

**Your Healthcare
Equality and Diversity**

Annual Report

January 2016 to December 2016

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Foreword

It is with great pleasure that we (the members of Equality and Diversity Working Group) present the Your Healthcare (YH) Community Interest Company's sixth Equality and Diversity Annual Report.

In an organisation where all our staff members are working as an extended family with the community members in providing Health and Social Care services for the people of Kingston and for people with a learning disability in Richmond. We have a commitment to ensure that equality and inclusion are at the heart of all that we do.

Our organisation is different from a traditional, hierarchical, micro managed structured organisation, and we strive to ensure that all our staff are treated fairly and equally.

This is a major opportunity to embed the essential principles of equality into the culture of our organisation.

We spend time together to have effective conversation/communication. We:

- Appreciate each other and the contribution of everyone
- Consider how our decisions affect other family members
- Stand firmly together in a crisis
- Identify and practice a set of deeply held values
- Launched Your Healthcare Community Newsletter to the local residents in 2016.
- Design and develop new ways of working with all the local providers as equal partners and the service users.

It is important to us that we continue to value all people who use our services, and also recognise the commitment from our dedicated staff at all times.

The Equality Act (2010) provides organisations like Your Healthcare with clarity about their responsibilities as providers of health and social care services to the public. We have successfully delivered care over the past six years and will continue to work positively and progressively into the future to provide equitable local health and social care services, delivering care to local people, ensuring they receive the right care, in the right place, at the right time. We continue to look at new ways of delivering value for money integrated care services whilst ensuring the working environment is a safe and happy environment for our staff. The new ways of working with local providers – Kingston Co-ordinated Care will commence formally April 2017 and will continue for the future years to ensure the available resources are utilised more efficiently to deliver all sections and groups, within our community.

The core purpose of the Equality and Diversity Report - 2016 is not only to fulfil YH obligations but to report (in full) our success to date and on our progress against the core objectives as detailed in our last report (2015).

This report provides detail on our progress to date on our continuous aim to eliminate discrimination, advance equality of opportunities and foster good relations within the communities we work within.

We hope the report is an interesting read and useful information to everyone who reads it.

The Your Healthcare Equality and Diversity Group

January 2017

NB: any comments or suggestions regarding this report should be directed to: jenny.hyde@yourhealthcare.org

1. Introduction

1.1 About Your Healthcare CIC

As at 30th November 2016, YH had 750 employees including 160 bank staff, delivering a range of community health and social care services for adults and children throughout the Royal Borough of Kingston and health care for people with Learning Disabilities in the London Borough of Richmond upon Thames. The above increase in staff numbers since last year evidences our organisation ability to recruit and retain staff, as well as our offer of flexible working wherever possible, to match with the individual needs of our staff. One of our key principles is empowering and developing our staff to lead and operate as independent professionals. Our long serving managers and the people with statutory responsibilities are considered as the Base 'below ground' functioning as a root of a tree - thus supporting our organisational model of operating independently led teams, and lowering the hierarchical structure within YH in order to release the available resources into our high quality front line services, which our communities deserve.

The YH philosophy is very much to work in partnership with and provide services to; Kingston Clinical Commissioning Group, Local GPs, NHS England, Richmond Clinical Commissioning Group, Royal Borough of Kingston, London Borough of Richmond, South West London and St Georges Mental Health Trust, Kingston Hospital Foundation Trust, Staywell and other third party providers, to ensure the best possible range of community health and social care services are available for local people. During summer 2015, the above Kingston based organisations partnership identified a need for further integration of care and set up a programme called Kingston Coordinated Care (KCC). This programme progressed well during 2016 and identified new ways of working together that will formally commence April 2017. KCC will bring real benefit to our service users our staff and the local community as a whole.

YH aims to reflect the diverse communities we serve, to maintain a strong focus on accessibility and choice whilst ensuring a continuous improvement culture that enables excellence and quality to flourish.

In doing this we ensure that service users and staff truly are at the heart of everything that we do. As such, we aim to deliver a holistic approach to enable us to achieve positive outcomes.

1.2 Our Manifesto, Our Behaviours

We launched our first Manifesto in summer 2015, giving all staff a reference on the organisation's values, culture and brand. This has made a noticeable culture change across the organisation and we

intend to reinforce the benefits realisation and further enhancements in our Manifesto 2 that will be published Spring 2017. During 2016 the YH Human Resources department introduced Personal Development Review (PDR) templates for use in our staff appraisal process. PDRs promote good behaviours by all staff, and cover all aspects of personal development within our organisation.

2. The Equality Delivery System for the NHS – EDS2

In 2011 the Equality Delivery System (EDS) tool was launched for NHS organisations and those providing services on behalf of the NHS, to assist review and improve performance for people with protected characteristics.

EDS was adopted by the vast majority of NHS organisation and evaluated in 2012. Subsequent engagement with a number of NHS organisations and stakeholders, led to the development of EDS2. EDS2 is an inclusive equality tool with 18 outcomes for both NHS commissioners and providers to assess and grade themselves.

These outcomes relate to issues that matter to people who use NHS funded services and who work in commissioner and provider organisations. They also support the themes of and deliver on, the NHS Outcomes Framework, the NHS Constitution and the Care Quality Commission's key inspection questions set out in 'Raising Standards, Putting People First – Our strategy for 2013 to 2016'. EDS2 is also aligned to the commitment for an inclusive NHS that is fair and accessible to all.

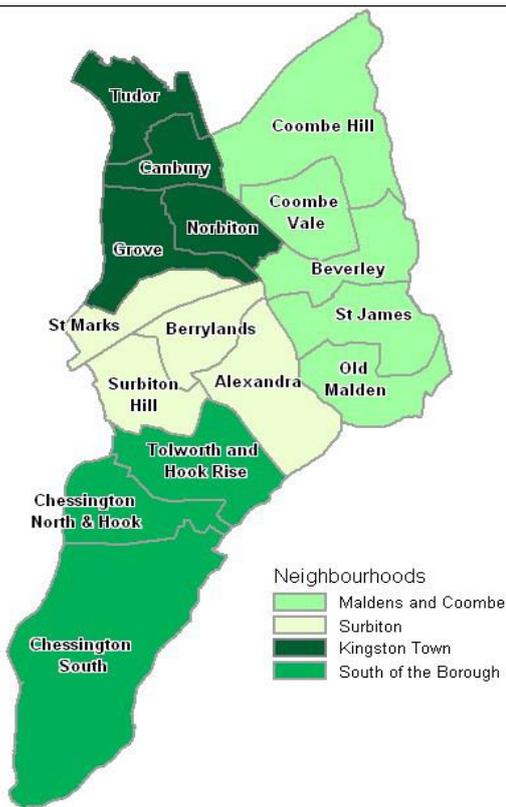
3. Demographic information in Kingston (full details appendix 1)

3.1 Demographic Information

The Royal Borough of Kingston covers an area of 38.66 square kilometres, which makes it the seventh smallest out of the London boroughs in terms of its geographical area.

The Royal Borough of Kingston is situated in south west London and has the smallest population of any Borough in London.

Kingston comprises 16 wards which are combined to form 4 Neighbourhoods: Kingston Town, Maldens and Coombe, Surbiton and South of the Borough (see map overleaf).



3.2 Current Estimated Population

The population of Kingston was estimated to be 173,525 as at the mid-year of 2015; this represents an increase of 3567 (2.1%) from 169,958 in mid 2014.

The number of older people (aged 65 and over) continued to rise from 22,504 (13.24% of the total population) in mid-2014 to 22,984 (13.25%) in mid - 2015. The number of children and young people (birth to 19 years of age) increased from 40,745 (23.97%) to 41,634 (23.99%) during the same period whilst the number of adults (aged 20 to 64 years) increased from 106709 in mid-2014 to 108907 in mid-2015, although the percentage of the total population they comprised remained the same at 62.8%.

3.3 Projected Populations

Two sets of population projections based on short term and longer term migration trends were released by the GLA to reflect the uncertainty about the number of people who will be migrating into and out of London Boroughs in the future. The short term variant assumes that recent migration patterns will persist for the duration of the projection period whilst the long term variant uses assumptions based on longer historical trends, where possible spanning multiple economic cycles.

For the purpose of this report the short term variant has been used due to the currently volatility in world migration statistics. Kingston's total population is projected to rise from 172,600 in 2015 to 205,700 in 2030 (19%).

The growth of the population of Kingston is not expected to be uniform across all age groups. The numbers of people aged 65 and over are projected to increase by 41% between 2015 and 2030. The population of children and young people (from birth to 19 years) is predicted to grow by 17%. The adult population (20 to 64 years) is also projected to increase during the same period by 15%.

3.4 Ethnicity

In 2030 the Kingston BME population is projected to comprise 37.5% of the population, compared with 29.7% in 2015. The 'Other Asian' group is the fastest growing and will increase from 9.6% of the population in 2015 to 12.5% in 2030. Refer to Appendix 1, for more detail of the change in the ethnic composition of the population of Kingston.

The anticipated increase in the BME population is augmented by the large Korean population that reside mainly in New Malden. However, it is difficult to estimate the size of this population as it was not separately identified by the ethnicity definitions used in the 2001 Census.

3.5 Age and Gender

The number of children aged 0-4 years (11,850) continues to be higher than the number of children aged 5-9 years and those aged 10-14 years.

The large population of adults aged 20-34 years begins to contract gradually after the age of 35 years, and the number of women aged 80 and over is much greater than men in these age groups reflecting the fact that on average women live longer than men.

The proportion of men and women under 60 years of age is roughly balanced, but the proportion of women aged 60 years and over reflects their longer average lifespan.

Please refer to Appendix 1 for detail on 2014-15 births (2,314) and the 1,107 deaths within Kingston.

3.6 Migration flows

2014-15 net migration resulted in an increase in the population of Kingston of approximately 2,321. The overall increase in the population of Kingston was 3,567.

4. Equality Objectives

This section reflects our performance against the objectives that were set for 2016. The objectives have been prioritised using the format in the EDS. Further information supporting performance against EDS Goals can be found in Appendix 2.

The objectives are intended to support our organisation's equality responsibilities both as a provider of health and social care services, to the public, and as a local employer.

Goal 1	Better health and social care outcomes for all
Narrative	Your Healthcare should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence and results
Equality Objective 1	
To ensure that where possible, appropriate information is collected about Your Healthcare's service users and to use this information to enable improvements of service provision that is inclusive of people who share a protected characteristic.	
<p>Data about our service users has been collated from our clinical information system. Steps are being taken to improve reliable data recorded in the Carenotes.</p> <p>A detailed leaflet explaining the reasons for the collection of personal data has been shared with the staff and made available to the services users. This information is also published on YH intranet and internet.</p> <p>With the development of Kingston Coordinated Care during 2016, the future plan is to enrich the quality and depth of the data held in our systems by integrating with a wider range of data sources from GP practices, acute and mental health hospitals, pharmacies (Kingston Care Record) so that service users are not asked several times to provide the same information.</p>	
Goal 2	Improved patient access and experience
Narrative	Your Healthcare should improve accessibility and information and deliver the right services that are targeted, useful, usable and used in order to improve service user experience
Equality Objective 2	

To develop information that is readily available about our services and is produced in formats that are appropriate for people who share a protected characteristic

Easy to understand service user satisfaction questionnaires have been developed for people with learning disabilities and their carers across Kingston and Richmond. Your Healthcare also runs focus groups for service users. Discussions are in progress to develop a learning disability website page with text for easy access and read for this population group.

Although Your Healthcare can provide an interpreter at the point of service delivery, information about our services are available only in the English language with the offer to translate on request. Information on Your Healthcare's website is now linked into the borough's provision and accessible to the wider public.

Your Healthcare has an annual Service User Engagement Survey and welcomes comments and complaints. It must be noted that complaints and thank you cards are received from patients'/ service users' relatives and it is not always possible to link to the protected characteristics, thereby limiting the organisation's ability to assess its capability in improving service user access and experience in this area.

Goal 3	A representative, empowered, engaged and well supported staff
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Narrative	Your Healthcare should increase the diversity and quality of working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs
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Equality Objective 3

To review recruitment and promotion policies to ensure that our practices are appropriate for all applications, and are always based on relevant criteria. To ensure that equality issues are included in all training of managers and staff and ensuring staff have positive experiences

People management training covers equality issues. The Diversity day in October focusses on raising the awareness of employees and highlights Your Healthcare's commitment to equality. The values and behaviours promoted in the Manifesto, shared at induction and in training, and modelled across the organisation and working in independently led teams has positively contributed to ensuring the diversity and the quality of working experiences across the

organisation.	
Goal 4	Inclusive leadership at all levels
Narrative	Your Healthcare should ensure that equality is everyone's business and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions
Equality Objective 4	
To ensure that equality issues are integrated and explicit in all of Your Healthcare's strategic and business planning processes including the transition to working in independently led teams.	
Equality and Diversity is one of the mandatory training that all employees have to undertake with learning applied in the workplace. Section 8.4 of the report shows that the ethnic origins of employees at bands 1 to 5 is reflective of the local population, but there is some concern where there is a significant reduction in representation at the bands 6 to 8+ levels. Your Healthcare is continues to run leadership courses for bands 4 and 5s which it is hoped will in the long term contribute to addressing this problem. YH has a flat organisation structure in place supported by its Manifesto – that was launched in 2015, allows freedom to act, innovate to meet the service area requirements not followed the hierarchal structure.	

5. About the People Who Use Our Services

The focus of our community healthcare services continues to prioritise independence in the community and where appropriate avoid unnecessary hospital attendances to enable people to receive care at home (or as close to home as possible). A total of 202,403 people were registered with Kingston General Practices (GP) in March 2016 which represents an increase of 2,737 people over the previous year. The GP registered population is 28,878 more than the Office of National Statistics (ONS), 2015 Mid-year estimates of resident population.

YH are commissioned by Kingston Clinical Commissioning Group and Richmond Clinical Commissioning Group and the Royal Borough of Kingston to provide health and social care services to their defined populations. From December 2015 to November 2016 YH delivered care to 28,785 people across our services in Kingston and Richmond.

We work explicitly to:

- Provide high quality, accessible services

- Provide value for money services to commissioners and stakeholders
- Be a driving force for innovation in the delivery of services in community settings.

These principles underpin the delivery and development of all our services.

It is our ambition to be regarded as the provider of choice for community services in Kingston and beyond, and to continue to develop innovative, cost effective services that respond to the needs of the people we serve.

6. Information Collection

6.1 Introduction

- Data about our service users has been collated from our clinical information system Care Notes. During 2016 we have found that although the system can accommodate a wide variety of demographic information about our services users, there is no mechanism in the system to support mandating our staff to input this data.
- The Kingston Care Passport (KCP) has been developed to enable health practitioners to access the key clinical data of the Kingston service user at the point of contact, to enhance the service user demographic data set and to integrate with a wider range of data sources from GP practices, acute hospitals, pharmacies, to enrich the quality and depth of the data held in our systems (see <http://www.yourhealthcare.org/services/kingston-care-passport>)

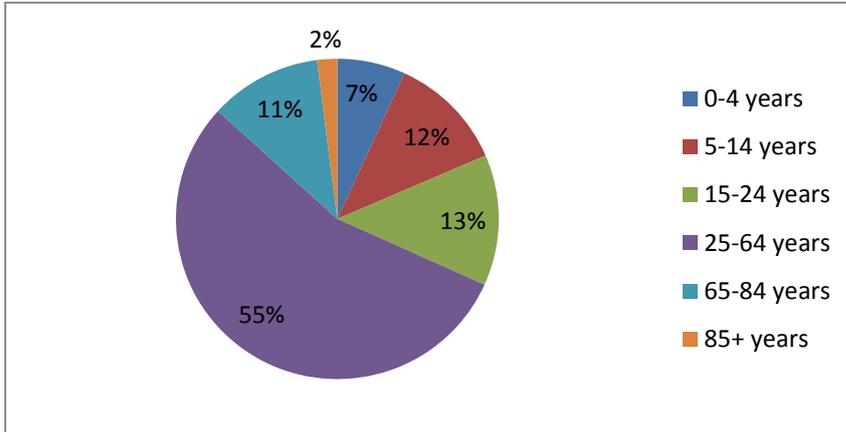
The benefits of KCP include:

- Improve service user safety and reduce clinical risk
- Live access to service user's medical history
- Not having to repeat demographic and history information at point of care
- Quicker throughput for service user
- Not having to make unnecessary visits to various providers (GP practice, acute hospital etc)
- Improved patient experience with information available at the touch of a button based on the implied consent with the

knowledge that the explicit consent has been given at the point of referral

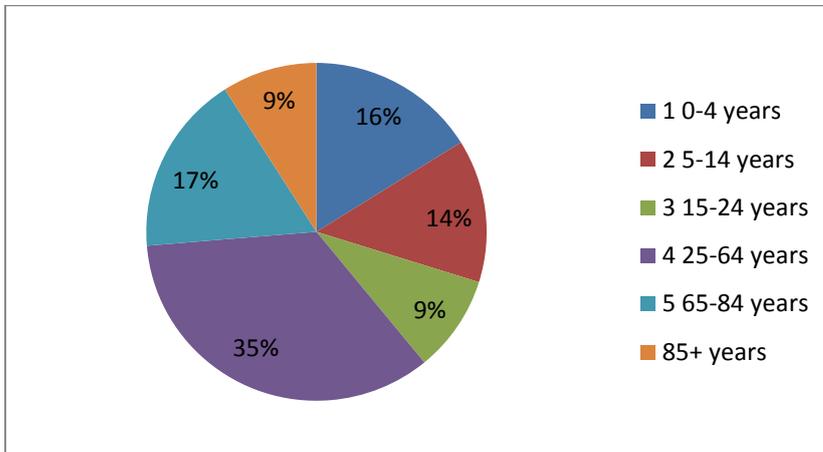
6.2 Age

The chart below illustrates the breakdown of the Kingston population by age range:

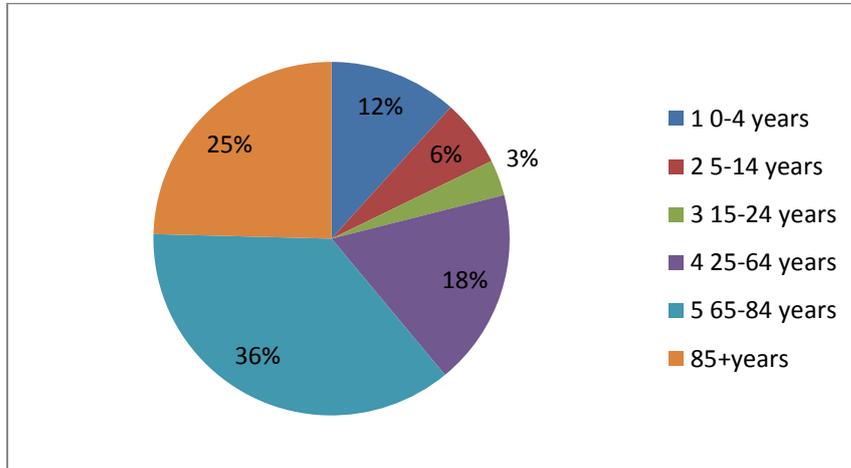


Source: 2015 Annual Mid-Year Population Estimates for the UK, ONS © Crown Copyright 2016

The chart below is generated from Care Notes and shows the breakdown by age range of people referred to YH services:



6.3 Episodes of Care

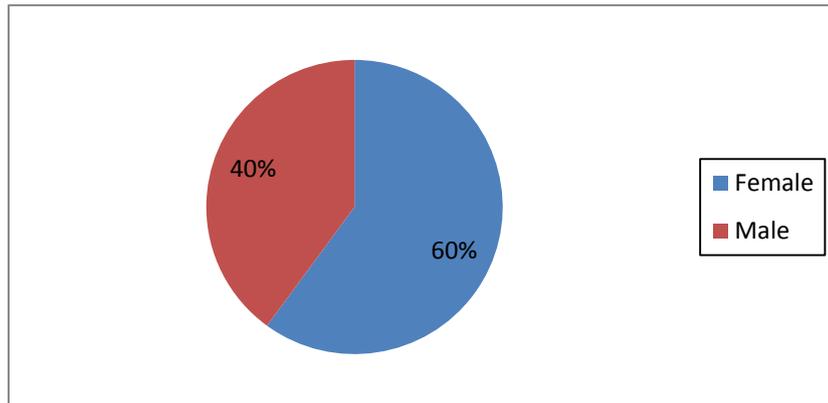


The above chart highlights episodes of care broken down by age range, and demonstrates that YH provides services to our local GP or resident population across all age ranges. The majority of our services were delivered to those over 65yrs of age, with 26% of our referrals and 61% of episodes of care being delivered within this age range. This is anticipated as many of our services are provided for those people who were unable to attend their GP practices and/ or have significant health and social care needs.

The referral data and episode of care data also includes our in-patient rehabilitation services, as well as our specialist healthcare services for people with learning disabilities.

Pre-school children (<5 years of age) account for 7% of the population in Kingston. However, 16% of all referrals are from this age range, and form 12% of our episodes of care. As a provider of health visiting services this level of activity reasonably reflects the needs of our community.

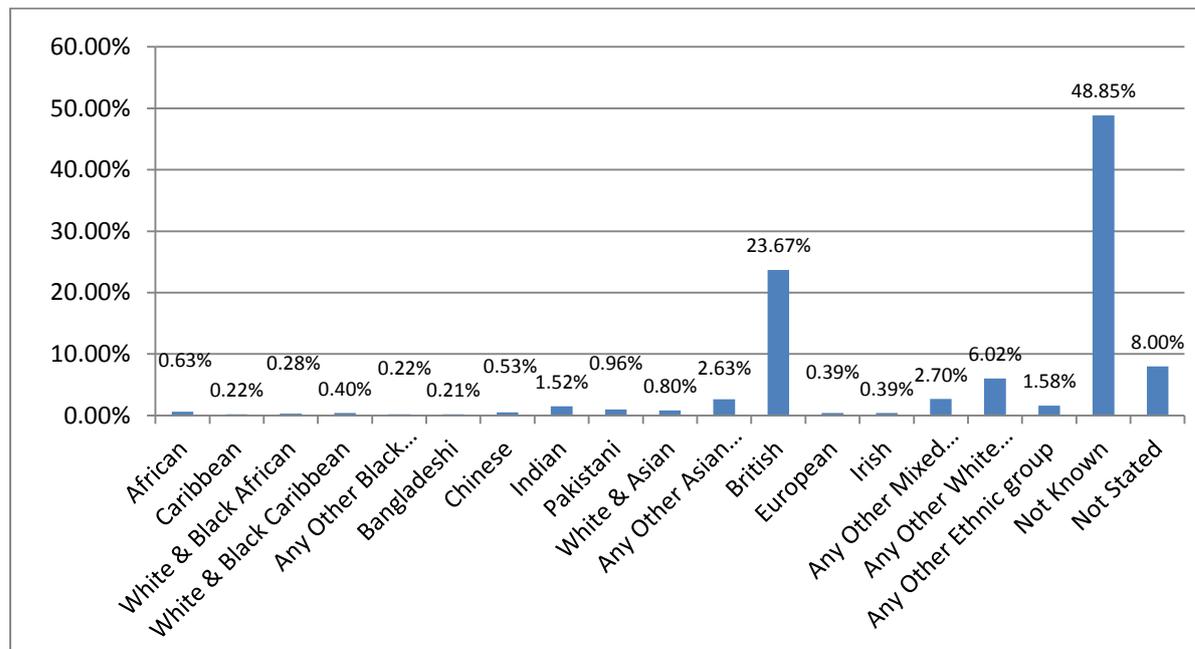
6.4 Gender



The chart above shows the proportion of women and men who accessed our services in 2016 and given the age range profile of our service users shows no gender discrimination within the accessibility of our services.

6.5 Ethnicity

The data collected into Care Notes, reflects what we know of our local community. YH recognises the variety within our community (e.g. large Korean and Tamil communities) that is not explicitly detailed within ethnicity breakdowns. The table below details of service user ethnicity:



6.6 Disability

As stated in the introduction to this document YH aims to reflect the diverse communities we serve and maintain a strong focus on accessibility and choice. We therefore do not routinely ask our service users if they consider themselves to have a disability unless it is essential or required information to support the delivery of adjusted and supportive interventions. We provide a wide range of health and social care services to the populations we serve including those with a range of complex needs and disabilities and aim to work positively and progressively to deliver the right care in the right place at the right time based on the needs of the individual. We will make any reasonable adjustments necessary to ensure that services are accessible and available to all who require them based on their presenting issues and needs.

Our specialist neurodevelopmental services are able to provide advice, guidance and support to other services regarding the types of adjustments that could be considered when supporting people with complex needs. This might include accessible information in easy read formats, use of hospital passports and individualised health care plans and disability awareness training as required.

6.7 Safeguarding Adults

YH continues to be an active partner of the Safeguarding Adult Partnership Boards in both Kingston and Richmond and as such we are committed to the prevention of and effective response to, all safeguard concerns. Adult safeguarding is firmly based on the precepts of equality and dignity, and has its foundations in the Human Rights Act 1998, the Care Act 2014 and the Mental Capacity Act 2005 (MCA).

A key responsibility within adult safeguarding is recognising and responding to situations where discrimination results in abuse of people at risk.

2015-16 saw significant developments in the field of Adult Safeguarding with the implementation of the Care Act 2014 and the 2016 review of the London Multi-agency Safeguarding Policy and Procedures. The broadening of the eligibility requirements and the descriptors of abuse laid out in the care act have had very positive impact to the safeguarding agenda. Also, the change in approach to adult

safeguarding to make it more person-centred and person led is welcomed by YH.

Though the implementation of the MCA is not immediately recognisable as integral to the safeguarding agenda they are closely linked. Implementation of the MCA throughout the health and social care economy continues to pose significant challenges, with the most important aspect being the need to embed it securely in all aspects of care and treatment; rather than seeing it as a separate entity and to ensure that it is understood as part of the consent process.

6.8 Safeguarding Children

Equality objectives underpin the delivery of safeguarding children work. The direct work with children and families, and written reports/ records are all completed within an equal opportunity framework, with any discriminatory practice challenged.

All YH policies, including those relating to safeguarding children have an equality impact assess (EIA) undertaken when every policy is built or reviewed.

Safeguarding children training both internal and via the Kingston Local Safeguarding Children Board (LSCB) embeds the principle for all YH staff to work with clients within an equal opportunities framework.

2016 has seen a focus on training YH staff on safeguarding the disabled child, delivered at the Level 3 safeguarding training day December 2015 for YH staff who work directly with children. Throughout 2016 this training has continued on a wider basis within our safeguarding induction and refresher training for all YH staff.

6.9 Patient/Service User Experience

Gaining an understanding of what those who use our services think of them, enables us to improve the quality of care, and deliver services that are personal, fair and diverse and meet their needs. We use information provided from, our service user survey and detail obtained on the protected characteristics of those who have made a complaint.

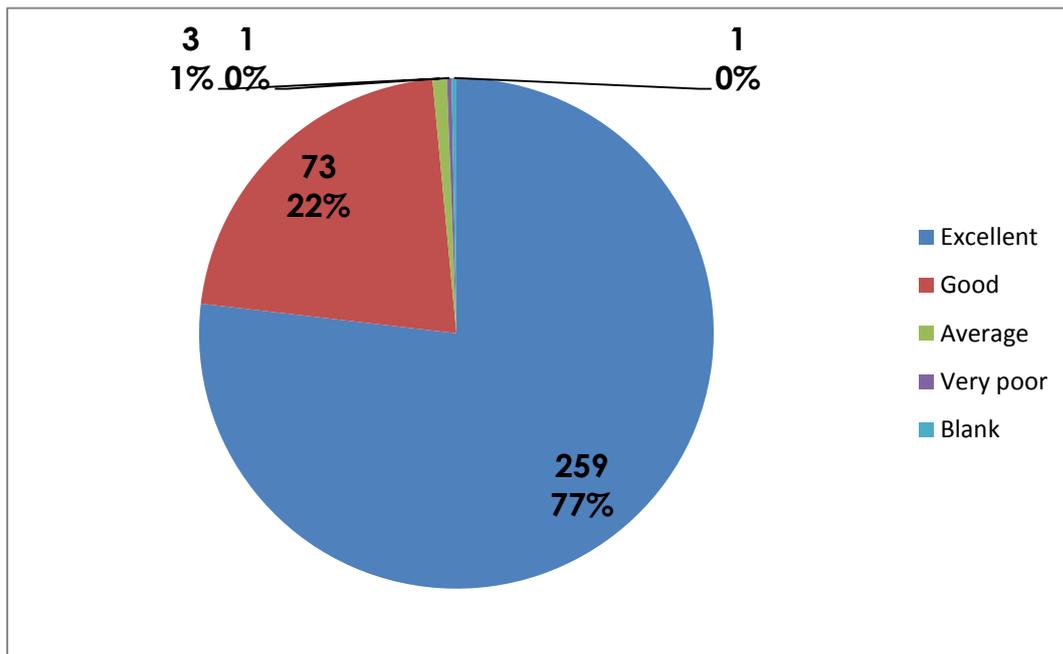
- The Friends and Family Test (FFT), is now part of YH's Service User Engagement (SUE) survey, and since 2013 has given service users the opportunity to express their feelings/experience about the service they use. It has aided YH in recording service user

experience about the care received, to make improvements in the delivery of services.

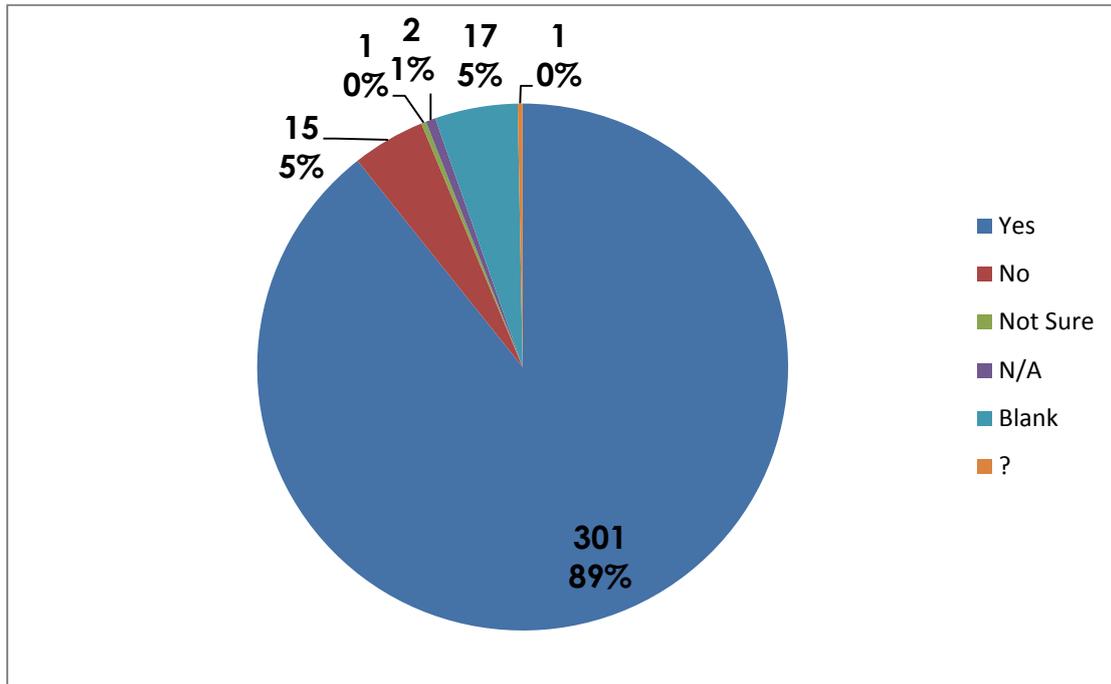
This detail provided covers January to October 2016. A total of 337 completed forms were received. Using the scoring system supplied by the Department of Health, YH attained a FFT score of 271, with 279 stating that they would be “Extremely Likely” to recommend the service to their friends and family. This is an increase to 83% from the previous year of 73%.

How do you rate your overall experience with Your Healthcare?

Responses to this question were good with 77%, (259) recording “Excellent”, and 22% (73) responding with “Good” thereby providing a combined 99% (332) positive response; an improvement from the previous year 96% (based on 371 returns). A further breakdown is provided below.



Do you feel sufficiently involved in planning your care and treatment?



The results for this question were also positive. 89% (301) advised that they ‘felt involved in the planning of their care and treatment’ a 1% increase on the previous year.

Do you feel that you were treated with dignity and respect?

Again positive responses were received with 97% (326), of respondents agreeing with the statement. Of the 2 responses that stated “No” the following was found in the “further comments” section:

“Not as good as when I was young, and doctor don’t take in what you tell them.”

In order to maintain anonymity no patient identifiable data was requested. Although strongly recommended and part of their good practice guide, NHS England does not require demographic data from Community Healthcare.

Comments, Compliments and Complaints

YH welcomes comments, complaints and concerns from all of our service users and uses feedback to improve services for everyone.

Information on how to make a comment or complaint is available at all Your Healthcare locations and our website. To ensure that everyone can feedback, Information in other languages and easy read formats is also available on request.

The YH Front of House team is there to provide assistance to anyone wishing to make a comment or complaint and can provide advice on how to access advocacy services through VoiceAbility, the NHS Complaints Advocacy Service. VoiceAbility can also provide specialist support for those with physical and learning disabilities.

Complaints and comments are recorded onto the Datixweb System.

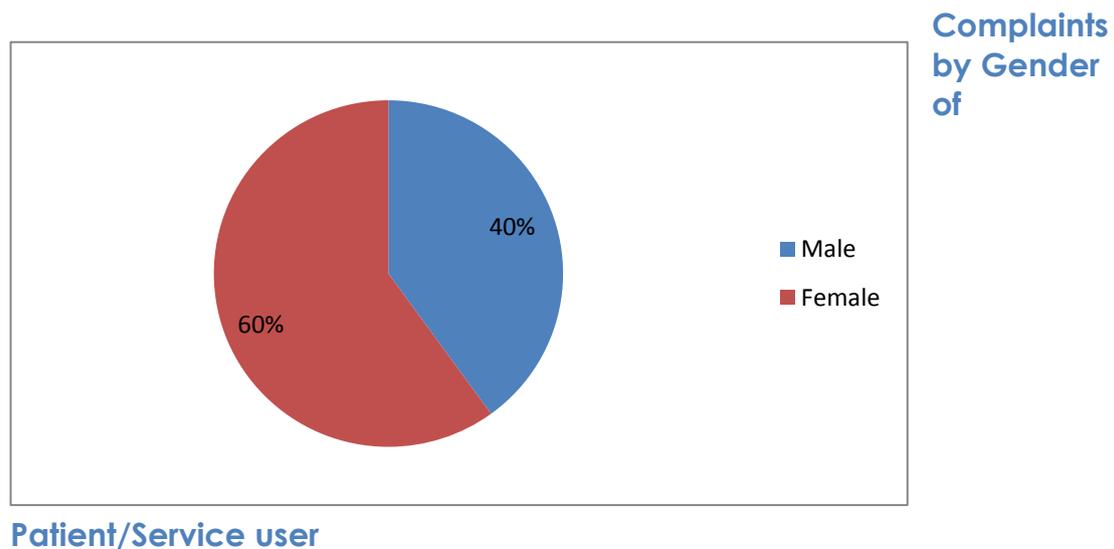
During the period January – December 2016 a total of 281 compliments and complaints were received. 241 of these (86%) were compliments and 40 (14%) were formal complaints.

6.10 Compliments

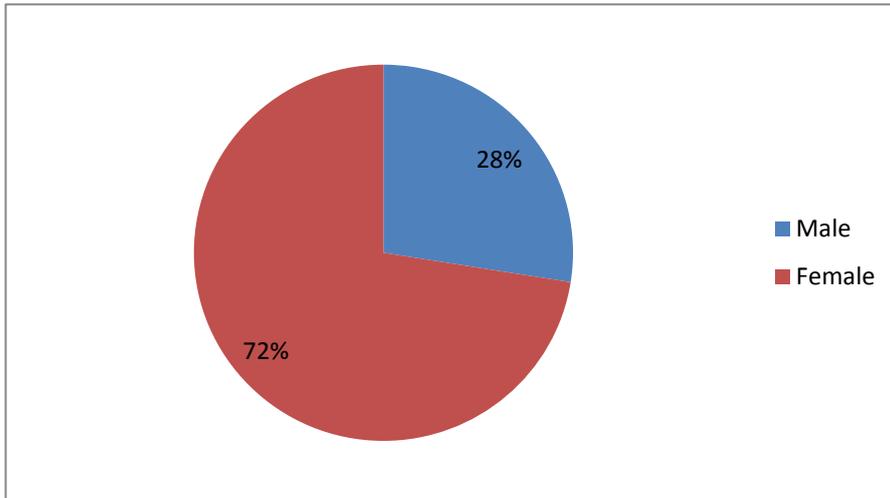
Although the compliments received covered all areas of the organisation, the majority related to our bed based and community nursing services. It is difficult to monitor equality information in respect of compliments as many are received as 'Thank you' cards and do not have any details other than the senders name, which may not be the name of the service user.

6.11 Complaints

Our records show that often complaints are made by a third party on behalf of the patient/service user. The charts below provide further information on complainants.



Complaints by Gender of Complainant

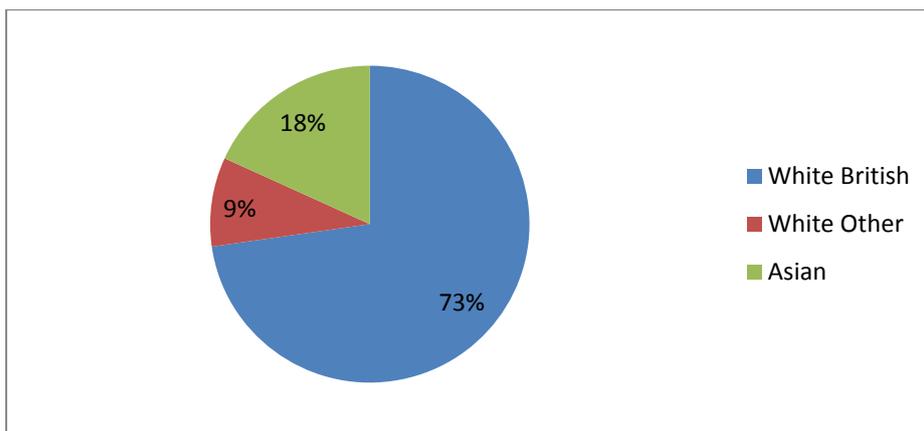


Complaints by Ethnicity

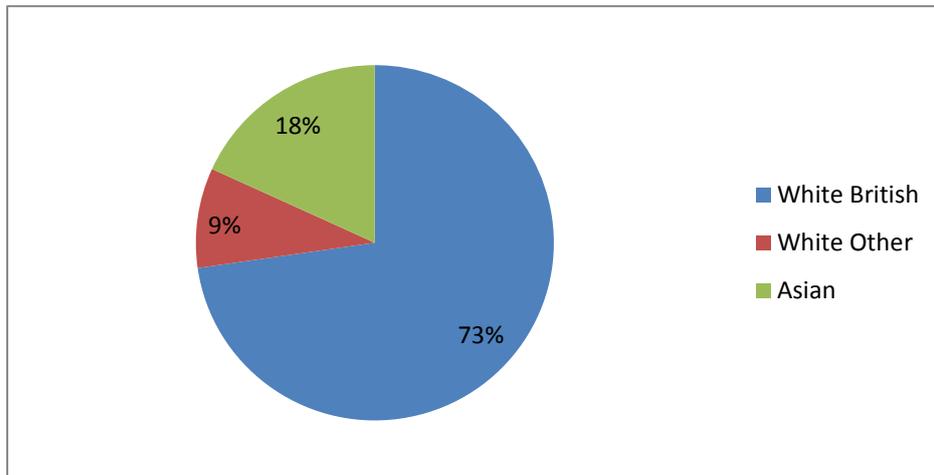
The charts below illustrate that the majority of complaints are from or about persons classified as White British.

The figures do not accurately represent the population and communities that we serve and there is a marked absence of complaints from Black and Asian communities. Historically, patients from black and minority ethnic groups are less likely to raise concerns and this is reflected in National Patient Surveys.

Complaints by Ethnicity of Patient/Service User



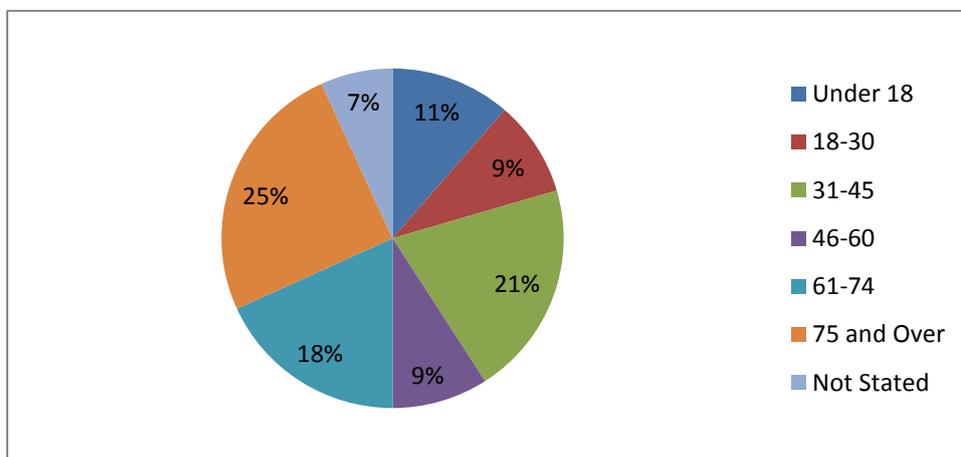
Complaints by Ethnicity of Complainant



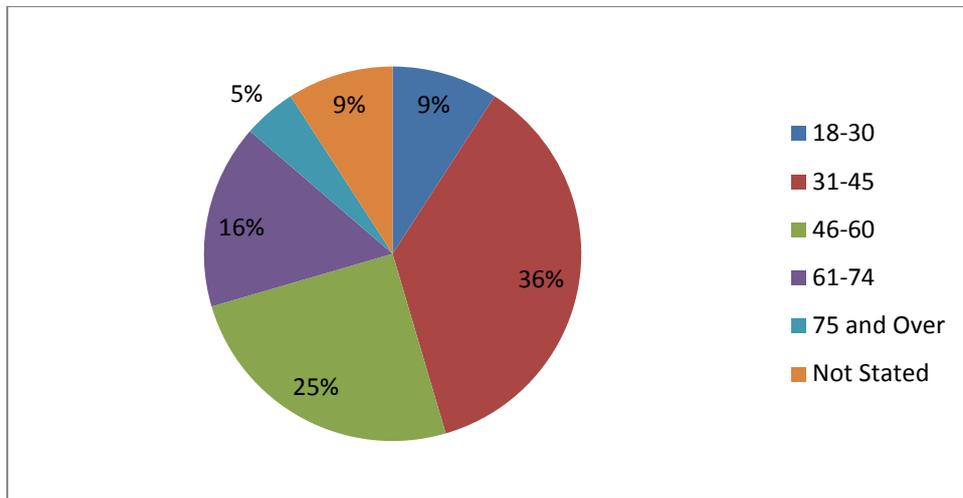
Complaints by Age

As indicated people of all ages are making good use of our complaints process and know how to access it. However, many complainants do not provide information about their age.

Complaints by Age of Patient/service user



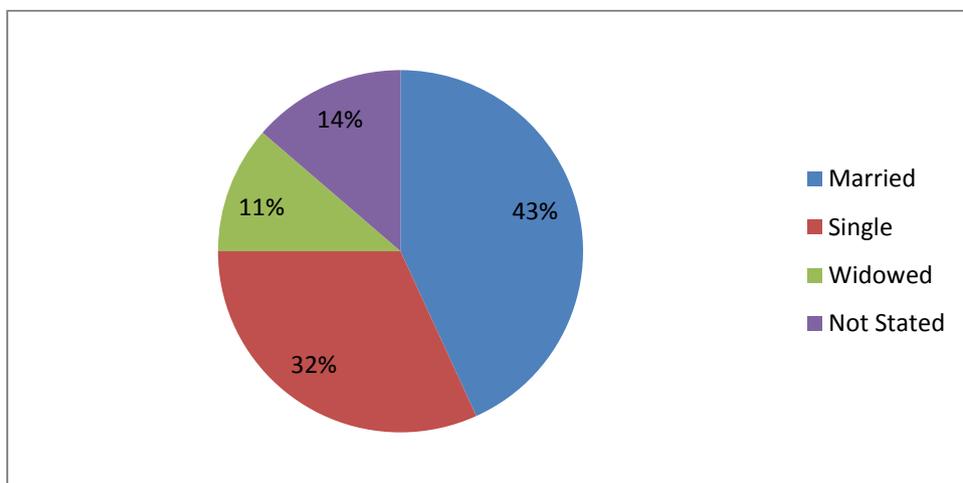
Complaints by Age of Complainant



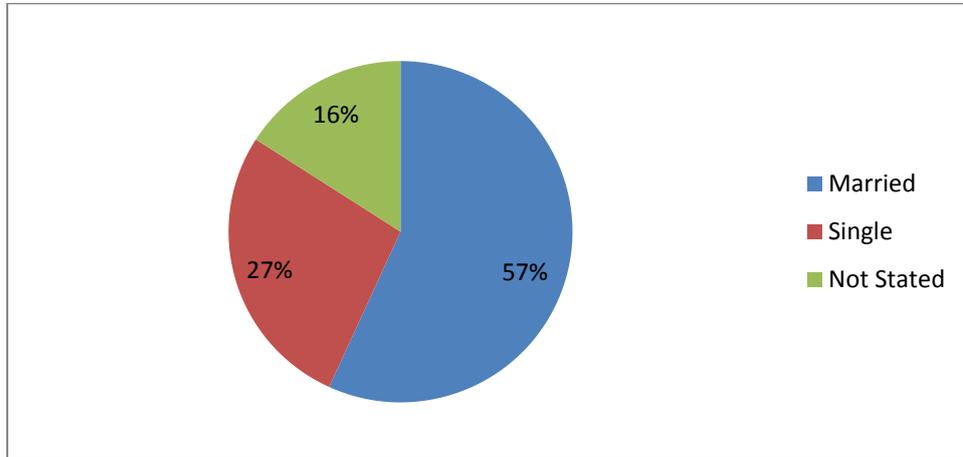
Complaints by Marital Status

The charts below denote the marital status of complainants and patients. There is no current data in respect of civil partnerships.

Complaints by Marital Status Patient/Service User



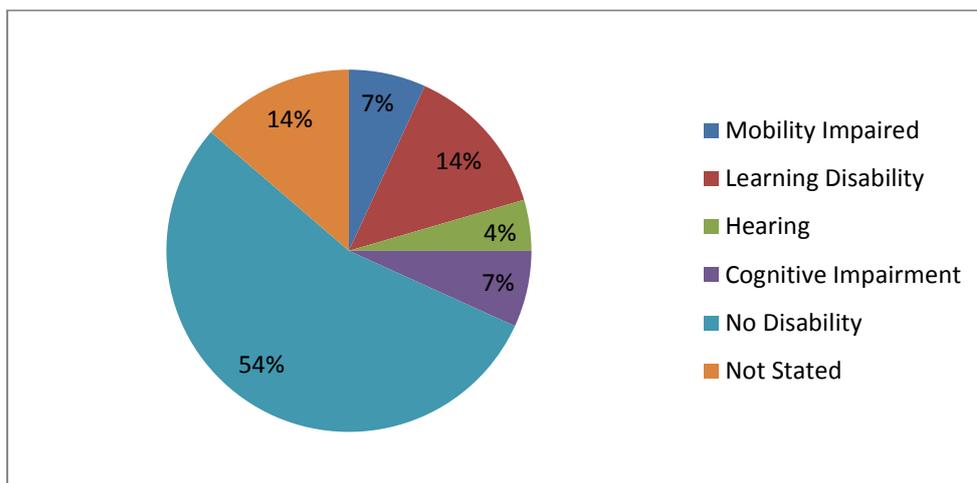
Complaints by Marital Status of Complainant



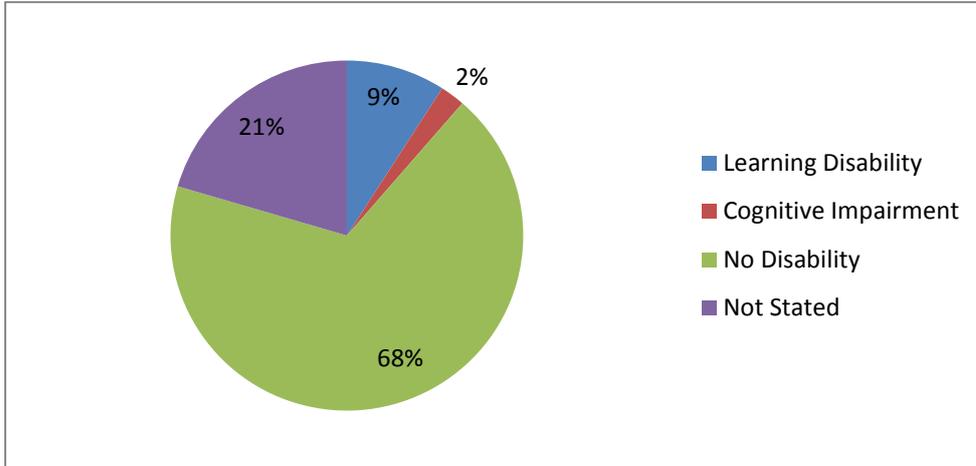
Complaints by Disability

These charts indicate that a significant number of both patients and complainants do not state whether they have a disability. Even those who provide other data are not always happy to provide information on disabilities.

Complaints by Disability – Patient/Service User



Complaints by Disability – Complainant



At present there is insufficient data in respect of sexuality to provide any meaningful information.

Moving Forward

It is clear that more work needs to be done to educate staff and service users on the importance of gathering information in respect of the nine protected characteristics, in order to get a more accurate reflection of the community we serve.

7. Facilities and Buildings

YH is committed to ensure all people who enter the buildings within which our services operate, are able to do so safely. This includes service users, visitors and staff. To ensure compliance in relation to all aspects of access regulations YH regularly undertake risk assessments. Thus, ensuring where reasonably practicable, we maintain equitable access.

We continue to ensure all staff undertake training and an assessment of their work place through comprehensive work place training & assessment tool for office based & home working staff. We actively work with WorkRite and Cooper's Safety who assess and recommend specialist adaptations to ensure that all our staff are able to access and work in a safe environment.

We are committed to identifying future projects to ensure people with disabilities have equal access to our services and will strive to improve facilities for patients, staff and visitors.

8. About Our Staff

YH is able to deliver high quality services because it recruits the best talent for roles, regardless of background. Equality and diversity is promoted at the recruitment stage where all adverts, job descriptions and the letterhead show that we work at attracting people from a diverse background. This is supported by recruitment and selection practices which ensure that the best candidate is appointed.

In addition, all the policies and procedures in place are subject to an equality impact assessment when developed. This helps ensure that equality and diversity is at the heart of employment practices, and all groups of staff are treated fairly and consistently across the organisation. This is summarised in our Equal Opportunities in Employment Policy.

Job and person specifications are limited to those requirements that are necessary for the effective performance of the role. Candidates for employment or promotion are assessed objectively against these requirements, taking account of any reasonable adjustments that may be required for candidates with a disability. Reasonable adjustments are also made should an existing employee develops a disability. We ensure a lack of bias in recruitment by using the NHS Jobs system of removing access to the Monitoring Forms from Recruiting Managers for all applications so that decisions are based on how the applicant meets the criteria for the post. All applicants declaring a disability who meet the essential criteria are offered an interview. Applicants are offered the appropriate support to attend interviews if they require it, by letter from HR.

Equality and Diversity training is mandatory and ensures that all YH employees understand their responsibility for putting equality and diversity at the heart of all their work practices. Each year we celebrate the diversity of our workforce by holding a day-long event where employees contribute by sharing their culture and food, and raise awareness about their protected characteristic(s).

The following profiles our workforce and celebrates the diverse nature of our staff. The analysis is based on a headcount of 590 permanent (substantive) staff as at November 2016. Please note that our 160 Bank staff that are not included.

The data is taken from the Electronic Staff Records (ESR) system. The data clearly shows a steady improvement in employees disclosing personal information. This is the result of sharing workforce information on the diversity at the annual equality and diversity event which has made staff more aware of the reason for collecting this information.

There is still some work to be done in upskilling employees to the use of the employee self-service system to update their personal records.

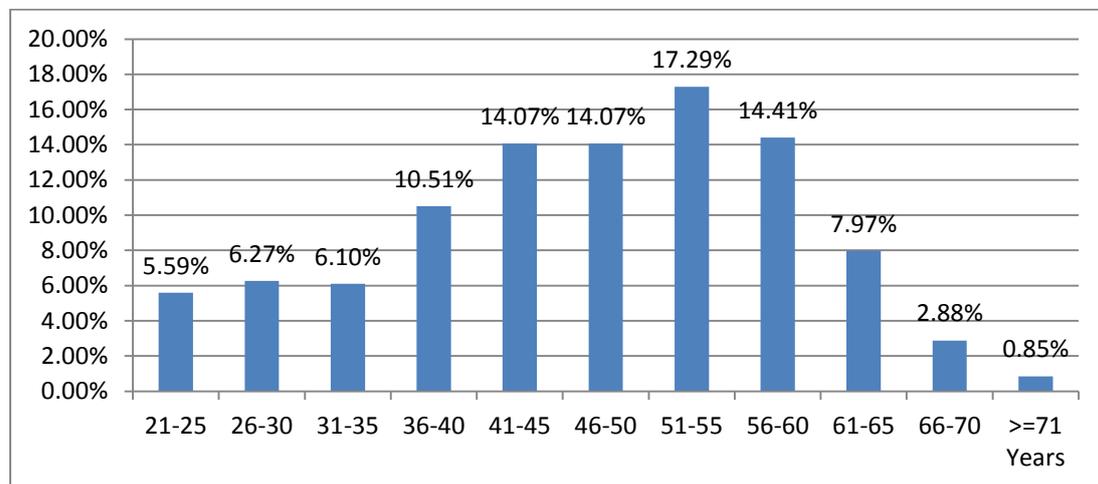
8.1 Age

The graph below shows staff in post by age band. This continues to reflect the age structure of Kingston's resident population where majority of the population is between the age of 20 and 65 years.

Compared to last year's report, the number of employees in the 35 years and under age group fell by 1.3% from 19.3% to 18%.

Employees in the 36 to 55 years age group went up from 55% to 56%, whilst the over 55 years' age group went up slightly from 25.5% to 26%.

Age Profile as at 30 November 2016 (% Headcount)



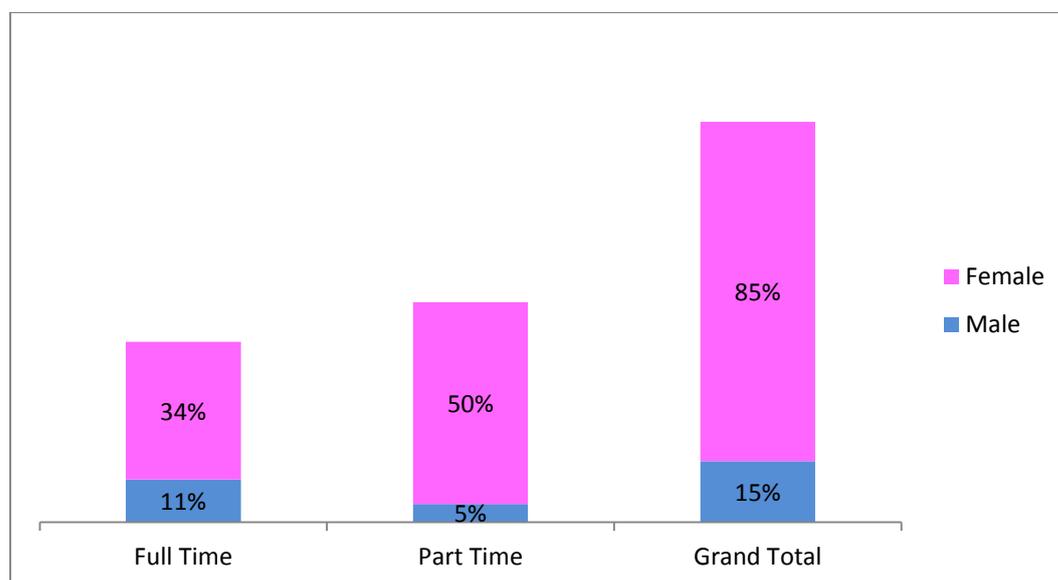
YH continues to work towards attracting the under 25 years age group, by ensuring young people in Kingston are aware of the opportunities available. Our employees attend career fairs and work placements are available to school and university students. These activities have contributed to an increase in this age group from 4% in 2015 to 5.6% in 2016. 56.6% of the workforce is in the ≤50 years age group and 43.4% are over 50 years old. Compared to last year's figures the age profile shows there has been a marginal shift of 0.7% from the 50 years and under age group to the over 50 years group.

8.2 Gender

YH employs more females (85%) than males (15%). The graph below shows 50% of the workforce is female and part time.

Compared to last year's figures, the percentage of men working full time remained at 11% while those working part time increased from 3.43% to 5%.

Full time/Part time Staff by Gender (%Headcount) at 30 November 2016



8.3 Your Healthcare Staff Grades (excluding Social Care staff not on Agenda for Change grades)

The following chart presents information in relation to staff at different grades in the organisation, and their ethnic origins as at November 2016. It shows that the balance in relation to the local population is near comparable in the lower bands and in the qualified nurse or therapist categories. A notable change in the last year is the doubling of the number of black employees at Bands 5-9 to 18.

AfC Band	White Total	Asian Total	Black Total	Other Total	Not Stated	Total (excl. not stated)
Band 1	3	0	0	0	0	3
Band 2	28	9	8	4	2	51
Band 3	51	4	4	6	7	72
Band 4	33	4	7	3	2	49
Band 5	49	11	18	6	3	87
Band 6	86	6	6	3	4	105
Band 7	70	5	4	3	4	86
Band 8a	17	2	1	0	1	21
Band 8b	7	0	0	0	0	7
Band 8c	3	0	0	0	0	3
Band 8d	2	0	0	0	0	2
Band 9	2	1	0	0	1	4
Grand Total	351	42	48	25	24	490

- White Total = A White British, B White-Irish, C Any other white
- Asian Total = H Asian or Asian British Indian, J Asian or Asian British Pakistani, K Asian or Asian British – Bangladeshi L Asian or Asian British - Any other Asian Background
- Black Total = M Black or Black British - Caribbean, N Black or Black British - African, P Black or Black British - Any other Black Background
- Other Total = F Mixed White & Asian, G Mixed - Any other Mixed Background, R Chinese, S Any other Ethnic Group
- Not Stated = is those who declined to provide their ethnic origin.

Further analysis of the data shows a significant drop in the Asian and black groups represented at Bands 6 and above. The table below shows the difference in representation at Band 8a and above:

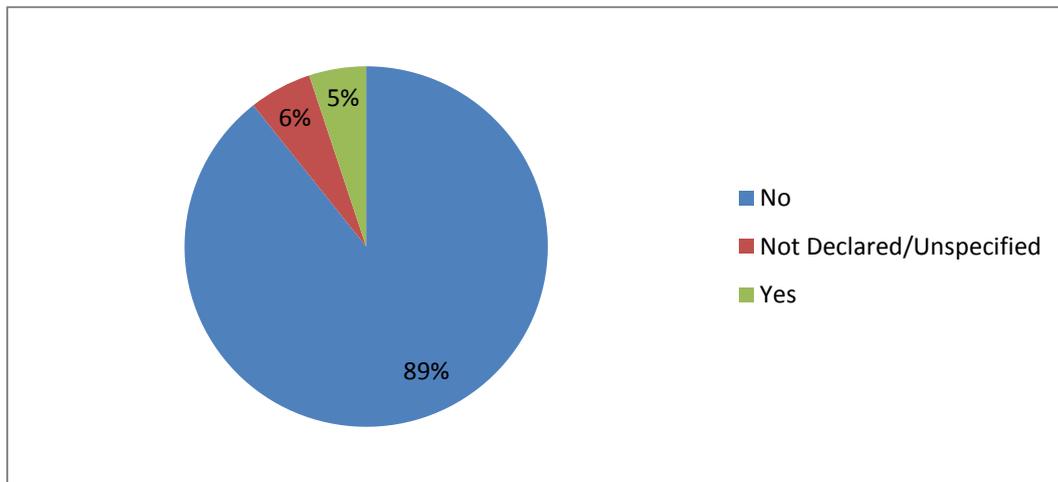
	Bands 5 (%)	Band 8a and above (%)
White	56%	84%
Asian	12%	8%
Black	21%	3%
Other/Not Stated	3%	5%

Bands 6 and above gives cause for thought. It does still remain that the organisation does need to consider whether there is an underlying cause that can be feasibly addressed.

8.4 Disability

The 2016 data shows that 5% of the workforce has a disability compared to 4% in 2015. The percentage of employees who have not declared their position has gone up from 5% to 6%.

Staff in Post by Disability (%Headcount) as at 30 November 2016



YH continues to demonstrate its commitment to employees who have or develop a disability while in employment, by displaying the five commitments to the 'Two Ticks' Disability Symbol at all locations, on letterhead, job descriptions and adverts, reminding managers of the five commitments when the annual review for continued use of the symbol is due and supporting employees with a disability to remain in the workplace.

YH is committed to making adjustments in the workplace for successful applicants for posts with a disability, as well as existing staff who develop a disability in the course of their employment with line managers having open discussions with employees and providing appropriate support to those who declare they have a disability.

8.5 Gender Reassignment

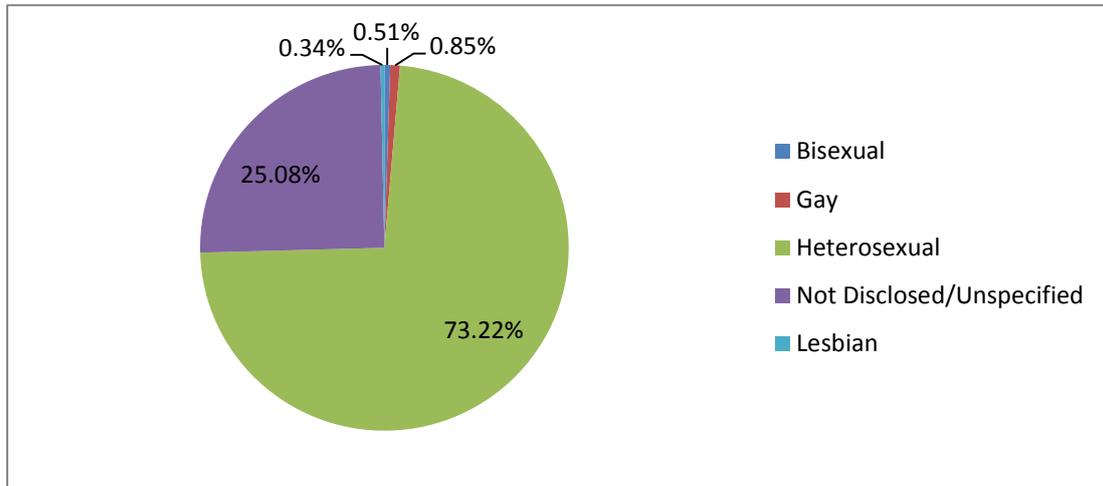
The current database does not have a field for gender reassignment and this information has not been collected.

8.6 Sexual Orientation

The percentage of employees who are heterosexual went up from 71%, in 2015 to 73.2%. 1.7% of employees are bisexual, gay or lesbian.

There has been a further 2% reduction in the numbers of employees who do not wish to disclose or have not disclosed their sexual orientation to 25%. There is definitely a downward trend when compared to the 31.4% in 2013 and 27% in 2015. This shows that with the growing awareness campaigns, employees are beginning to feel comfortable about disclosing this information.

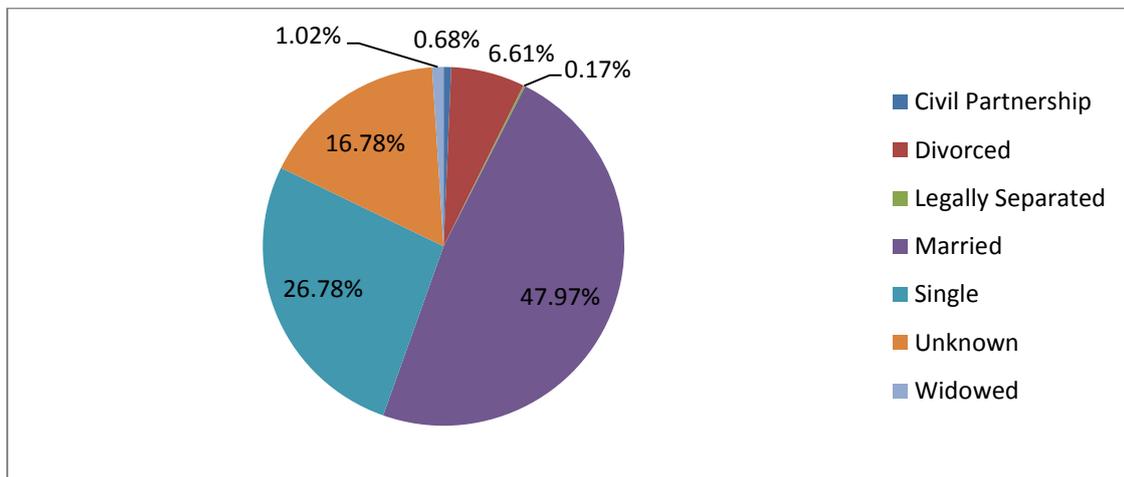
Staff in Post by Sexual Orientation (% Headcount) – 30 November 2015



8.7 Marriage and Civil Partnership

48% of the employees have declared that they are married and 0.7% are in a civil partnership. The percentage of employees who are single increased from 23% to 27%. 8% of employees are divorced, legally separated or widowed.

Marital Status Profile (% Headcount) as at 30 November 2016

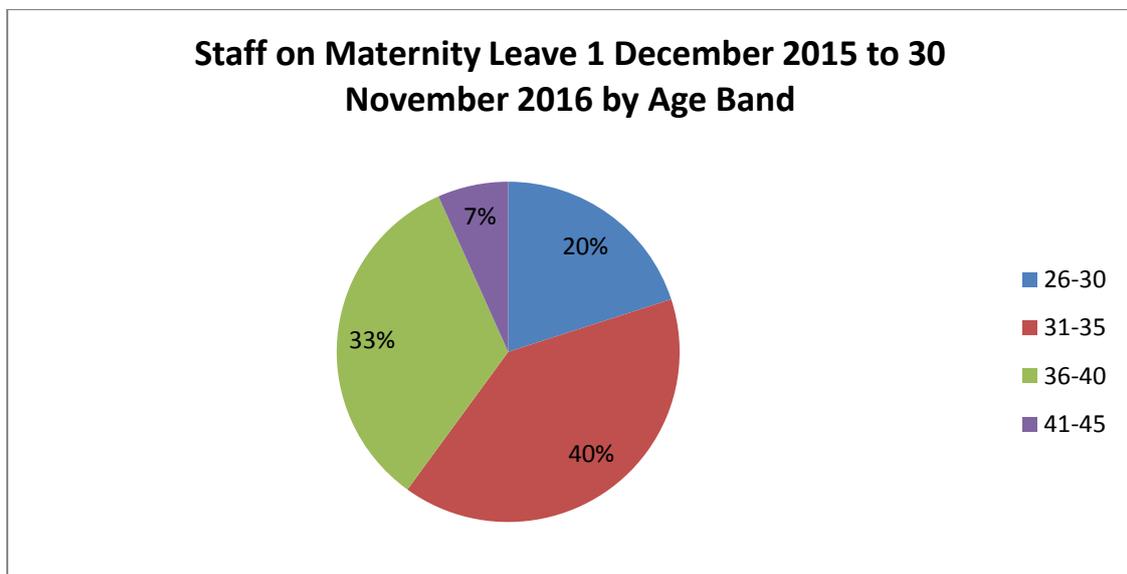


There is a 2% increase in the percentage of employees reporting this information. The numbers who have not disclosed fell from 19% to 17%.

8.8 Pregnancy and Maternity

In the twelve months to November 2016, 40% of employees compared to 61% in 2015 who took maternity leave were in the 31 – 40 years age group. There was a significant increase in the percentage of employees in the 26 to 30 year group. This went up from 8% in 2015 to 20% in 2016.

Staff on Maternity Leave 1 December 2015 to 30 November 2016 by Age Band

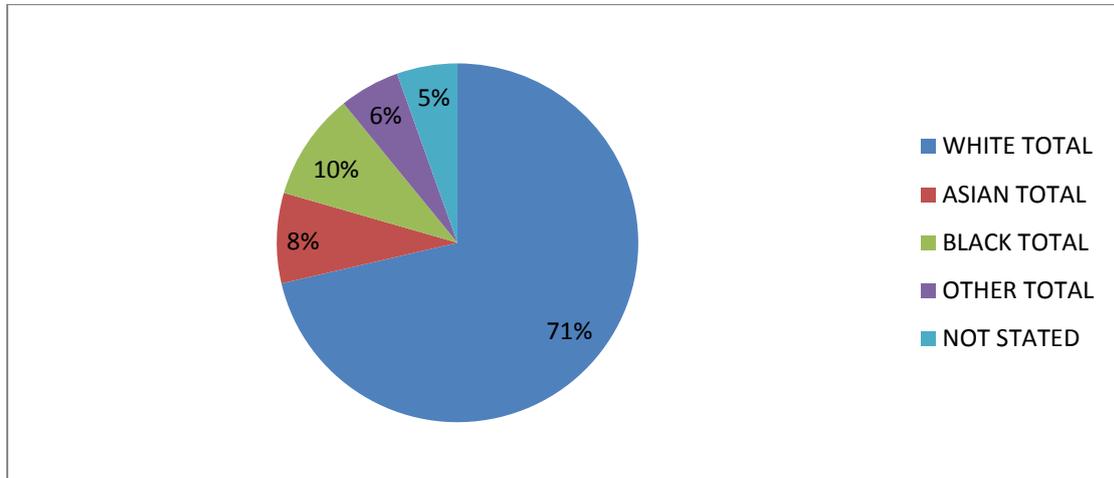


87% of employees who took maternity leave were white and 7% were African. 7% had not disclosed their ethnicity, a 1% improvement compared to the 8% last year.

8.9 Ethnicity

Our records show the majority of employees (71%) are white. 8% are Asian and another 10% are black. 6% of employees are from other ethnic backgrounds. The percentage of employees who have not disclosed their ethnicity remains unchanged at 5%.

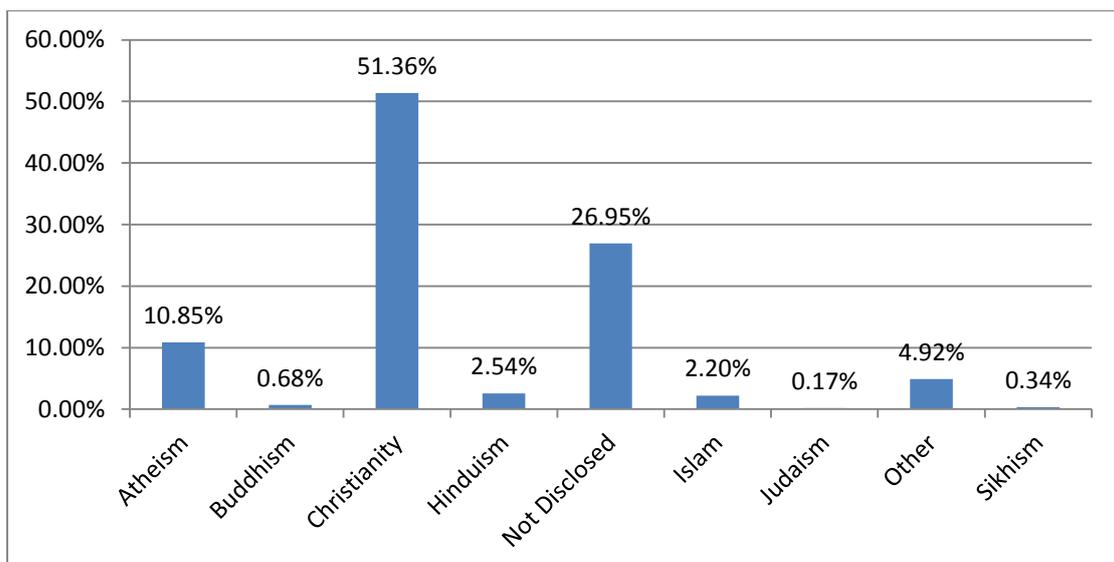
Staff in Post by Ethnicity at 30 November 2016



8.10 Religion & Belief

51% of employees are Christians and 11% Atheist. 2.5% are Hindus and 2% Muslims. 6% of employees have other religions including Buddhism, Judaism and Sikhism. The percentage who have not disclosed their religious belief fell by 1% to 27%, showing a steady downward trend over the last three years when compared to the 30% in 2014 and 28% in 2015.

Religious Belief Profile (%Headcount) at November 2016



8.11 Recruitment

In 2016 YH received 1,650 applications. The number of white applicants fell from 48% to 44%. The number of black applicants remained unchanged at 23%. Applications from the Asian population increased by 3%, from 17% to 20%.

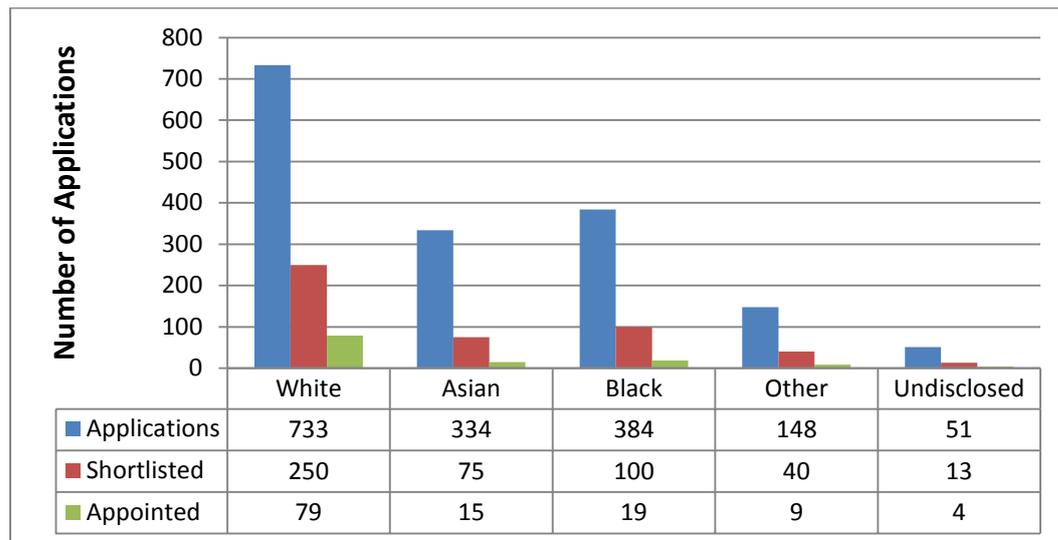
The following graphs show the numbers of applications received, shortlisted applicants and applicants appointed by ethnicity. Analysing the information showed the following

34% of the white applicants were shortlisted for interview and 11% appointed

26% of the black applicants where shortlisted and 5% appointed

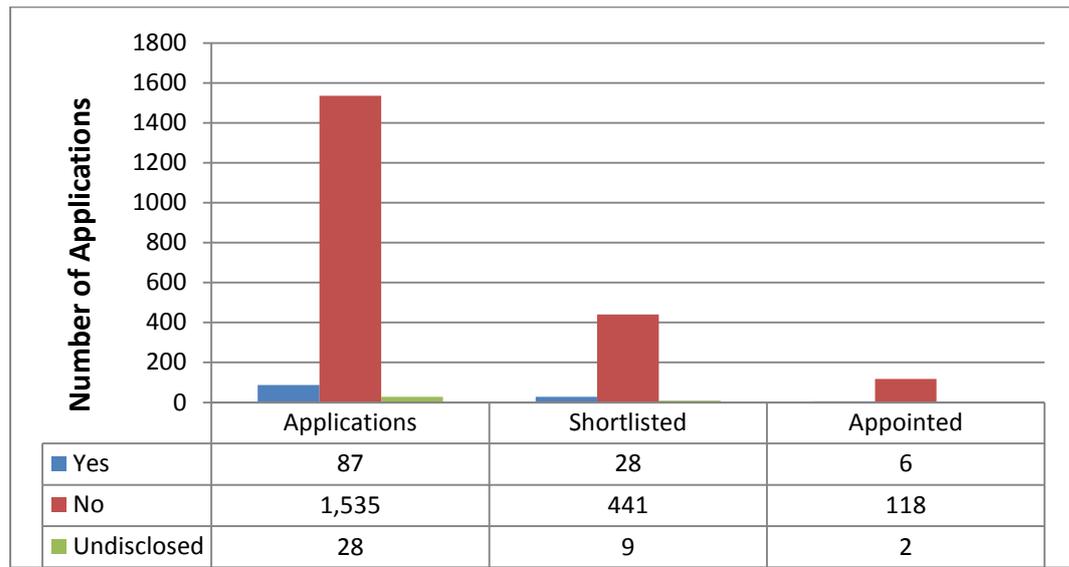
22% of the Asian applicants were shortlisted and 4% appointed

Recruitment Breakdown by Ethnicity from December 2015 to November 2016



The graph below shows the number of applicants with a disability. 5.3% of applicants disclosed they had a disability and only 1.7% have not disclosed this information. 4.8% of successful candidates in 2016 have a disability.

Recruitment Breakdown by Disability from November 2015 to December 2016



9. Staff Training and Development

This year we have continued our awareness raising programme with staff, on the importance of completing and maintaining competence in all mandatory training. We offer staff mandatory training opportunities in taught sessions and through e-learning packages.

All our staff are required to attend equality and diversity training every three years or sooner if there is a change in legislation. In addition we offer all staff at induction and scheduled dates throughout the year, privacy and dignity training. This is delivered through the use of "Barbara's Story", a powerful short film depicting a service user with dementia and their healthcare experiences. In 2016 YH built upon the mandatory Foundation Dementia Training programme and are now offering an Advanced Dementia programme for all staff working in clinical services.

Equality, diversity and human rights are important issues for all public-facing organisations, particularly where our service users and their families and our staff may come from a wide range of varying backgrounds.

We are committed to ensuring we support our staff in delivering services that help to create a culture that protects equality, values diversity and respects individual's rights.

Attendance to all mandatory training is closely monitored by our Education and Training Team and recorded on our On-Line Learning Management System (OLM) in conjunction with support from our service managers. There have been continued operational challenges with the OLM system, and this has impacted upon our ability to report staff attendance at programmes. Work with the provider continues to enable YH to make fundamental remedial actions to ensure a robust system in the longer term. This was supplemented by the introduction of paper records to enable the production of business intelligence reports.

All YH employees in 2016 were offered to submit their 2016 annual training needs analysis (TNA). TNAs are informed by staff Performance Development Review (PDR). The PDR has been subject to a review and is now supported by the YH Behaviours Framework. Staff have been able to access bespoke training to support the implementation of the revised PDR, which has focused on the culture and values within YH and outlines the expected behaviors staff should embrace and witness during their employment.

YH is committed to the training and development of our workforce so that they will gain the necessary skills to reach their full potential. Our training academy is an internal resource that provides support to current and future employees around leadership, learning and development, training and professional education.

10. Continuous Service Improvements

Sustaining a clear focus and vision to help us attain continued delivery of high quality, equitable care to all those who access our services are at the centre of what we want to achieve.

The regular objective external assessments point to consistently high levels of satisfaction with both the services that we provide and the staff who deliver them. Our staff have proactively led demonstrable innovation in service delivery in a changing health and social care market. This has allowed us to build our community integrated care platform upon a strong foundation which supports a sustainable model of community care for the future.

When we started this journey YH staff wanted to provide high quality community care in line with founding principles of the NHS Constitution (as defined in our Articles of Association). Hence YH was formed as a social enterprise in order to be the local healthcare provider of choice,

providing and investing in a wide range of community based health and social care services for local people, when and where they need them. Our staff had a genuine recognition of the need to continue to transform community services, to become more efficient and change in order to compete in the health and social care market, which was driven by a commitment to meeting the needs of the local communities.

YH is now in our sixth year of trading, with our choice of mutualism and the benefits of this as a solution for public sector provision, being clearly apparent. The growing body of published evidence, testimony from staff and leaders of mutuals delivering NHS services of the benefits of owning and running their organisations and the sense of liberation associated with this. Staff are engaged, valued and deliver better quality care. Superior performance is also evident in lower mortality rates and better patient experience that has been supported by a sustained commitment to investing in staff and providing them with the skills and tools to improve care and outcomes. This is clearly evidenced by the sustained and improving results of our Staff and Friends and Families Surveys. Adopting mutualism has allowed YH to move from a statutory hierarchical model of service provision towards one that engages our staff at all levels in all aspects of the business, giving them greater control and ownership.

Ensuring our staff feel valued, supported and empowered to strive to deliver these high standards is equally important to us. We are committed to ensuring we assess and monitor our organisation against the nine protected characteristics for both people who use our services and those who are employed by us.

We believe that our model of service delivery positions us to work in local partnerships to co-produce changes in care pathways that will see the retention and further growth of our business. Our Annual Statement of Intentions reflects the need to co-produce new models of care that will respond to local need and support people in the communities we serve. Our members (YH staff and the local community) will be the driving force behind modelling the innovation and change we need to see. This sits alongside a requirement to draw upon a much wider workforce than health and social care in order to contribute to the public and preventative health agenda.

11. Conclusions and Forward Look

From the information published in this year's Equality and Diversity Annual Report it is evident that as an organisation we have continued to build on the good foundations already established to ensure we are

well placed to discharge our organisational responsibilities under the Equality Act 2010.

Although YH is an NHS organisation, we have a contractual obligation with NHS Commissioners to follow the EDS framework and have made a commitment to use the Equality Delivery System as a means to achieve better outcomes for local people who use our services and for our community in general. As a means to achieving this we intend to continue to create and sustain better working environments for our staff members.

Overall our vision is to provide services and working environments to all staff members that are personal, fair and diverse. Examples of this are the creation of the 'Freedom Zone' which is open to all staff and now we have created "The Base" for all corporate staff who will use this area as a shared / hot desk / meeting area to maximise the space utilisation while enabling team to share information on a timely manner and facilitates collective business decisions more effectively.

Our constitution as a community interest company provides a clear structure to support our engagement with and inclusion of our membership groups, service users and family carers, staff and community representatives. One of the contributions of our elected Members Council is to ensure equality and human rights remain an important priority in Your Healthcare.

Assessing our performance against the objectives set in 2016, it is clear that we have made progress and we will continue to build on for further improvements and delivering success in the future.

If we are to provide the best outcomes for service users we will need to assess our performance against how we provide services for people from all groups within the communities we serve. We can only really achieve this if we hold comprehensive information about people who share a protected characteristic.

In relation to staff, although data referring to many of the protected characteristics is available, we are conscious that there is more to do not only to ensure our information is more complete, but also that we are identifying the reasons for the anomalies and planning to address those issues.

Employees at all levels of the organisation are engaged in the improvements and initiatives to promote diversity. In this respect we have Futures Forum – that facilitates staff to share their innovative ideas of service delivery and engage employee participation on a regular basis.

In 2017 YH will continue E & D work with its partner organisations to share valuable information – through new ways of working - Kingston

Coordinated Care delivery and discharge YH obligations in promoting service user participation as well staff across the partner organisations.

12. Reference List and Further Reading

Equality Delivery System for the NHS – EDS2 -

<https://www.england.nhs.uk/wp-content/uploads/2015/04/eds2-faqs-mar15.pdf>

Care Quality Commission (2015) Guidance for providers on meeting the regulations. Online:

http://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf Accessed 01/10/2015.

Essence of Care Benchmark (2010) Respect and Dignity. Online:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119966.pdf.

Accessed 06/03/2012.

Appendix 1: Demographics

Demographic data tables provided by Royal Borough of Kingston
Public Health Dept

Estimated Population

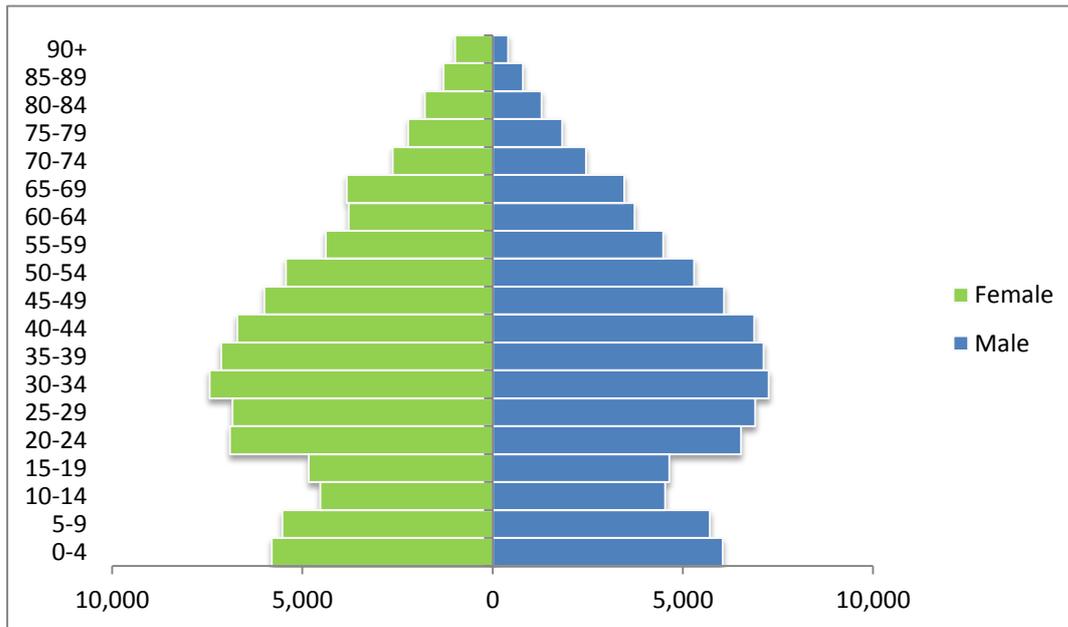
The mid-2015 population of Kingston was estimated to be 173525, an increase of 3567 people from 169958 in mid-2014. The population was estimated to have grown by 2.1% between mid-2014 and mid-2015,

2015 Mid-Year Estimates				
	Age Group	Female	Male	Person
Five Year Age Groups	0-4	5,803	6,047	11850
	5-9	5,528	5,710	11238
	10-14	4,532	4,535	9067
	15-19	4,831	4,648	9479
	20-24	6,901	6,528	13429
	25-29	6,835	6,902	13737
	30-34	7,442	7,260	14702
	35-39	7,136	7,125	14261
	40-44	6,714	6,876	13590
	45-49	5,997	6,084	12081
	50-54	5,433	5,295	10728
	55-59	4,389	4,480	8869
	60-64	3,782	3,728	7510
	65-69	3,836	3,464	7300
	70-74	2,624	2,452	5076
	75-79	2,219	1,829	4048
	80-84	1,781	1,286	3067
	85-89	1,295	799	2094
	90+	989	410	1399
All Ages		88067	85458	173525

Source: 2015 Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016

The number of children aged 0-4 years (11850) continues to be higher than the number of children aged 5-9 years and those aged 10-14 years.

The large population of adults aged 20-34 years begins to contract gradually after the age of 35 years, and the number of women aged 80 and over is much greater than men in these age groups reflecting the fact that on average women live longer than men.



Source: 2015 Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016

The proportion of men and women under 60 years of age is roughly balanced, but the proportion of women aged 60 years and over reflects their longer average lifespan.

The table below shows that from 2014 to 2015 there were 2314 births and 1107 deaths in Kingston resulting in an overall natural population increase of 1207.

Over the same period, net migration resulted in an increase in the population of Kingston of approximately 2321. The overall increase in the population of Kingston over the last year was 3567.

The Population Components of Change	2014-15
Estimated Population 2014	169958
Births	2314
Deaths	1107
Internal migration inflows	12616
Internal migration outflows	12842
Net Internal migration	-226
International Inflows	3698
International Outflows	1151
Net international migration	2547
Other Adjustments	39
Estimated Population 2015	173525
Population Change	3567

Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright 2016

Projected Populations

The Table below shows that over the next five years (2015-2020) the population of Kingston is predicted to grow by 12600 people (7.3%). The growth rate of the population of Kingston is then forecasted to decline in the following five years (2020-2025) to 6% and to 4.8% during 2025-2030.

All age groups that make up the older person's population show an increase in numbers by 2030. Those aged 90 or more will increase by 71%, people aged 70-79 will increase by 43% and those aged 80-89 are predicted to increase by 55%.

The increase in the number of older people is likely to lead to a rise in those long term conditions where prevalence is strongly related to age such as circulatory diseases. This will have a direct implication to the delivery of health and social care services.

Age Group	2015	2020	2025	2030
0 - 4	11,700	11,600	11,800	11,800
5 - 9	11,300	12,200	12,100	12,200
10 - 14	9,100	11,400	12,300	12,100
15 - 19	9,500	9,900	12,000	12,800
20 - 24	13,400	13,300	13,200	14,900
25 - 29	13,500	13,600	13,400	13,100
30 - 34	14,400	14,800	15,000	14,700
35 - 39	14,200	15,200	15,500	15,600
40 - 44	13,500	14,200	15,200	15,400
45 - 49	12,000	13,200	13,800	14,700
50 - 54	10,700	11,700	12,600	13,200
55 - 59	8,800	10,300	11,200	11,900
60 - 64	7,500	8,400	9,700	10,500
65 - 69	7,300	7,000	7,800	9,000
70 - 74	5,100	6,700	6,500	7,200
75 - 79	4,100	4,600	6,200	6,000
80 - 84	3,100	3,400	3,900	5,200
85 - 89	2,100	2,200	2,500	2,900
90 and over	1,400	1,600	1,900	2,400
All Ages	172,600	185,200	196,300	205,700

Note: Figures may not add due to rounding

Source: 2015 Round of Demographic Projections, Local authority population projections short term migration scenario © GLA 2016

Projected Population Increases by Wards

	2015	2020	2025	2030	Change 2015-20	Change 2015- 2025	Change 2015- 2030
Alexandra	9,896	10,337	10,806	10,976	4.46%	9.20%	10.91%
Berrylands	10,199	10,447	10,755	10,908	2.43%	5.45%	6.95%
Beverley	11,070	11,710	12,146	12,280	5.78%	9.72%	10.93%
Canbury	14,296	15,577	15,846	16,191	8.96%	10.84%	13.26%
Chessington North and Hook	9,120	9,153	9,213	9,243	0.36%	1.02%	1.35%
Chessington South	10,866	11,168	11,707	12,159	2.78%	7.74%	11.90%
Coombe Hill	10,960	11,290	12,026	12,397	3.01%	9.73%	13.11%
Coombe Vale	10,232	10,417	10,486	10,560	1.81%	2.48%	3.21%
Grove	12,109	13,409	15,005	15,547	10.74%	23.92%	28.39%
Norbiton	10,892	11,229	11,759	12,823	3.09%	7.96%	17.73%
Old Malden	9,915	10,057	10,334	10,533	1.43%	4.23%	6.23%
St James	9,415	9,501	9,573	9,659	0.91%	1.68%	2.59%
St Mark's	11,612	11,826	12,213	12,458	1.84%	5.18%	7.29%
Surbiton Hill	11,192	11,573	12,033	12,099	3.40%	7.51%	8.10%
Tolworth and Hook Rise	10,510	11,913	12,935	13,302	13.35%	23.07%	26.57%
Tudor	10,067	10,293	10,225	10,192	2.24%	1.57%	1.24%
Kingston	172,351	179,900	187,062	191,327	4.38%	8.54%	11.01%

Note: Figures may not add due to rounding

*Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based;
Capped Household Size model*

© GLA 2016

Ethnicity

	2015	2020	2025	2030	Ethnic Composition in 2030
All Ethnicities	172,617	185,082	195,915	205,134	
White	121,427	123,480	125,806	128,121	62.46%
Black Caribbean	1,244	1,463	1,635	1,778	0.87%
Black African	3,288	4,014	4,588	5,036	2.45%
Black Other	2,742	3,140	3,438	3,662	1.79%
Indian	7,404	8,479	9,362	10,097	4.92%
Pakistani	3,692	4,338	4,854	5,280	2.57%
Bangladeshi	1,424	2,007	2,528	3,001	1.46%
Chinese	3,625	4,306	4,842	5,286	2.58%
Other Asian	19,641	23,785	27,182	29,911	14.58%
Other	8,130	10,070	11,680	12,962	6.32%
BME*	51,190	61,602	70,109	77,013	
BME (%)	29.66%	33.28%	35.79%	37.54%	

* Black and Minority Ethnic Population

Note: Figures may not add due to rounding

Source: 2015 Round of Demographic Projections, © GLA 2016

Local authority population projections - Trend-based ethnic group projections, short-term migration scenario

In 2030 the BME population is projected to comprise 37.54% of the population, compared with 29.66% in 2015. The 'Other Asian' group is the fastest growing and will increase from 9.6% of the population in 2015 to 12.5% in 2030. The above table illustrates the change in the ethnic composition of the population of Kingston

The anticipated increase in the BME population is augmented by the large Korean population that reside mainly in New Malden. However, it is difficult to estimate the size of this population as it was not separately identified by the ethnicity definitions used in the Census.

Appendix 2: EDS overall rating

Red = Undeveloped

Amber = Developing

Green = Achieving

Purple = Excelling

THE GOALS AND OUTCOMES OF EDS2				
Goal	Number	Description of outcome	Evidence	Rating
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	YH designs and delivers services based on a number of levels of needs assessment: Strategic - Kingston Joint Services Needs Assessment Community – health and social care commissioning intentions, staff and community member, service user feedback and joint working with key provider partners.	Green
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	YH continues to research assessment best practice and ensure that individuals have access to the most appropriate assessment tool and practitioner e.g. further development of Kingston Care Passport (KCP) across partnership organisations.	Amber
	1.3	Transitions from one service	YH services have a wide range of local and	Amber

		to another, for people on care pathways, are made smoothly with everyone well-informed	nationally validated multi agency care pathways which are regularly reviewed e.g. stroke pathway and more recently Integrated Health and Social Care pathway for adults. Work has continued with partners in the Provider “Alliance” the work to deliver the new model of care described locally as Kingston Coordinated Care (KCC)	
	1.4	When people use our services their safety is prioritised and they are free from mistakes, mistreatment and abuse	YH has a full range of policies and procedures that support staff in ensuring the safety of people using our services including the recording of all incidents in Datix and the review of Root Cause Analyses (RCAs), and the sharing of learnings,	
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	YH supports the full range of vaccination, screening programmes across its adult and children and family services in partnership with Primary Care. Health promotion is a core element of service delivery and YH services work closely with Public Health to deliver key campaigns.	
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	All service users have access to our community health and social care services through a variety of referral sources including an adult health and social care Single Point of Access.	

		unreasonable grounds		
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	YH is committed to ensuring that service users are involved in decisions about their care and also jointly agree personal outcomes and goals of treatment. Our Service User Engagement survey Oct-Dec 2016 had 100% of responders saying they felt they had been treated with dignity and respect, with 99% advising they would be 'extremely likely' or 'likely' to recommend the services to friends and family.	
	2.3	People report positive experiences of our services	The Service User survey showed 99% of responders had a positive overall experience rating the overall service as 'Excellent' or 'Good'.	
	2.4	People's complaints about services are handled respectfully and efficiently	Complaints management remains in line with national guidance and we ensure that all complaints whether formal or informal are responded to in a timely fashion.	
A representative and supported workforce	3.1	Fair recruitment and selection processes lead to a more representative workforce at all levels	HR ensure recruitment practices are in line with existing policies and procedures. Line manager training includes equality issues. The work which has been carried out in the year to improve the diversity of the workforce has resulted in an increase in the percentage of employees disclosing their protected characteristics especially in the area of disability. There is still more work to be done in	

			the area of disclosing sexual orientation, marriage and civil partnerships, religion and belief.	
3.2	YHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations		Majority of YH staff are on Agenda for Change pay scales whilst the 16% transferred from Local Authority remain on LA pay bands.	
3.3	Training and development opportunities are taken up and positively evaluated by all staff		YH undertake annual Training Needs Analysis (TNA) so that staff can identify that development needs they require to provide services. The Staff Survey for 2016/17 again positively rated access to staff development, training and education.	
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source		YH has appropriate policies and systems in place to ensure staff are protected. The 2015 staff survey highlighted some inappropriate behaviours. This is being addressed with a series of workshops on appropriate behaviours, the introduction of a Behaviours framework and the continuous monitoring of behaviours at supervision and in performance development reviews as well as addressing tricky relationships and inappropriate behaviours in the workplace.	
3.5	Flexible working options are available to all staff		YH has flexible working and family friendly	

		consistent with the needs of the service and the way people lead their lives.	policies which is available to all staff.	
	3.6	Staff report positive experiences of their membership of the workforce	The Staff Survey 2015 indicated 87% positive rating against staff engagement, 96% were proud of the services they delivered, 97% knew what they needed to do to be successful in their role, 94% of staff say they have the freedom to ask questions and 79% have stated that they have the freedom to innovate.	
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	All leaders within YH are committed to promoting equality in the organisation and beyond through working with the local community and partners to deliver individual, community and population sensitive care. Distributive leadership is being cultivated with senior leaders tasked to cascade learning from the Futures Forum to their teams.	
	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	Risk narrative and equality impact assessment is a core part of key YH documents and processes.	
	4.3	Middle managers and other line managers support their	Managers and leaders ensure that staff access the appropriate training and support around	

		staff to work in culturally competent ways within a work environment free from discrimination	the range of equality and diversity subjects including mandatory training ensuring that services continue to be sensitive to the needs of individuals and communities cared for by YH services.	
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