups fare as well as the overall workforce.	**Achieving** Staff members from most protected groups fare as well as the overall workforce.	**Excelling** Staff members from all protected groups fare as well as the overall workforce.	

Goal 4

Goal 4 was assessed using evidence gathered from the CCG's leadership team, the staff survey and staff workshop. Grades for outcomes 4.1 and 4.2 was validated by an external organisation (Sutton Community Service).

Outcomes 4.1 a seminar was held on 7 June 2018 for GB members to complete a template for 4.1 the CCG secured an **ACHIEVING** and **ACHIEVING** for 4.2.

A further grading was carried out by Sutton Community Service confirmed the grade **ACHIEVING**.

Overall the CCG secured an **ACHIEVING** grade for Goal 4.

Outcome 4.3 was assessed as **DEVELOPING** at the staff forum, which means staff from most groups fared well (see Table 1.4).

Table 1.4 EDS2 Grades for Goal 4

	Outcomes	Grades in 2014	Grades in 2015	Grades in 2016	Grades in 2017
Goal 4: Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their Organisations.	**(D)**	**(A)**	**(D)**	**(A)**
	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.	**(D)**	**(D**	**(D)**	**(A)**
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	**(A)**	**(D)**	**(A)**	**(D)**
Grades	**Undeveloped** — There are no examples of a strong and sustained commitment	**Developing** — Only some of the examples show a strong and sustained commitment	**Achieving** — Many of the examples show a strong and sustained commitment.	**Excelling** — All of the examples show a strong and sustained commitment.	

Some of the key areas of improvement highlighted through the EDS2 engagement and assessment process 2017-18.

Goal 1 and 2: The evidence for the goal highlighted the following:

Following a patient engagement session with the community MSK service on 20th February 2018, this highlighted the following area for improvement which have or are taking place:

- Awareness needs to be raised in Sutton about the community MSK service to ensure patients aware and have understanding of the process, including on the community services website.
- Potential need to review if self-referral to the community MSK service might be a future development, at the moment access to the service is via primary care direction only
- Review of follow up appointment booking process took place

Due to the review of the appointment booking changes, the follow - ups were able to be booked more than 2 weeks in advance and a mini rehab review/audit looked at the use of follow up slot here, a review of the recommendations implemented is currently being written.

Goal 3: The evidence for this goal highlighted the following:

- Recruitment and selection training to be organised (including unconscious bias avoidance for recruiting panel)
- Work to be undertaken to ensure there is a balance panel –incorporate with recruitment selection training
- Promoting vacancy bulletin internally
- Information about the new pay structure to be promoted to ensure staff understand the impact on them individually. This was completed in August 2018.
- Provide training and support for line managers on how to carry out effective Appraisals training for managers on responding to flexible working requests, ensuring a consistent approach
- Consider training needs analysis across the organisation to ensure effective training provision
- Buddy/mentor system when new in post has been rolled out.

Goal 4: The evidence for this goal highlighted the following:

- Where there is no or lack of equalities impact demonstrated in the outcomes having a table with the protected characteristics could be useful as a guide for ED2 reporting.
- Key board papers and reviews need to complete equality analyses routinely, from the outset, rather than at a later stage
- This needs to be evidenced and summarised in Governing Body papers and cover sheets.
- Ensure LGBT community are not marginalised sometimes it's easier to focus on age, gender and ethnicity
- Governing Body members need to continue demonstrating the improvements they have been able to bring about or how they have succeeded in reducing inequalities
- Practical examples/case studies of how equalities impact has been achieved would be a good demonstration.

3. EDS2 Goals 1-4 Improvement Plans 2017-18

The agreed improvement plans for Goals 1 to 4 can be found in *Appendix 4*. These plans have been finalised after consultations with commissioning managers, leadership, HR and Quality teams. The

Director of Quality will oversee the implementation of these plans and monitored by the CCG's Equality Diversity Equality and Engagement Steering Group and Quality Committee.

4. Equality Objectives 2013 – 2021

Every year the CCG's Equality Objectives will be reviewed and updated in accordance with the specific needs of Sutton CCG and its population, to ensure that 'due regard' is given to the changing health needs of those who share one or more protected characteristics and to ensure that objectives are being met. Sutton CCG's Equality Objectives for 2013-21 are outlined in *Table 1.5*. These will be reviewed and a new set developed for 2017-21 based on the EDS2 work between 2014 and 2018.

Table 1.5: Sutton CCG's Equality Objectives 2013-21

Year 1 (2013/14)
1. Building, using and sharing data collection and evidence base
2. Develop Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community
3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes
4. Training and conducting Equality impact Analysis (EA)
5. HR: Training needs identified for Board, CCG
6. HR: Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)
Year 2 (2014/15)
1. Delivery of Communications and Engagement strategy delivers equality requirements.
2. Patient and public involvement in decommissioning, commissioning, design & procurement of services.
3. HR: Deliver training to embed equalities for Governing Body.
Year 3 (2015/16)
1. Review Communications and Engagement strategies as inclusive and actively responding to needs of diverse community
2. HR: Demonstrate improvement of disaggregated staff views on current workforce issues (inc. health and wellbeing,   bullying and harassment)
Year 4 (2016/17)
1.   Review Equality Key Performance Indicators to measure improvement in health Outcomes
Year 5 (2017-21)
1.   Develop a schedule of strategies to complete EAs' through programme office by

	March 2019 – The Programme Management Office (PMO) and Head of Corporate Governance have implemented documents for business cases and board papers to ensure EIA is completed.
2.	Develop a baseline of providers reporting on equality duties by 31 March 2019 as part of Board Assurance on the CCG meeting it statutory duties. Three providers are yet to publish their WRES report to be followed up at CQRG's
3.	Undertake targeted engagements with young people across different protected groups to prevent risk of self-harm and promote access to services – Engagement with young people across SW London is ongoing. The Fairness Commission has completed a report on children's wellbeing and mental health in Sutton.
4.	Improve staff engagement and wellbeing through targeted interventions to promote well-being by March 2019 Continue to promote Bullying and Harassment agenda for staff through the South West London Alliance programme in 2018/19
5.	Review process on how we support service users with disabilities/ learning disabilities to ensure transition from service to another are made smooth with everyone well-informed
6.	Provide practical case studies of how equalities impact has been achieved through service and workforce

In Year 4 of the Equality Objectives – the EDS2 review has helped to evidence that:

- There was an increase in staff perception of recognition by their line manager and the organisation, which is also above the national average. This assess whether staff feel valued and are satisfied with recognition for good work

- Quality of appraisals has improved has increased since the 2016 survey

- Governance for equality-related risks needs to be strengthened and monitored on an ongoing basis to support fair decision-making. Key board papers must enclose an equality-related risk analysis or a distinct equality analysis as part of due process.

- Training on EA with GB members will be reviewed on an annual basis and new GB members will be trained as part of their induction.

The improvement plans will help to inform the equality objectives for 2017-21.

5. Publishing the EDS2 results
The EDS2 objectives, grades and improvement plans for Goals 1 and 4 needs to be published on the Sutton CCG website by 31 October 2018. The improvement plans will form part of Sutton CCG's operational and organisational development plans to ensure they are embedded in mainstream business and reviewed regularly.

6. Monitoring and Reviewing the EDS2
Sutton CCG will monitor and review the implementation of the EDS2 on an annual basis. The EDS2 framework will also help Sutton CCG to meet its Public Sector Equality Duty and its equality objectives. Staff, leadership teams, patient groups and partner organisations will continue to be involved in ensuring

improved outcomes for all protected groups and will support the improvement plans for all goals of the EDS2.

7. EDS2 Implementation Plan 2017/18
The implementation plan for the EDS is given in Table 1.6

Table 1.6 Sutton CCG's EDS2 Implementation Plan for 2017-18

Action	By When	By Who
Meeting with Director of Quality to discuss approach and agree commissioning priorities	**Completed**	CSU ED lead/CCG ED lead
Commissioning team to agree EDS priorities to be reviewed	**Completed**	CSU ED lead/ CCG ED lead
Initial meetings with commissioning managers	**Completed**	CSU ED lead
CCG commissioners and providers gather data for EDS	**Completed**	CCG lead commissioners
Identify invitees for public grading event, develop communications and circulation lists.	**Completed**	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 grading process with stakeholders	**Completed**	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 - Service Improvement for Equality Plans developed and approved with commissioners / providers	**Completed**	CSU ED lead/ Commissioning managers
Goal 3 – A representative and supported workforce (internal assessment)	**Completed**	CSU ED Lead / Assistant Director of Quality / HR
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	**Completed**	CSU ED Lead / Assistant Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan by Equality Engagement Steering Group	**Completed September 2018**	CSU ED lead/ Assistant Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Sutton CCG Quality Committee	**To complete October 2018**	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Sutton Governing Body November	**To Complete in November 2018**	CSU ED lead/ Director of Quality
Review progress of EDS2 Improvement Plan for Goals 1-4	**March 2019**	CSU ED lead/ Director of Quality

8. Comments & Feedback

We welcome any comments and feedback on this EDS2 Grades and Improvement Plan Report. We would like to know how effective this scheme is in promoting and delivering equality and welcome any comments and suggestions for improvement.

Comments and feedback can be sent to:

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Appendix 1:   EDS2 Goals and Outcomes

The Goals and outcomes of EDS(2)		
Goal	**Number**	**Description of outcome**
Better Health Outcomes	**1.1**	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.
Improved Patient Access and Experience	**2.1**	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.
	2.3	People report positive experiences of the NHS.
	2.4	People's complaints about services are handled respectfully and efficiently.
A Representative and Supported Workforce	**3.1**	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	3.6	Staff report positive experiences of their membership of the workforce.
Inclusive Leadership	**4.1**	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Appendix 2: Current Good Practice

The following examples of good practice were highlighted by staff, service users, partner organisations and leadership teams during the stakeholder engagement exercises for Goals 1 to 4:

1. **Goals 1-2: Better health outcomes and improved patient access and experience**
   a) **Musculo Skeletal Service**

Protected Characteristics	Good practice	Fulfilment of which aim of PSED:
All	• Patients have access to a 'Floater' therapists to assess their individual needs • Exercise programme can be recorded for patients to follow at home (if they are unable to complete sessions)	All 3 aims
Ethnicity	• Staff help patients with language and communication difficulties with filling forms • Patients can have access to leaflets promoting access to interpreters/ translation and advocate service, where required	All 3 aims
Disability	• Service is flexible to meet the needs of patients who have a physical health, mental health or learning disability needs • The service takes into account needs of vulnerable patients	All 3 aims
Disability and other vulnerable children	• Support is provided for elderly patients, patients with children or patients with mobility problems • Vulnerable patients appointments can be moved ahead (to reduce waiting time and anxiety)	All 3 aims
Carers	• Carers are able to record exercise programme for the patient to follow after at home • Community services bulletin shared feedback from service users and carers	All 3 aims

b) **Goal 3: A representative and supported workforce**

Protected Characteristics	Good practice	Fulfilment of which aim of PSED:
All	• User and provider involvement in selection panels to ensure objective selection processes. Use of good job description and person specification to appoint 'perfect' candidate. Respectful and polite conduct shown by interview panel – reflects well on organisation and promotes its reputation.	All 3 aims

Protected Characteristics	Good practice	Fulfilment of which aim of PSED:
All	• Supportive managers who help to deal with bullying and harassment or unacceptable behaviour. • Look to set-up 'Speak up Guardian' programme	All 3 aims
All	• Line management supportive to work flexibly	All 3 aims

c) Goal 4: Inclusive leadership

Protected Characteristics	Good practice	Fulfilment of which aim of PSED:
All	• Good examples of championing equality and inclusion with the Governing Body. • 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	All
All	• Middle managers very supportive of staff	All

Appendix 3: Sutton CCG EDS2 Action Plan 2018-19 Goals 1-4

Musculo Skeletal Service –

EDS2 Outcome	Area for Improvement	Source of information	Action Plan and updates	Responsible lead	By when
1.1	• Information about the Sutton community MSK service to be included on community services website	EDS2 Workshop Jubilee Health Centre February 20th 2018	• Liaise with community MSK service	Sam Green/Keisha Antonopoulos	**March 2019**
Goal 2:	**Improving Patient Access and experience**				
2.2	• For patients not having access to video recording facility (mobile phones), there needs to be access to videos on the website	EDS2 Workshop Jubilee Health Centre February 20th 2018	• Linked to 1.1 and review of information on community services website	Sam Green/Keisha Antonopoulos	**March 2019**
2.3	• Service is excelling for this outcome	EDS2 Workshop Jubilee Health Centre February 20th 2018	• Continue to monitor friends and family test results and feedback from patients shared through word cloud to community MSK clinical team	Sam Green/Keisha Antonopoulos	**March 2019**
2.4	• Easy read version of feedback forms required, including access to feedback mechanism through I-pads	EDS2 Workshop Jubilee Health Centre February 20th 2018	• Review Accessible Information	Sam Green/Keisha Antonopoulos	**March 2019**

EDS2 Goal 3 and Outcome 4.3 Action Plan 2017-18

EDS2 Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete Scheduled, Under discussion)
Fair recruitment and selection practices					
	• Not all panels are balanced with regards to ethnicity, gender etc • Unconscious bias training undertaken for recruiting managers. • Improvement in WRES data re ethnic balance within the CCG • Not all opportunities are promoted across the organisation to ensure equal access and awareness	EDS2 Workshops : Task & Finish group 16 April 2018 Steering Engagement group 28 June 2018 OD Workshop 17 July 2018	• Recruitment and selection training to be organised (including unconscious bias avoidance for recruiting panel) – being delivered through SWL Alliance • Work to be undertaken to ensure there is a balanced panel –incorporate with recruitment selection training • Promoting vacancy bulletin internally – in place	**Anna Cassin/Sarah Patmore**	**March 2019**
Pay and Grading					
3.2	• Equal Pay Audit has not been conducted : would need to happen across SWL Alliance due to numbers of staff • Staff are appointed on Agenda for Change pay structure and terms and conditions. NHS new national pay structure has been agreed and launched • New / amended posts are job evaluated in line with AfC process	EDS2 Workshops : Task & Finish group 16 April 2018 Steering Engagement group 28 June 2018 OD Workshop 17 July 2018	Information regarding new pay structure disseminated in August 2018 Equal Pay Audit – to be decided by SW London Alliance	**South-West London Alliance**	**March 2019**

Training and Development

| 3.3 | • The number of staffing having an appraisal has increased since the 2016 survey but it still falls below the CCG average. Increase from 54% to 71%, average 84%

• The quality of appraisals has also improved since 2016 and is also better than the CCG average

• No issues around the quality of non-mandatory training were specifically highlighted in staff survey | EDS2 Workshops : Task & Finish group 16 April 2018

Steering Engagement group 28 June 2018

OD Workshop 17 July 2018 | • SW London Alliance will provide training and support for line managers on how to carry out effective appraisals
• Set objective for line managers around appraisal completion
• Encourage staff to request appraisal – joint responsibility
• Consider training needs analysis across the organisation to ensure effective training provision this is dependent on capacity and costing for the project
• Buddy/mentor system when new in post | **Sarah Taylor** | **July 2019**

To be agreed ; due to capacity |

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

| 3.4 | • There has been a reduction in the percentage of staff experiencing bullying and harassment from patients / relatives from 15% to 9%, and the 2017 figure is in line with the national average

• Slight reduction in % of staff reporting B&H from colleagues, staff who experienced bullying and harassment stated they experienced 1 or 2 episodes

• Of those who experienced any bullying and harassment, only a third of individuals or a | EDS2 Workshops : Task & Finish group 16 April 2018

Steering Engagement group 28 June 2018

OD Workshop 17 July 2018 | • Speak up Guardians – SWL Alliance programme to include re; dignity at work
• SWL Alliance – commissioning an external organisation to undertake training on B&H for managers and staff; revise policy across the Alliance and incorporate dignity at work element (behaviours) | OD lead SWL Alliance / OD working group chairs | **July 2019** |

	colleague reported the incident. This is the same score as in 2016 and similar to the national average		• Induction to include information – policy for Bullying and Harassment • Ensure service users are aware of zero tolerance approach to abuse of staff. • Highlight CCGs bullying & harassment policy & procedure to all staff, particularly the informal resolution options this is being included in the SWL Alliance programme • Exit interviews; agree process for SW London Alliance		
Flexible options are available to all staff consistent with the needs of the service and the way people lead their lives					
3.5	• From staff survey there was a small decrease in the percentage of staff satisfied with opportunities for flexible working and this was in line with the average CCG score • Flexible working policy in place – number of staff have used flexible working and working from home to support management of workload and work –life balance	EDS2 Workshops Task & Finish group 16 April 2018 Steering Engagement group 28 June2018 OD Workshop 17 July 2018	• ensure managers and staff are aware of flexible working policy ensuring a consistent approach is taken when considering requests, in line with business needs • Promote flexible working policy to staff, explaining options and how to make a request / what will be considered	**Directors SCCG**	**March 2019**
Staff report positive experiences of their membership of the workforce					

| 3.6 | • There was a slight increase in staff satisfaction with their level of responsibility and involvement, which was also higher than the national CCG average

• There was an increase in staff perception of recognition by their line manager and the organisation, which is also above the national average. This assess whether staff feel valued and are satisfied with recognition for good work | EDS2 Workshops : Task & Finish group 16 April 2018

Steering Engagement group 28 June 2018

OD Workshop 17 July 2018 | • To continue monitoring positive staff experience and considering how staff can be supported to achieve e.g. work being done on staff health and wellbeing | Anna Cassin
Sarah Patmore | **ongoing** |

Goal 4 – Inclusive Leadership

4.1 Strong and Sustained commitment towards equality, diversity and inclusion					
4.1	• Some practical examples/case studies of how equalities impact has been achieved would be a good demonstration. • Protected characteristics who are often marginalised i.e LGBT community need to ensure all key papers complete an equality analysis and governance around recording is adhered to As sometimes it's easier to focus on age, gender and ethnicity		• GB members to provide max 5 case studies annually – at GB seminar • Review marginalised groups and ensure this area is reported on	Jane Walker Sally Brearley	**August 2019**
4.2 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations					
4.2	• Where there is no or lack of equalities impact demonstrated in the outcomes having a table with the protected characteristics could be useful as a guide.	External to review	• Ensure Protected Characteristics (PC) table factored into the report going forwards • Governance team supported with a checklist to ensure key board papers have completed an EA and minutes reflect board's consideration on equality and diversity	Board governance team/CSU E&D Lead Jane Walker	**March 2019** **In place/Ongoing**

4.3 Support from line managers and middle managers to work in culturally competent ways					
4.3	• Increase in staff perception of recognition by their line manager and the organisation, which is also above the national average assesses whether staff feel valued and feel recognised for good work. • CCG: 3.88 Average: 3.72 • Significant increase in percentage of staff reporting good communication between senior management and staff: • CCG: 65% Average: 50% (2016: 43%)	External to review	• Improve compliance with equality and diversity training – 80% target for 18/19	Directors SCCG	**March 2019**