

A decorative graphic consisting of several blue curved lines of varying thicknesses that originate from a single point on the left and fan out towards the right, creating a sense of movement and depth.

Progress in delivering our Equality Objectives

(April 2013-April 2014)

This report details the progress during 2013 / 2014 that Central London Community Healthcare (CLCH) has taken in meeting its Equality Objectives in April 2012.

If you need information in another way we can provide this Action Plan in other languages, in Braille or easy read format.

A larger print format is available.

Please contact Lesley Soden by emailing lesley.soden@clch.nhs.uk with stating your communication needs.

Equality Objectives – 2012 to 2016: Progress 13/14

1. We will deliver more targeted intervention and outreach activities to protected groups in order to promote our health services			
Service / team	Baseline	Target / Measures 2013/14	Actual 2013
Diabetes Service:	<ul style="list-style-type: none"> • Barnet – South Asian 15%; African / Caribbean 3.4% • Hammersmith & Fulham - South Asian 10.6%; African / Caribbean 11.6%. • Kensington & Chelsea – South Asian 8.4% ; African / Caribbean 22.2% • Westminster – South Asian 19.7%; African / Caribbean 15.2% 	Increase South Asian and African Caribbean patients using the service by 10% (2016).	<ul style="list-style-type: none"> • Barnet – South Asian (+11%), African / Caribbean (+4.5%) • Hammersmith & Fulham – South Asian (+0.6%), African / Caribbean (+1.6%). • Kensington & Chelsea – South Asian (+1.4%), African / Caribbean (-9.2%) • Westminster – South Asian (+1.3%) and African / Caribbean (+0.2%)
Psychological therapies K&C:	<ul style="list-style-type: none"> • Kensington & Chelsea – BME patients 19% • Men – 31% • Gypsies / travellers – not recorded 	<p>BME 5% -2013/14 (cumulative)</p> <p>Men 4% -2013/14 (cumulative)</p>	<p>BME (average per month)</p> <p>Step 2 – 28%</p> <p>Step 3a – 41%</p> <p>Step 3b – 40%</p> <p>Men – 67% (+36%)</p>
Walk-in centres:	No baseline data available.	Improve access for people with disabilities (sensory and learning).	<ul style="list-style-type: none"> • Vibrating pagers piloted at Edgware and Parsons Green to inform patients with hearing loss that the health professional is ready to see them. • Telephone interpreting posters in all consultation rooms. • Signage within walk-in Centre's has been designed to be accessible.
Stop Smoking Service:	<i>BME men particularly Bangladeshi and Eastern European</i>	An analysis of the age, ethnicity and gender of service users	Analysis of service users was undertaken but Inner London services contract is not delivered by CLCH.

Health Visiting:	<ul style="list-style-type: none"> • Black Caribbean ethnic groups are under-represented (2%) in H&F and Westminster (1%). • Asian ethnic groups are under-represented in K&C (3%) and slightly in Barnet (0.8%). • Gypsy / travellers not recorded. 	Black Caribbean and Asian ethnic groups and gypsy / travellers	Barnet: All ethnic groups representative except Indian (-3%) Hammersmith & Fulham: Black Caribbean (-1.5%), Asian (-3.7%) Kensington & Chelsea: Black Caribbean (-0.3%) Asian (-3.5%)
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2. We will improve how we communicate with diverse patients using alternative and accessible formats.

Service / team	Baseline	Target / Measures	Outcome
All services.	<ul style="list-style-type: none"> • Promote the use of easy read through mandatory training and easy health website. • Framework for staff on producing patient information including providing accessible and alternative formats. 	6 publications per year in accessible and alternative formats including easy read and other languages.	Easy read: Pressure Ulcer leaflet / PREMS form / District Nursing leaflet (being produced) Guidance produced for staff to make information accessible.
All services	<ul style="list-style-type: none"> • Some leaflets are translated in community languages. • Service budgets do not include translation costs. 	<ul style="list-style-type: none"> • Costs for translating information are included in new project costs. 	No change

3. We will educate and raise awareness of our health services amongst our patients based upon their protected characteristic.

Service / team	Baseline	Target / Measures	Outcome
District Nursing GP engagement	<ul style="list-style-type: none"> • Patient feedback showed that BME patients are less aware of our health services. • Compared to census 2001 data, lower number of BME and male patients accessing District Nursing. 	<ul style="list-style-type: none"> • GP engagement: improving our referral routes from GPs to our services. • Increase number of BME and male patients accessing District Nursing services. 	<p>BME (2013 data compared to Census 2011) Barnet: – 24% H&F: -13% K&C: –13% Westminster: -22%</p> <p>Men Barnet: -12% H&F: -10.5% K&C: -13% Westminster: -11.5%</p>
All services / communication	Re-designed website has information on all CLCH services but some is incomplete.	All service information on CLCH website has referral criteria, discharge information and waiting times	All services are completed.
All services / communication		Service leaflets / education sheets are displayed in all our health centres: guidance provided to staff on producing publicity information.	

4. We want to provide reasonable adjustments for patients with Learning Disabilities who use our mainstream health services.

Service / team	Baseline	Target / Measures	Outcome
Learning Disabilities / E&D team	As part of disability awareness within refresher / induction training some guidance is provided.	All staff have the vulnerable patient (LD) training using the Mencap mystery findings as part of E&D mandatory training.	<ul style="list-style-type: none"> • Safeguarding vulnerable adults training includes patients with learning disabilities. • E&D training includes Mencap mystery shopping findings. By July 2014 all staff and new starters will have been trained on the Mencap's charter.
Learning Disabilities	<ul style="list-style-type: none"> • MENCAPs 'Getting it Right Charter' was not systematically followed by 8 pilot sites: <ul style="list-style-type: none"> ○ Some provide orientation visits for LD service users and reminder phone calls. ○ All pilot sites give first or last appointments for LD service users. ○ Some provide appointment letters and treatment options in easy read. ○ All pilot sites involve parents and carers in patients' healthcare and listen to their concerns. ○ Health / Hospital passports are not available to CLCH patients. 	Pilot services achieve the MENCAPs 'Getting it Right Charter'.	Reasonable adjustments (examples include): Phlebotomy Service (K&C) in provides an immediate referral service for GP surgeries / nursing that have tried and failed to obtain an appropriate specimen of blood from their LD patients. Offer face to face to develop sense of trust, numbing cream, reduction of the noise level and longer appointments. Diabetes service - offer choice of appointment time / location; reminder phone calls/text; clinicians meet and greet all service users in the reception themselves; drop in clinics; telephone support; home visits and evening clinics. Wheelchair service - Service users' notes indicate that they have a learning disability on the front page and on the diagnosis page.

5. We will increase the number of CLCH staff disclosing their disability by providing reasonable adjustments and individual support for our disabled staff.

Service / team	Baseline	Target / Measures	Outcome
E&D team / HR transformational team	2.8% of staff disclosed their disability on HR records.	By 2016, 10% of staff have disclosed their disability.	3.7% of staff have their disability recorded
	Access to Work (JobCentre Plus) applications for funding reasonable adjustments were not consistent.	Access to Work process is simplified and quicker with better information for staff / managers on applying for Access to Work funding.	Disability Policy has been revised to include guidance on Access to Work funding and process.
All services	There is no record of annual reviews being undertaken.	All staff with a disability recorded receive an annual review.	Discussions on including annual reviews in the annual PADR process.

6. We will increase the representation of our Black Minority Ethnic (BME) staff at senior manager levels.

Service / team	Baseline	Target / Measures	Outcome
E&D team.	19% of senior managers are from a BME background (bands 8a and above)	By 2016 improve senior manager BME representation from 19% to 34% (note this target now includes band 7 posts)	June 2013 – 19% of senior managers are from BME background (band 8a and above).
HR Transformational Team	Equality Impact Assessments (EIAs) are not consistently undertaken for change management proposals affecting staff.	EIAs completed and published for all change management consultations.	15 EIAs completed for change management consultations.

Action Plan for 2014/15 priorities

Priority	Actions	Lead
Improving the recording of our patients' equality data and rolling out the recording of sexual orientation, religion and disability for most of our patients.	<ul style="list-style-type: none"> • Ensuring that relevant fields are available on System One patient recording system. • Start to pilot recording of sexual orientation, religion and disability with certain services. • Look at ways to collect the equality data through discharge paperwork. • Continue to train staff on understanding why and how to ask for equality data from patients. 	IT Equality and Diversity team
Considering equality and diversity in all business planning, transformational projects and decision-making.	<ul style="list-style-type: none"> • Ensure that transformational programmes including clinical and corporate projects complete an EIA signed off by the E&D team. • Running EIA training drop-in sessions. Continue to analyse the equality impact of Board papers. 	Directors of Transformation Equality and Diversity team
Raising awareness of providing information in accessible and alternative formats.	<ul style="list-style-type: none"> • Advising the Communications team on their guidance on information. • Continue to train staff on providing accessible information. • Encouraging services to translate their leaflets into easy read (eg. District Nursing). 	Head of Communications
Getting into the top 100 Stonewall Workplace Equality Index to ensure LGB equality in the workplace.	<ul style="list-style-type: none"> • Straight Allies programme • Awareness raising events • Mentoring scheme • Role models • LGBT local champions • PPE activities 	Equality and Diversity team

<p>Meeting the Board target for improving BME staff representation at a senior level (band 7 and above).</p>	<ul style="list-style-type: none"> • Empowerment leadership programme • Piloting the diversity talent pipeline (using internal staff to deliver short term projects) • Consistent recruitment / selection methods to ensure fairness and equality • Within briefs to recruitment agencies including the need to recruit from wide and diverse talent pool. 	<p>Equality and Diversity team</p> <p>Recruitment / ELT</p>
<p>Addressing the higher reporting of bullying and harassment in the staff survey 2013 results and co-ordinating with the Compassionate Leadership programme.</p>	<ul style="list-style-type: none"> • Identifying 'hot spots' and delivering interventions. • Working in partnership with the Compassionate leadership programme 	<p>Equality and Diversity team</p> <p>Deputy Chief Nurse</p>