NHS
Oxfordshire
Clinical Commissioning Group

OCCG Board Meeting

Date of Meeting: 26 January 2017	**Paper No: 17/12**

Title of Presentation: Annual Equality Publication 2016 / 2017

Is this paper for	Discussion	✓	Decision	✓	Information	✓

Purpose and Executive Summary:

Section 149 of the Equality Act (2010) requires organisations (commissioners and providers) to demonstrate compliance with the *Public Sector Equality Duty* (PSED) which places a statutory duty on organisations to address unlawful discrimination, advance equality of opportunity and foster good relations between people when carrying out their activities. Organisations including OCCG are required to:

- Publish information demonstrating compliance by 31 January each year
- Publish information in a way which makes it easy for people to access it
- Publish their Equality Objectives at least every four years

This report is OCCG's Annual Equality Publication which details our equality and diversity work in 2016. During 2016 we have continued to work with the Equality Reference Group and our Staff Partnership Forum to undertake and publish our Equality Delivery System (EDS2) and Workforce Race Equality System (WRES) reports.

Financial Implications of Paper:

Not applicable

Action Required:

The Board is asked to approve the Annual Equality Publication.

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed	Yes	No	Not applicable ✓

Author: Rachel Kitson, Governance Manager	**Clinical Lead:** Dr Paul Park, Deputy Clinical Chair, Locality Clinical Director and Board Lead for Equality and Diversity

NHS
Oxfordshire
Clinical Commissioning Group

Annual Equality Publication

January 2017

North

North East

Oxford City

South East

South West

West

Table of Contents

Introduction **3**

1 Compliance with the Public Sector Equality Duty **4**
1.1 The Nine Protected Characteristics 4
1.2 The Equality Delivery System (EDS2) 5
1.3 Making decisions in OCCG - Equality Analysis 5
1.4 Equality and Diversity Work Assurance – Our Governance 5
1.5 OCCG Equality Objectives 2016 – 2020 6
1.6 NHS Standard Contract 6
1.7 JSNA and OCCG Commissioning Activity 7

2 Our Population in Oxfordshire **8**
2.1 Age and Life Expectancy 8
2.2 Ethnicity 8
2.3 Religion 9
2.4 Sexual Orientation 9
2.5 Disability 9
2.6 Mental Health 9
2.7 Carers 9
2.8 Deprivation 9
2.9 Housing and Homelessness 9

3 OCCG Workforce Profile **10**
3.1 Workforce Race Equality Standard (WRES) Report 10

4 Patient and Public Engagement **11**
4.1 Addressing the Needs of Patients with Protected Characteristics 11
4.1.1 Syrian Refugee Vulnerable Persons Resettlement (VPR) Programme 11
4.1.2 Unaccompanied Asylum Seeking Children 12
4.1.3 Vulnerable Adult Mortality Review Process Document 12
4.1.4 Looked After Children Services Developments 12
4.1.5 Closure of North Bicester Surgery 12
4.2 Patient Stories 13

5 Equality Delivery System (EDS2) **14**
5.1 Goal 1 and Goal 2 14
5.2 Goal 3 and Goal 4 14
5.3 Summary of EDS2 Grades 15

6 Forward Look 16

Introduction

We are pleased to present our 2017 Annual Equality Publication for NHS Oxfordshire Clinical Commissioning Group (OCCG).

This report provides an overview of how we have met our equality duties and objectives and demonstrates our commitment to promoting equality and reducing health inequalities. The report also sets out the way in which OCCG fulfils its responsibilities arising from the Equality Act 2010. This Act requires public bodies to publish relevant, proportionate information showing compliance with the Equality Duty on or before 31 January each year.

During 2016 we continued to build on the excellent work already undertaken and have made good progress implementing the actions arising from the work in undertaking the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) previously where we were able to identify key constraints and gaps. We have undertaken our second EDS2 scoring exercise and are pleased that our scores have improved against the majority of goals. We have continued to engage and work with the public and voluntary sector. One key area is our Equality Reference Group who have monitored progress against our action plan and verified our EDS2 grades for two objectives by examining the evidence presented to them. In response to feedback from the previous EDS2 exercise more evidence was presented to the group in the form of patient stories.

Our biggest constraint continues to be the lack of self-reported data and we continue our efforts with staff and patients, where we can, to promote awareness and improve self-reporting. Looking forward to 2017 we will be working with the Equality Reference Group and staff to develop an action plan to continue to improve our EDS2 ratings.

We hope that through our regular consultations via Talking Health the Equality Reference Group and other fora, patients and people with protected characteristics feel empowered and are able to support us towards improvement of services.

Dr Paul Park
Deputy Clinical Chair and Locality Clinical Director
OCCG Board Lead for Equality & Diversity

Annual Equality Report 2017

1 Compliance with the Public Sector Equality Duty

As a Public Authority, as well as general compliance with the Equality Act, OCCG is required to comply with the Public Sector Equality Duty (PSED). This is made up of the general equality duty and specific duties. Those subject to the general equality duty must give '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 protected characteristics and those who do not.

The specific duties are intended to help public authorities meet the general equality duty as set out in Section 149 of the Equality Act (2010). The specific duty is to:

- Publish information to demonstrate compliance with the three aims of the Equality Duty by 31 January each year.
- All information must be published in a way which makes it easy for people to access it.
- Organisations will publish Equality Objectives at least every four years – these objectives must further the three aims of the Equality Duty.

In addition The NHS Constitution Principles states that:
"*The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.*

The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights.

At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population."

1.1. The Nine Protected Characteristics

The nine protected characteristics are:

1. Age
2. Sex/ gender
3. Disability
4. Gender reassignment/ gender identity
5. Race
6. Religion or belief
7. Sexual orientation
8. Pregnancy and maternity
9. Marriage and civil partnership

Other vulnerable groups that OCCG considers while making commissioning decisions include:

- People living in poverty
- People who are geographically isolated
- Those with caring responsibilities

1.2 The Equality Delivery System (EDS2)

In addition to the above statutory duties NHS England has developed the Equality Delivery System (EDS2). This is a tool to enable NHS organisations (both commissioners and providers) to deliver their duties and use as a framework to monitor their performance.

In light of the inclusion of EDS2 in the NHS Standard Contract and in the CCG Assurance Framework, all NHS organisations are mandated to use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation.

1.3 Making decisions in OCCG - Equality Analysis

Under the Equality Act 2010, the NHS and other statutory bodies must show 'due regard' to eliminating discrimination. OCCG has applied this 'due regard' principle in the form of an Equality Analysis. This process helps us make fair, robust and transparent decisions based upon a sound understanding of the needs and rights of the population, and to ensure our priorities demonstrate meaningful and sustainable outcomes for 'protected groups'.

Equality Analysis is a key process used by OCCG to evidence 'due regard' of consideration of the nine protected groups in OCCG's planning and decisions. Copies of completed Equality Analysis can be found on our website: http://www.oxfordshireccg.nhs.uk/about-us/equality-diversity-human-rights/equality-analyses/

1.4 Equality and Diversity Work Assurance – Our Governance

Our governance structures are intended to assure the OCCG Board that all decisions we take have due regard to improving patient outcomes and to the regulations which govern NHS organisations. Our Board is fully aware of its responsibility for recognising any equality and diversity related business risks and ensuring that they are effectively managed. Front sheets of all papers to OCCG Board require a completed 'Equality Analysis' report and an outcome summary where appropriate. This has been embedded in all templates for Board papers. Any issues in the Equality Analysis summary are scrutinised by members of the Board.

The **Equality and Diversity Strategic Group** develops and implements OCCG's strategy for equality and diversity, as well as oversees our compliance against statutory duties and regulations. Two members of the Equality and Diversity Strategic Group present equality and diversity related updates as well as our Annual Publication to the OCCG Board. The Strategic Group also approve OCCG Equality and Diversity Objectives and the Action Plan that sets out our plans for further development and improvement in a number of key areas.

The Equality and Diversity Working Group reports into the Equality and Diversity Strategic Group. The Working Group implements actions and objectives as agreed by the Strategic Group.

The Working Group has representation from all OCCG directorates and ensures that equality and diversity is embedded in all business planning, processes and commissioning activities. The Working Group ensures that governance procedures are followed in OCCG so that decisions are equitable and any potential disadvantages are mitigated as part of a defined action plan.

OCCG also have a designated Equality and Access team who ensure that OCCG provide training and support to staff members for conducting equality analysis on all project plans, policies and business proposals. The team supports commissioners to engage with seldom heard/diverse groups.

The Equality Reference Group (ERG) works with patients, voluntary sector and stakeholders like Healthwatch Oxfordshire to address any equality and diversity issues in relation to patients and services.

During 2016 a Public Co-Chair was appointed to the group. The remit of this role is to encourage and facilitate member participation and establish constructive relationships. The Co-Chair supports the meetings by aiding the agenda setting and forward work plan as well as assisting with recruitment of new members of the group ensuring wide representation from the nine protected characteristics.

The group reviewed progress against the Action Plan which resulted from undertaking the first EDS2 exercise, holding OCCG to account for delivery against actions within the plan as well as providing useful patient feedback. The ERG will work with OCCG to develop an action plan for 2017 / 2018 to move towards a rating of 'excelling' in the areas where the rating is currently 'developing' or 'achieving'.

During 2016 The **Health Inequalities Commission** held four public evidence hearing sessions to gather information from statutory, voluntary and community members on the perceived issues and needs to address health inequalities in Oxfordshire. The Commission was Chaired by an independent chair with the support of members from a range of agencies. The sessions covered the life course from beginning well to living well through to ageing well. The final session heard evidence on a range of cross-cutting themes such as barriers to accessing services and housing.

The feedback from the sessions, together with national data, has now been published. The full report, alongside a headline report can be accessed via this link:
http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

The report was presented to the Health and Well Being Board in November, which endorsed the recommended actions. A cross-organisational implementation group will be established and will work collectively with the organisations identified as being responsible for the recommendations and ensure they are taken forward. OCCGs Board received the full report at the November Board meeting and considered the recommendations at a Board Workshop in December.

1.5 OCCG Equality Objectives 2016 - 2020

Our work around EDS2 and WRES in 2015/2016 led to the development of OCCG's Equality Objectives for 2016-2020 which are:

1. Inclusive leadership ensures that OCCG demonstrates a commitment to Equality and Diversity at a strategic and operational level.
2. Embed Equality and Diversity in mainstream processes through EDS2 and Equality Analysis.
3. Improve equity of access, quality of experience and outcomes for our population by embedding Equality and Diversity within our commissioning processes.
4. Improve access, quality of experience and outcomes for our population by involving and listening to patients from all protected characteristic groups and other vulnerable groups whose voices may be 'seldom heard'.
5. Improve the capture and analysis of population, workforce and patient information broken down by protected characteristic, as required by the Equality Act 2010.
6. Ensure Equality and Diversity is embedded in OCCG's policies and processes to ensure a representative and supported workforce.

1.6 NHS Standard Contract

OCCG uses the NHS Standard contract which includes service condition 13 relating to Equity of Access, Equality and Non-Discrimination. Under this clause providers must implement EDS2 and WRES as well as submitting an annual report to the commissioner on progress implementing the standard. Both Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust are compliant with these requirements.

1.7 JSNA and OCCG Commissioning Activity

The Joint Strategic Needs Assessment (JSNA) contains information about people in Oxfordshire, which helps us understand their health and wellbeing needs. OCCG and Oxfordshire County Council use the JSNA to work together to understand the future health, care and wellbeing needs of their community.

The focus on equalities section of the JSNA gives headline figures for each of the nine protected characteristic groups. The 2011 Census highlighted the increasing diversity of Oxfordshire's population. Equality Analysis for new policies, projects and proposed service changes help to ensure that the diverse needs of these individuals and communities are considered and met.

2 Our Population in Oxfordshire

OCCG commissions health services for the Oxfordshire community which comprises of the below 5 council areas. The table below summarises District and County-level population figures for Oxfordshire:

	2011 Census population estimate	2001 Census population estimate	% change 2001-2011
Oxfordshire	653800	607300	8%
Cherwell	141900	132000	8%
Oxford	151900	135500	12%
South Oxfordshire	134300	128300	8%
Vale of White Horse	121000	115800	5%
West Oxfordshire	104800	95700	10%

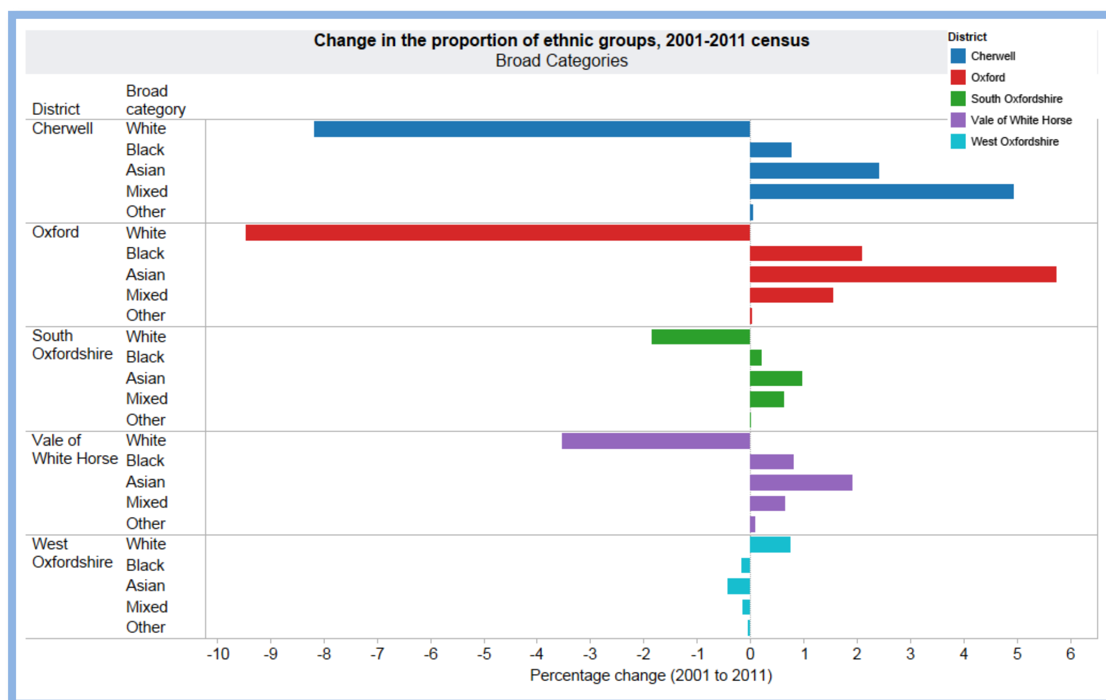
2.1 Age and life expectancy

Oxfordshire's population has aged since the 2001 Census, due to older age groups experiencing greater growth than younger groups. The 65-and-over population grew by 18% from 2001 to 2011, while the number of people aged 85 and over increased by 30%.

In Oxfordshire life expectancy for a person born in 2013 was above the national average at 80.3 for males and 84.1 for females

2.2 Ethnicity

The figure below shows the change in proportion of ethnic groups in the 5 districts:



2.3 Religion

60% of the Oxfordshire's population are Christian, whilst 28% do not state any religion. Muslims make up 2.4%; Hindus 0.6%; Jewish population is 0.3% and Buddhist 0.5%.

2.4 Sexual orientation

The proportion of people identifying as gay, lesbian, bisexual, or other was 1.6% in South East England, against a figure for England of 1.9%. There is no data available for Oxfordshire.

2.5 Disability

90,000 people countywide are limited in their daily activities by a long term health problem or disability. This equates to 14% of the population. A smaller proportion (8%) reported that their activities were 'limited a lot' by their condition. In September 2013, Oxfordshire County Council supported 591 adults (aged 18-64) with a physical disability.

There are around 11,000 adults with a **learning disability** living in Oxfordshire today. The Big Plan: Oxfordshire's Learning Disability Strategy 2015 - 2018, sets out Oxfordshire County Council and Oxfordshire Clinical Commissioning Group's vision for all adults with learning disabilities in Oxfordshire.

2.6 Mental Health[1]

64,500 people in Oxfordshire suffer from common mental health conditions such as anxiety and depression; 5,000 people in Oxfordshire suffer from severe mental health problems such as schizophrenia and 3,200 people in Oxfordshire suffer from dementia and this figure is expected to rise as the population ages.

2.7 Carers

The 2011 Census suggests that 9.4% of the Oxfordshire population provide some level of informal care to a relative or friend. This equates to approximately 60,000 people, of whom 72% provided between 1 and 19 hours of care per week, 10% provided between 20 and 49 hours, and 18% provided more than 50 hours.

2.8 Deprivation

Oxfordshire ranks as the 12th least deprived upper tier local authority in the country. However, 18 Oxfordshire neighbourhoods rank among the 20% most deprived in England. These areas experience significantly poorer outcomes in terms of health, education, income and employment, and include a number of areas of South East Oxford, Abingdon, and Banbury.

2.9 Housing and Homelessness

The pattern of housing tenure differs in Oxford City compared to other districts, with a much higher proportion of people in local authority social housing (13.4%) and private rented housing (26.1%) than the county average (4.6% and 15.2% respectively).

---

[1] Director of Public Health for Oxfordshire Annual Report May 2013
https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/PH_AR_2013-14.pdf

3 OCCG Workforce Profile

3.1 Workforce Race Equality Standard (WRES) Report

The implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

The WRES report sets out the OCCG performance information against nine mandatory WRES metrics. The metrics cover the workforce profile and board composition, by ethnicity. In 2015 OCCG did not have the data available in the WRES format. We worked towards collating data that has now made it possible to cover each metric.

OCCG is a relatively small employer and 24 out of 124 members of staff in the 2016 survey did not disclose their ethnic origin. Therefore the figures may not be completely representative of the workforce. We recognise that staff have the right not to disclose these details, but OCCG will strive to increase self-reporting of all protected characteristics.

Link to full OCCG WRES report for 201/16 http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/06/2016-OCCG-WRES-Reporting.pdf

As part of the suite of statutory and mandatory training all OCCG employees are required to undertake Equality, Diversity and Human Rights training every three years. This online training course is provided through *Skills for Health* and is tailor made for healthcare staff. It is aimed at improving the ability of all staff to empathise with colleagues and patients from diverse backgrounds and contribute to ensuring that access and services are appropriate to individual's needs. Some 70% of staff have completed this training and focus in 2017 is to increase uptake.

4 Patient and Public Engagement

It is a challenge to ensure we engage with diverse groups and all nine protected characteristics within our community and population. OCCG endeavours to engage with diverse populations and ensure their comments and feedback are used positively.

We have a range of ways in which we collect public/patient experience including:

- **Online / Form Based Consultations** – in partnership with NHS Central South Commissioning Support Unit using Talking Health our online consultation tool http://www.oxfordshireccg.nhs.uk/get-involved/talking-health/

- **Meetings -** our Board and staff encourage public participation through Board meetings as well as via the patient experiences and complaints section on our website. http://www.oxfordshireccg.nhs.uk/get-involved/patient-experience/

- Reporting – via patients stories in Board meetings, Equality Analysis in papers, engagement reports, etc.

- Patient representation on Project Boards

- **Meetings with public and patients** e.g. Locality Forums, Patient Participation Groups.

- **Policies** such as the Oxfordshire Patient Choice Equity and Fair Access Policy http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/05/Paper-15.54-Patient-Choice-Equity-Fair-Access-Policy.pdf

4.1 Addressing Needs of Patients with Protected Characteristics

4.1.1 Syrian Refugee Vulnerable Persons Resettlement (VPR) Programme

Due to the conflict in Syria, there are a large number of refugees living in the Middle East and North Africa (MENA) region. In 2016 OCCG and local health services supported the Syrian Vulnerable Persons Resettlement (VPR) Programme that is led by the Home Office. The programme aims to resettle 20,000 Syrian refugees in the UK from refugee settlements and camps from the MENA region. The people coming to the UK under the Syrian VPR scheme are in desperate need of assistance and many have significant needs. Refugees often have specialist health needs relating to experiences in situations of armed conflict and as refugees. Learning a new language and culture, and not knowing how services work can be challenging for the families. Fortunately there is excellent support provided though the programme to help families settle and integrate into life in the UK. In Oxfordshire the resettlement process is led by District Councils, who coordinate partner organisations from the statutory and voluntary sector. Between December 2015 and December 2016 Oxfordshire welcomed 20 refugee families into Oxford City, West Oxfordshire, and South & Vale. We have been able to

identify a GP practice for families before they arrive. GP practices have been incredibly supportive, providing longer appointments times for registration.

4.1.2 Unaccompanied Asylum Seeking Children

Unaccompanied minors at present are expected to access existing services when there are identified health issues, with those entering the county being largely supported in the city area. Using learning and knowledge of these systems there has been work in Oxfordshire to ensure joint strategic plans are developed to meet the health and social care needs of this group of young people. Joint commissioning and partnership work has resulted in there currently being no unmet identified health needs for individuals within this pathway.

4.1.3 Vulnerable Adult Mortality Review Process Document

It is well established that people with learning disabilities have worse health outcomes than the general population. It is of further concern that these poorer health outcomes have been accepted uncritically and not subjected to the type of scrutiny which would lead to both a cultural shift in expectation and to improvement in a clinical practice.

The 'Independent review of deaths of people with a learning disability or mental health problems in contact with Southern Health NHS Foundation Trust April 2001 – March 2015' known as the Mazars report was published in December 2015. The report described the under-reporting and investigation of deaths of people with learning disabilities and recommended a retrospective review of deaths of people with learning disabilities, and the establishment of a system to review learning disability deaths going forward.

In order to address this issue the CCG has undertaken a retrospective review of all deaths of people with learning disabilities from Oxfordshire during the period of the Mazars review not limited to those in contact with Southern Health NHS Foundation Trust. OCCG has also led on the establishment of the Vulnerable Adults Mortality sub group of the Oxfordshire Adult Safeguarding Board. This group will oversee the review of deaths of all adults with learning disabilities in Oxfordshire.

Early learning has highlighted a much higher proportion of people with respiratory disease than the general population. OCCG is working with providers to influence changes to clinical practices to address this.

4.1.4 Looked After Children Services Developments

Following a review of service provision the services to support children in complex situations has been updated resulting in the resources being more coordinated to provide a specialist service supported by a team structure that increases the resilience and responsiveness of the team. An example is the improved accessibility of CAMHS for children in local authority care that has been reviewed to ensure timely support and intervention. Recently this also led to a targeted support package being introduced in a locality in Oxfordshire that supported a number of vulnerable young people and resulted in appropriate mental health support.

4.1.5 Closure of North Bicester Surgery

North Bicester Surgery was identified for closure during 2016. An Equality Analysis was undertaken by the practice to identify any patients who would potentially benefit from additional support re-registering with a different practice. Appropriate advice and

support was then provided as necessary resulting in all patients being able to register easily with another practice.

4.2 Patient Stories

The below are extracts from patients feedback to the Equality Access team.

‘When concerned about son’s immediate health, I have always been offered a same day GP appointment. This is much appreciated. My son has had great support from community paediatrics, physiotherapy, orthotics, audiology and the eye hospital. There have been a large number of teams involved in his health care and communication between them has never been an issue. Getting to Oxford is awkward and time consuming – local reviews in Witney, the Horton and at his school are very helpful.’

‘I am a 55 year old man and had been experiencing recurrent episodes of low mood. I felt stressed at work, feeling things were going downhill, thought nothing would ever change and that I was a failure. I was offered a course teaching me Cognitive Behavioural Therapy (CBT) techniques to combat low mood. The course covered what depression is and how it may be maintained by our habits of thought and behaviour. I was taught strategies to act and think my way out of depression, such as challenging my negative thoughts, systematic problem solving and achieving work-life balance. I initially felt sceptical about both CBT and the course format, worrying it would require a great deal of sharing with strangers or would be a ‘quick fix’. I now feel very positive about my experience. I feel much better and have the ability to keep perspective on my problems and make decisions that mattered to me. I found the group experience very powerful and found that it reduced my symptoms and enabled me to overcome the procrastination that I had been struggling with.’

‘Spring loaded entrance doors make it very difficult to open for a patient who uses a wheelchair or Rollator/ walking frame or even two walking sticks. These can be difficult to manage even when pushing a patient in a wheelchair—either scraping them through forwards or reversing and having the doors swing back onto them. The problem could be overcome by substituting powered doors, opened automatically by electronic people-detectors or by the use of a push-button on either side.’ OCCG has responded to this feedback and a resolution has been identified in this particular case.

5 Equality Delivery System (EDS2)

5.1 Goal 1: Better Health Outcomes and Goal 2: Improved Patient Access and Experience

Goals 1 and 2 were discussed and graded at the Equality Reference Group. The group evaluated the scores against each of the five outcomes of Goal 1 and the four outcomes of Goal 2. Results from the EDS2 process during 2015 were used as a baseline with additional evidence presented to demonstrate any increase in grades. As a result of feedback from the 2015 process more evidence was presented in the form of patient stories. Some of these were collected by the Equalities and Access team as part of their outreach work with seldom heard groups. In addition to the patient stories additional evidence included:

- End of Life Care Digital Pro-active Care Plan
- Mazars Report into Learning Disability Deaths and work undertaken by OCCG to address findings
- Tackling Loneliness and Isolation
- Bicester and Barton Healthy New Town Programmes
- Health Services in the Health Hub at Rose Hill

5.2 Goal 3: Representative and Supported Workforce and Goal 4: Inclusive Leadership

Goals 3 and 4 were discussed and graded at our Staff Partnership Forum. The group evaluated the scores against each of the six outcomes of Goal 3 and the three outcomes of Goal 4. Scores from the EDS2 process during 2015 were used as a baseline with additional evidence presented to demonstrate any increase in grades. Additional evidence included:

- Results of the 2016 Staff Survey
- Equality Analysis training of Board members and key staff
- Introduction of values and values based appraisals

5.3 Summary of EDS2 Grades

A summary of all the grades can be found in the table below:

Goal 1: Better Health Outcomes		
	2015	**2016**
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Developing	Achieving
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Developing
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Achieving
Goal 2: Improved patient access and experience		
	2015	**2016**
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	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Achieving
2.3 People report positive experiences of the NHS	Developing	Achieving
2.4 People's complaints about services are handled respectfully and efficiently	Achieving	Achieving
Goad 3: A representative and supported workforce		
	2015	**2016**
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Achieving
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	Under-developed	Developing
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Achieving
3.6 Staff report positive experiences of their membership of the workforce	Achieving	Achieving
Goal 4 Inclusive leadership		
	2015	**2016**
4.1 Boards and senior leaders routinely demonstrate their	Achieving	Achieving

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

6 Forward Look

We will continue to work with the ERG developing a focused action plan to ensure improvements.

We will continue to work with our staff to ensure we have a representative and supported workforce who report positive experiences of their membership of the workforce.

We will maximise opportunities to enable all the population to engage with consultation on changes to health services and as part of this work we will be undertaking a comprehensive integrated impact assessment on the proposed changes.

OCCG would like to thank all our patient and public partners for their time, input and expertise in supporting our work over the last 12 months.