

Equality Steering Group
Tuesday, 23rd May 2017, 9.30 a.m. – 11.30 a.m.
Marriott Hotel Bexleyheath

Present:

Paul Cutler (PC) Chair, PPI Lay Member, Bexley CCG Annie Gardner (AG) Head of Patient Experience & Stakeholder

Engagement

Lindsey Coeur-Belle (LCB) Deputy Director of Commissioning

Marie Hawes-Gatt (MHG Assistant Director of Quality, Patient Experience &

Performance

Andy Fairhurst (AF) Primary Care Transformation Manager

In attendance

Maria Broad (MBr) Admin Assistant (taking notes)

Apologies:

Michael Boyce (MB) Director of Quality, Governance &

Performance

Nikki Kanani (NK) Chief Clinical Officer Sid Deshmukh (SD) Chair, Bexley CCG

Elinam Attipoe (EA) Corporate Governance & Risk Manager

Linda Baker (LB) HR Partner (CSU)

Lionel Eastmond (LE)

Deputy Chair Patient Council

1.	Welcome and Apologies PC welcomed all present and noted apologies as documented above.
2.	Minutes & Actions/updates Minutes of meeting held on 24 th January 2017 were accepted and approved.
	Although the meeting was quorate it was noted that a significant number of apologies had been received again. PC suggested substitutes should be identified to represent absent members and this should be reinforced by Directors.
	Members noted that LE had not been able to attend meetings for some time and that a conversation should be progressed with Patient Council to elect two representatives (it was suggested that one should be the Chair of the PPG network – Saby Ghosh). Members highlighted that HR team had not been represented for some time and needed to be addressed, also that HR reports should be a regular feedback item on the agenda.

Action:

LCB to email Michael Rahman to confirm HR rep for future meetings. PC to speak with NK, SD, MB and MHG regarding a Quality representative AF to liaise with Nisha Wheeler to confirm a representative from Primary Care Directorate/ Team

3. Meeting our duties - EDS2 grading assessment

Copies of EDS2 grading template were circulated to group. AG explained EDS has four main goals and eighteen sub sections, the CCG needs to assess how it is performing against each goal/sub section.

Members of the group discussed evidence presented in the EDS2 document and grading. It was suggested that in future all assistant directors should contribute to completion of document/grading. A full discussion and review of evidence to support statements in EDS2 then progressed with all present.

1.1 Services are commissioned /designed to meet the health needs of local communities

Grading – **Developing**

1.2 Individual's health needs are assessed and met in appropriate and effective ways

Grading - Developing

1.3 Transition for people on care pathways are made smoothly with everyone well informed

Grading – **Developing**

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

Grading - Achieving

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.

Grading - Developing

2.1 People, carers and communities can access hospital community health or primary care services and should not be denied access on unreasonable grounds.

Grading - Achieving

2.2 People are informed and supported to be as involved as they wish in decisions about their care.

Grading - Achieving

Action: AG to review GP survey to check levels of patient satisfaction.

- 2.3 People report positive experiences of the NHS.Grading Achieving
- 2.4 People's complaints about services are handled respectfully and efficiently

Grading - Achieving

3.1 – 3.6 A representative and supported workforce

Action As no representation from HR or OD leads at meeting AG to refer back to Lucy McCafferty, need to reflect on feedback from staff survey and 360 degree feedback.

- 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation Grading **Developing**
- 4.2 Papers that come before the Board and other major committee's identify equality related impacts including risks and say how these risks are to be managed.

Grading – **Developing**

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

Grading – Developing

4. Equality objectives 2017-20

AG confirmed the Equality Annual Report had been submitted to NHS England at the end of January. However, the CCG equality objectives require review – so work needs to be focussed in this area.

The group discussed setting equality objectives for the period 2017 - 2020 and how to ensure equality is reflected across all CCG functions. Suggestions included:-

- (i) Equality report needs to be mapped against population profile.
- (ii) CCG staffing is not balanced, gender predominantly female.
- (iii) Objectives around workforce and reflecting community.
- (iv) Outreach with Travellers need development/consideration.
- (v) Three deep dives a year into chosen protected characteristic area, this will help to understand where gaps are and how to improve.
- (vi) Training needs of Governing body feed into board development

A discussion then evolved about EIA, all present agreed that EIA's for new contracts/business cases should be presented to the ESG.

Action: AG to draft objectives and share grading assessment with Patient Council focus group

5.	Equality Matrix – update PC circulated a draft equality matrix. PC explained that the purpose of the matrix is to act as a central document that maps the full range of diverse groups in Bexley and links these too key information summaries and references. Action: AG to start work to identify groups and how often they meet etc AG to create template in excel spread sheet to be saved on Vibe. AG to put a tab in matrix for each characteristic.
7.	Any other business None
8.	Date and time of next meeting September 2017 – date to be confirmed