



## **GRADING EVENT 10 DECEMBER 2015**

### **Introduction**

The Equality and Diversity Strategy (EDS2) grading was carried on 10 December 2015 at the Indian Community Centre Association, Hucknall Road Nottingham. Evidence was sent to each attendee prior to the event to enable attendees to have an understanding of the evidence and approach taken by CityCare. At the event presenters delivered this information and discussion was held around the grading and future actions.

### **Objectives**

There was a positive response to the proposed objectives and positive comments were received on the day.

### **Grading Results**

The overall results are shown below along with comments for consideration with the action plan.

### **GRADING AND COMMENTS RECEIVED**

Four broad EDS outcomes were considered:

1. Better health outcomes for all
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

GRADE	GOAL	THEMES	COMMENTS																						
	One	<b>Responsible Director: Phyllis Brackenbury Director of Operations &amp; Transformation</b>																							
Achieving	1	<p><b>Transitions from one service to another. For people on care pathways, are made smoothly with everyone well-informed</b> Transition from child to adult services/ mental health services/care pathways</p>	<ul style="list-style-type: none"> <li>Brilliant planning and effectiveness with health and social care services working together</li> <li>CityCare's transfer and discharge of care toolkit is under development</li> <li>Ensure all services are considered: Continence, Health visiting, Learning disability services, Looked after Children and the possibly the new diabetes service operating from 1 April 2016</li> </ul> <table border="1"> <thead> <tr> <th>CHILD TO ADULT SERVICES</th> <th>Fare well (y/n)</th> <th></th> <th>Fare well (y/n)</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>Y</td> <td>Pregnancy &amp; maternity</td> <td>N</td> </tr> <tr> <td>Disability</td> <td>Y</td> <td>Race</td> <td>N</td> </tr> <tr> <td>Gender reassignment</td> <td>N</td> <td>Religion or belief</td> <td>N</td> </tr> <tr> <td rowspan="2">Marriage &amp; civil partnership</td> <td rowspan="2">N/A</td> <td>Sex</td> <td>N</td> </tr> <tr> <td>Sexual orientation</td> <td>N</td> </tr> </tbody> </table>	CHILD TO ADULT SERVICES	Fare well (y/n)		Fare well (y/n)	Age	Y	Pregnancy & maternity	N	Disability	Y	Race	N	Gender reassignment	N	Religion or belief	N	Marriage & civil partnership	N/A	Sex	N	Sexual orientation	N
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Achieving	1	<p><b>When people use NHS service their safety is prioritised and they are free from mistakes, mistreatment and abuse</b> Incident reporting Duty of Candor with feedback</p>	<ul style="list-style-type: none"> <li>All staff currently receive training in Duty of Candor</li> <li>The majority of incidents are low or no harm</li> <li>Current high engagement with families</li> </ul>																						
Achieving	1	<p><b>Screening, vaccinations and other health promotion services reach and benefit all local communities</b> Integrated Local Authority and community services including: New Leaf/Healthy Change/School Health/Breast Feeding/Immunisations Engagement with the public including local events &amp; monitor engagement activities to reach protected groups</p>	<ul style="list-style-type: none"> <li>Encourage all clinicians to work in a holistic way</li> <li>Continue promoting good health and referral to appropriate services</li> <li>Consider a service for alcohol abuse in CityCare as there is a need in the community</li> <li>Consider Cannabis/Shisha smokers in New Leaf</li> </ul> <table border="1"> <thead> <tr> <th>HEALTHY CHANGE</th> <th>Fare well (y/n)</th> <th></th> <th>Fare well (y/n)</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>Y</td> <td>Pregnancy &amp; maternity</td> <td>Y</td> </tr> <tr> <td>Disability</td> <td>Y</td> <td>Race</td> <td>Y</td> </tr> <tr> <td>Gender reassignment</td> <td>N</td> <td>Religion or belief</td> <td>Y</td> </tr> <tr> <td rowspan="2">Marriage &amp; civil partnership</td> <td rowspan="2">N</td> <td>Sex</td> <td>Y</td> </tr> <tr> <td>Sexual orientation</td> <td>N</td> </tr> </tbody> </table>	HEALTHY CHANGE	Fare well (y/n)		Fare well (y/n)	Age	Y	Pregnancy & maternity	Y	Disability	Y	Race	Y	Gender reassignment	N	Religion or belief	Y	Marriage & civil partnership	N	Sex	Y	Sexual orientation	N
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Developing	1	<p><b>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</b></p> <p>Improvement in data collection process re protected characteristic groups and communities - qualitative as well as quantitative data            SystmOne to be fit for purpose and support EIAs in line with JSNA population data</p>	<ul style="list-style-type: none"> <li>• SystmOne is not fit for purpose for all services</li> <li>• Changes to SystmOne will be implemented in 2016</li> <li>• Changes have been made to the “ethnicity” category and the “disability” category currently under review</li> <li>• Consider the development of one template for SystmOne to prevent duplication of questions around permanent characteristics</li> <li>•</li> </ul> <table border="1"> <thead> <tr> <th>DATA COLLATION</th> <th>Fare well (y/n)</th> <th></th> <th>Fare well (y/n)</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>Captured</td> <td>Pregnancy &amp; maternity</td> <td>Captured but entered by GP/Midwife</td> </tr> <tr> <td>Disability</td> <td>Captured by some services</td> <td>Race</td> <td>captured</td> </tr> <tr> <td>Gender reassignment</td> <td>Not consistently captured or well used</td> <td>Religion or belief</td> <td>captured</td> </tr> <tr> <td>Marriage &amp; civil partnership</td> <td>Captured</td> <td>Sex</td> <td>Captured</td> </tr> <tr> <td></td> <td></td> <td>Sexual orientation</td> <td>System can technically capture, not consistently collected or well used</td> </tr> </tbody> </table>	DATA COLLATION	Fare well (y/n)		Fare well (y/n)	Age	Captured	Pregnancy & maternity	Captured but entered by GP/Midwife	Disability	Captured by some services	Race	captured	Gender reassignment	Not consistently captured or well used	Religion or belief	captured	Marriage & civil partnership	Captured	Sex	Captured			Sexual orientation	System can technically capture, not consistently collected or well used
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Achieving	1 & 2	<p><b>Individual people’s health needs are assessed and met in appropriate and effective ways &amp; People are informed and supported to be as involved as they wish to be in decisions about their care</b></p> <p>Use collected data to update the Joint Strategic Needs Assessment providing accurate information for Equality Impact Assessments            Patient satisfaction surveys            Care planning &amp; carers support</p>	<ul style="list-style-type: none"> <li>• SystmOne protected characteristics has too many categories.</li> <li>• Accessible Information Standard – disabled patients will be asked how they would like to be communicated with by July 2016</li> <li>• There is a challenge in producing information for patients in different formats/languages and pictorial form - budget constraints.</li> <li>• Surveys should be available to ALL patients – services should ensure this happens.</li> <li>• Explain to patients why we collate this data, what it is used for and how this affects service provision including confidentiality</li> <li>• Consider E&amp;D champions</li> <li>• Consider standardising collation of data across CityCare</li> <li>• Consider SystmOne “language” section drop box in alphabetic order</li> </ul>																								

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	<b>Two Three &amp; Four</b>	<b>Responsible Director: Tracy Tyrrell Director of Quality &amp; Safety/Executive Nurse/HR &amp; Workforce</b>																							
Achieving	2	<p><b>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</b></p> <p>Patient surveys and complaints Access to interpreting services &amp; monitor feedback including interpreting of information: website, leaflets, surveys Consultations involving representatives from protected characteristic groups Learning Disability team facilitate access to primary care</p>	<ul style="list-style-type: none"> <li>• Currently services receive feedback on resolution of complaints</li> <li>• Consider wider sharing of good practice</li> <li>• Consider how more information can be provided by referrers around communication needs and consent to liaise with other parties eg family, carers etc.</li> </ul>																						
Achieving	2	<p><b>People report positive experiences of the NHS &amp; complaints are handled respectfully and efficiently</b></p> <p>Patient surveys Collate compliments Quarterly patient and public engagement report to include equality and diversity data Analysis of complaints data to identify issues for people with protected characteristics Acknowledgement of negative messages including real time experience of recording Awareness of attitudes and beliefs with links to CityCare values</p>	<table border="1"> <thead> <tr> <th>PATIENT SURVEYS</th> <th>Fare well (y/n)</th> <th></th> <th>Fare well (y/n)</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>Y</td> <td>Pregnancy &amp; maternity</td> <td></td> </tr> <tr> <td>Disability</td> <td>Y</td> <td>Race</td> <td>Y</td> </tr> <tr> <td>Gender reassignment</td> <td></td> <td>Religion or belief</td> <td></td> </tr> <tr> <td rowspan="2">Marriage &amp; civil partnership</td> <td rowspan="2"></td> <td>Sex</td> <td>Y</td> </tr> <tr> <td>Sexual orientation</td> <td></td> </tr> </tbody> </table> <p>There is evidence that overall satisfaction is high across all groups from patient surveys, but the small numbers in relation to some protected characteristics make it difficult to draw broad conclusions.</p> <ul style="list-style-type: none"> <li>• Consider protected characteristics within staff survey – are there particular groups that fare well/less well</li> <li>• Consider collating data on people who are in a relationship not just marriage and civil partnership</li> </ul>	PATIENT SURVEYS	Fare well (y/n)		Fare well (y/n)	Age	Y	Pregnancy & maternity		Disability	Y	Race	Y	Gender reassignment		Religion or belief		Marriage & civil partnership		Sex	Y	Sexual orientation	
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Developing	3	<p><b>When at work, staff are free from abuse, harassment, bullying and violence from any source</b></p> <p>Issues identified from the staff survey with action plan including training Relevant policies are in place including Harassment, Equality &amp; Diversity – Respect Campaign</p>	<ul style="list-style-type: none"> <li>• Respect campaign run by CityCare Voice for implementation 2016</li> <li>• Staff Survey 2015 will be linked to protected characteristics – outcome to reported in Workforce Race Equality Standard and action plan</li> </ul>
Developing	3	<p><b>Fair NHS recruitment and selection process lead to a more represented workforce at all levels</b></p> <p>Review annual workforce data to identify trends/ issues - WRES Monitoring career pathways in promotion Values based recruitment with patient representatives &amp; workforce is representative of the community served</p>	<ul style="list-style-type: none"> <li>• Ensure data is meaningful</li> <li>• Predominantly female workforce within CityCare – national challenge within healthcare</li> <li>• Values based recruitment including psychometric testing, interviews and scenario based assessments currently used. Consider options how can we interview differently?</li> <li>• Consider Involving BME and protected groups in the community (church/religious groups) and ensure provision for religious requirements in employment</li> <li>• Consider and evaluate all protected groups</li> <li>• Consider sharing successful local induction programmes such as Children's Services</li> </ul>
Achieving	3	<p><b>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</b></p> <p>Flexible &amp; mobile working policies in place</p>	<ul style="list-style-type: none"> <li>• Some staff apprehensive of technology</li> </ul>
Developing	3	<p><b>Training and development opportunities are taken up and positively evaluated by all staff</b></p> <p>Analysis of training feedback Continued professional development by protected characteristic Review of E&amp;D training modules with targeted training</p>	<ul style="list-style-type: none"> <li>• Consider targeted training for Managers</li> </ul>

GRADE	GOAL	THEMES	COMMENTS
Developing	3	<p><b>Staff report positive experiences of their membership of the workforce</b></p> <p>Annual staff survey analysed, action plan and reviewed</p> <p>Exit interviews for staff, monitoring reasons for staff leaving</p> <p>CityCare Voice</p>	<ul style="list-style-type: none"> <li>Whistleblowing custodians will recruited from January 2016</li> <li>Outcome and actions from staff survey to be disseminated to staff</li> <li>Ongoing analysis undertaken of particular staff groups leaving – no correlation currently</li> <li>Consider exit interview performed by someone objective – current option manager or Human Resources</li> <li>Consider “you said we did” for staff and follow up</li> </ul>
Achieving			
Achieving	3 & 4	<p><b>Boards and senior leaders routines demonstrate their commitment to promoting equality within and beyond their organisations</b></p> <p>Executive lead for CityCare &amp; Chair of the Equality &amp; Diversity Group meeting</p> <p>Equality &amp; diversity principles embedded into CityCare values and behaviours</p>	<ul style="list-style-type: none"> <li>Equality &amp; Diversity Group meeting feeds directly to the Board</li> <li>Patient Experience Group feeds directly to Board</li> <li>Goods links with social care &amp; public health.</li> <li>Very encouraging to know the Board take E&amp;D very seriously and there is a lead at Board level</li> </ul>
Achieving	4	<p><b>Papers that come before the Board and other major Committees identify equality-related impacts including risk, and say how these risk are to be managed</b></p> <p>Policy decisions agreed by the Board will include an Equality Impact Assessment and EIAs are in place for all services</p>	
Developing	4	<p><b>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</b></p> <p>Suitable resources and support is available to enable staff to work in culturally competent ways – policies – Halogen – one to one sessions</p>	<ul style="list-style-type: none"> <li>Planned enhanced E&amp;D training and increased mandatory training requirements in 2016</li> <li>Culture change should come from management</li> <li>There is development but there are incidences where middle management have been culturally insensitive</li> <li>Consider organisation chart for each service with structure of employees for clarity of contact if issues with line manager</li> <li>Consider senior managers visit teams on a regular basis and be visible so people can raise concerns and get to know managers and share good practice</li> </ul>

## Delegates

There were 37 attendees – including senior managers, team managers and representatives from: CityCare Voice, HR and Workforce, Patient and Public Engagement, New Leaf, Healthy Change, Children and Family Services, Business Development, Continuing Care, Learning Disabilities, Equality & Diversity, Interpreting, Quality, Urgent Care & Reablement, Care Co-ordinators. There were also lay representatives and staff representing the following groups: long term conditions and disability, LGBT, BME along with a mix of male and female attendees of varying ages. Healthwatch were also in attendance. Monitoring data was collated from 29 delegates as below:

**Gender:** Male:6 Female: 23

**Is your gender the same as the gender you were originally assigned at birth?** Yes: 28 No: 0 Prefer not to say: 0

**Age:** 0 – 17 x 0 18 -30 x 5 31 -65 x 21 65 and over x 2

**Disability:** Do you consider yourself to have a disability or long term condition?

Yes: 8 No: 20 Prefer not to say: 0 If yes, please specify - Dyslexic/ Mobility/ Epilepsy/Diabetes x 3/Fibromyalgia/Hearing /M.E.

### Sexual Orientation

Heterosexual 26 Gay 0 Lesbian 1 Bisexual 0 Prefer not to say 2

### Ethnic Origin

**White:** British:19 Irish:0 White Any other White background (including Traveller):1 Please specify: Italian

**Mixed:** White & Black Caribbean:0 White & Black African: 0 White & Asian: 0 Other Mixed: 0 Please specify

**Asian/Asian British:** Indian:5 Pakistani:1 Bangladeshi: 0 Other Asian: 0 Please specify:

**Black or Black British:** African: 1 Caribbean:1 Other Black:1 Please specify: Black British **Other ethnic group:** Chinese:0 Other ethnic group: 0 Please specify

### Religion or Belief

No religion: 7 Bahai: 0 Christian: 13 Jain: 0 Jewish: 0 Hindu: 3 Muslim: 1 Sikh: 1 Other: 1 (please state): Pagan Prefer not to say: 3

### Marital/Civil Partnership Status

Single: 5 Married: 12 Civil Partnership: 0 Divorced: 4 Separated:0 Widowed: 0 Prefer not to say 3 Living with partner: 1

### Women-Pregnancy and Maternity

Are you currently pregnant? Yes: 0 No: 22 Prefer not to say:0