Equality
Annual Report 2015

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a positive difference, every time

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1   Introduction

Managing Equality and Diversity is not a one off activity but is a journey that develops and changes over time. We recognise that as an organisation we are in the early phase of our journey with regards to evidencing and documenting our work and achievements against our statutory duties. Our learning curve has been a steep one.

We are grateful for the support we have received from the Equality and Inclusion Manager from North, South and Central Clinical Commissioning Group, to enable us to produce this report and to guide our work going forward so we can make real differences to our patients and staff.

This Annual Equality Report includes information on the organisation, including our staff and the services we provide to patients; examples of work we have already undertaken which demonstrates how *gtd healthcare* is meeting its statutory duties under the Equality Act 2010 and what actions we plan to take to address any areas identified for development.

As this is our first detailed Annual Equality Report, we are also including an overview of our legal responsibilities to set the report in context.

1.1   About *gtd healthcare*

gtd healthcare is a not for profit provider of primary care, urgent care and out-of-hours dental services across Greater Manchester, Southport, Formby and South Sefton (SFSS). For almost 20 years, *gtd healthcare* has been providing safe, high quality innovative care to patients.

Led by a Clinical Board, supported by a multidisciplinary management team, over the years we have pioneered numerous leading edge services and understand how essential it is to work with like-minded organisations who share our vision for integrated whole person care.

We provide a wide range of primary care services, e.g.

- ❖ Out of Hours GP Service for Manchester, Oldham, Southport & Formby, South Sefton and Tameside & Glossop
- ❖ Out of Hours Dental Triage Service for a number of areas across Greater Manchester
- ❖ GP support to a number of care homes in Oldham and Tameside
- ❖ 8 GP practices and 3 GP Led Health Centres across Greater Manchester
- ❖ Alternative To Transfer and Acute Visiting Scheme for a number of CCG's
- ❖ The clinical triage element for Manchester's Integrated Care Gateway (MICG) and Warrington's Referral Assistance Gateway (WRAG)

gtd healthcare is a values driven organisation and we are passionate about providing the best possible healthcare for our patients. We took time to develop and refine our Vision, Mission and values until we felt it captured the essence of the company.

1.2　Our Vision

- ❖　To inspire trust and confidence by making a positive difference, every time.

1.3　Our Mission

We care for people, families and communities, in order to improve their health and wider wellbeing.

We do this by:

- ❖　Delivering urgent medical and dental care in a range of ways, including telephone advice, face-to-face treatment, home care, walk-in centres in the community, emergency department support and ambulance service support

- ❖　Running GP practices which provide their registered patients with a full range of commissioned NHS services

- ❖　Running a 24/7 clinical and non-clinical call centre and call-handling service

- ❖　Providing specialist medical and healthcare support services, which include supporting intermediate care services, running referral triage and gateways, and an acute visiting scheme

1.4　Our Values

- ❖　We put patients first – we understand that every person, every family and every community is unique; we always take the time to listen and we respond openly and honestly every time.

- ❖　We look after our people – we understand that looking after our people helps them look after our patients. We have high expectations of our people and give them the training and support they need to perform exceptionally.

- ❖　We give great quality care – we aim to meet the highest standards of excellence and safety all the time. If we can't or don't meet expectations we will honestly explain why not.

- ❖　We lead the way in transforming primary care – we use our experience and expertise to constructively challenge and suggest new and innovative ways of working, where we think this will improve health, healthcare and people's experiences of it.

- ❖　We contribute to the wellbeing of our local communities – we aim to be more than a health care provider alone. We will look for opportunities to bring wider health benefits to the communities in which we work.

1.5　Our commitment

Equality is not about treating everyone the same, it is about ensuring that access to opportunities is available to all by taking account of people's differing needs and capabilities. Diversity is about recognising and valuing differences through inclusion, regardless of age, disability, gender, racial origin, religion, belief, sexual orientation, marital status, commitments outside of work, part-time or shift work, language, perspectives, opinions and personal values.

gtd healthcare is committed to ensuring that our patients and their families/carers are treated as individuals with privacy, dignity and respect. We want our patients to feel that they matter – that their values, beliefs and personal relationships will be respected. This applies to all our patients and employees, regardless of their age, gender, ethnicity, social or cultural backgrounds, or their psychological or physical requirements. We want to actively promote equality, embracing diversity and ensuring full inclusion for people who use our services whether staff or patients/public so it is central to our vision and values and is fundamental to building strong services and communities.

We will have in place or develop policies, processes, procedures, practices and behaviours which challenge all forms of discrimination and promotes equality of opportunity at all levels. Our aim is to create an organisation that harnesses the different perspectives and skills of all staff and provides a working environment free from discrimination, harassment or victimisation.

We are committed to building a workforce that reflects the diverse community in the different areas we serve. Everyone that works within *gtd healthcare* or uses its services should expect to be treated with respect and dignity, and have their personal, cultural and spiritual needs taken into account. In this way we are able to deliver quality care and services whilst giving patients and users of our services the opportunity to reach their full potential.

2 Legal context and how we meet our obligations

2.1 The Equality Act

The Equality Act (2010) is the UK's discrimination law, which protects individuals from unfair treatment and promotes a fairer and equal society. It protects people from discrimination, harassment and victimisation in work, education and when accessing services such as healthcare. The Equality Act was established to protect anyone who has a 'protected characteristic' which are:

- ❖ Age
- ❖ Disability
- ❖ Gender Identity
- ❖ Marriage & Civil Partnerships
- ❖ Pregnancy & Maternity
- ❖ Race
- ❖ Religion & Belief
- ❖ Sex
- ❖ Sexual Orientation

2.2 The Equality Duty

The Equality Act places a Public Sector Equality Duty (PSED) on public bodies such as healthcare organisations which encourages engagement with the diverse communities affected by our activities, to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve. The broad purpose of the general equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. It is an integral part of the mechanisms for fulfilling the requirements of the Equality Act 2010. If a public authority does not consider how a function can affect different groups in different ways, the function may not meet its own objectives. Compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently. A workforce that has a supportive working environment is more productive. Research suggests that many organisations have found it beneficial to draw on a broader range of talent and to better represent the community that they serve.

The Equality Duty consists of a 'General Duty' with three main aims. It requires *gtd healthcare* to have due regard to the need to:

- ❖ Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Act
- ❖ Advance equality of opportunity between people from different groups
- ❖ Foster good relations between people from different groups.

Having due regard means that we must take account of these three aims as part of our decision making processes; in how we act as an employer, how we develop, evaluate and review policy; how we design, deliver and evaluate services; and where appropriate, purchase services from others.

The general duty is underpinned by a number of specific duties which include the need for us to:

❖ Set specific, measurable equality objectives;

❖ Analyse the effect of our policies and practices on equality and consider how they further the equality aims;

❖ Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

2.3 Human Rights Act

The Human Rights Act 1998 is composed of a series of sections that collates the protections in the European Convention on Human Rights into UK Law. All public bodies such as police, hospitals and other bodies carrying out public functions have to comply with the convention rights. The Act sets out the fundamental rights and freedoms that individuals in the UK have access to, e.g. Right to life, respect for your private and family life, home and correspondence, freedom of thought, belief and freedom of expression.

We need to act compatibly with the rights contained in the Human Rights Act 1998 in everything we do. The general principles that the NHS should aspire to in relation to the Human Rights Act are:

❖ **F**airness

❖ **R**espect

❖ **E**quality

❖ **D**ignity

❖ **A**utonomy

2.4 How we are meeting our legal obligations

Regardless of the protected group a person belongs to, they should have equal access to healthcare. To meet the requirements of the Public Sector Equality Duty as described in 2.2, healthcare organisations have an obligation to publish information to show what they are doing to:

❖ Eliminate discrimination in healthcare
❖ Reduce health inequalities
❖ Identify and minimise barriers different community groups may face in accessing healthcare
❖ Target local people who need to access health services to benefit their health outcomes
❖ Foster good relations between different community groups by inclusive practice

gtd healthcare engages with employees, service users and community groups to build a culture through which we aim to treat everyone with Fairness, Respect, Equality, Dignity and Autonomy (FREDA principles).

We ensure that our Human Resources policies, including recruitment and selection, exit interviews and restructures/organisational change and the management of employees health in the workplace are fair and transparent and take into account consultation with and feedback from staff, the need to make reasonable adjustments, and to assess any adverse impact upon protected groups resulting from key changes or reviews.

We regularly review complaints or suggestions we receive through various sources whether formal or informal and direct or indirect.

The following sections provide examples which demonstrate how we a meeting our duties.

3   Our Diversity and demographics

gtd healthcare currently provides services across Heywood, Middleton & Rochdale, Manchester, Oldham, Southport & Formby, South Sefton, Stockport, Trafford, Salford and Tameside & Glossop (T&G), which are very diverse physical and demographic areas. Some of the areas we cover have high levels of deprivation and worklessness, and poor health amongst the population. We also cover some of the most affluent areas of the population, for example in parts of South Manchester and Saddleworth in Oldham. Cultural diversity is also considerable with some of the densest populations of ethnic minorities in the country.

The tables below show the profile of the population we cover, including ethnicity, age, religion & employment Activity (data from Census 2011).

Ethnicity	Rochdale	Manchester	Oldham	Sefton	T&G
White	82% (172874)	66.6% (335109)	77.5% (174326)	97% (266741)	91% (199429)
Mixed	1.7% (3569)	4.6% (23161)	1.8% (4057)	1.0% (2820)	1.4% (3159)
Asian or Asian British	15% (31360)	17% (85986)	19% (4316)5	1.0% (2719)	6.6% (14553)
Black or Black British	1.3% (2770)	8.6% (43484)	1.2% (2797)	0.3% (796)	0.8% (1784)
Other	0.4% (856)	3.0% (15387)	0.2% (552)	0.26% (714)	0.18% (399)
Totals	211,429	503,127	224,897	273,790	219,324

The table below shows the ages of the population in each of the areas we cover:

Age	Rochdale	Manchester	Oldham	Sefton	T&G
0-4yrs	7% (14754)	7.2% (36413)	7.3% (16491)	5.3% (14601)	6.6% (14439)
5-15yrs	14.2% (30,029)	12.1% (61,005)	15.1% (33968)	12% (32754)	12.9% (28269)
16-24yrs	12% (25474)	19.8% (99697)	11.7% (26433)	10.7% (29243)	11.4% (24946)
25-44yrs	27% (57025)	33.4% (168035)	26.7% (60122)	23% (62521)	27% (59202)
45-64yrs	25.3% (53601)	18% (90433)	24.4% (54930)	28.4% (77660)	26.6% (58267)
65-84yrs	12.8% (27009)	8.1% (41171)	12.8% (28745)	18% (49485)	13.7% (30021)
84 +	1.8% (3807)	1.3% (6373)	1.9% (4208)	2.8% (7526)	1.9% (4180)
Totals	211,429	503,127	224,897	273,790	219,324

The table below shows the breakdown of the religion of people who live in the areas we cover:

Religion	Rochdale	Manchester	Oldham	Sefton	T&G
Christian	60.6% (128186)	48.7% (245247)	59.2% (134167)	76.8% (210184)	64% (140322)
Muslim	13.9% (29426)	15.8% (79496)	17.7% (39879)	0.4% (1189)	4.4% (9705)
Hindu	0.3% (642)	1.1% (5452)	0.54% (1233)	0.19% (525)	1.5% (3223)
Other (inc, Sikh Buddhist & Jewish)	0.53% (1120)	2.12% (10673)	0.4% (955)	0.6% (1663)	0.62% (1353)
No Religion	18.9% (40014)	25.3% (127485)	16% (36169)	15.7% (43196)	23.5% (516740
Not stated	5.8% (12311)	6.9% (34774)	5.5% (12494)	6.2% (17033)	6% (13047)
Totals	211,429	503,127	224,897	273,790	219,324

The table below shows the economic activity of the people who live in each of the areas we cover:

Economic Activity	Rochdale	Manchester	Oldham	Sefton	T&G
Full Time Employed	9.5% (20101)	25.63% (128930)	25.97% (58410)	25.94% (71019)	29.88% (65546)
Part Time Employed	26.3% (55604)	8.25% (41535)	9.86% (22171)	10.88% (29799)	9.75% (21377)
Self-Employed	5.73% (12116)	4.7% (23628)	5.53% (12434)	5.94% (16267)	5.48% (12022)
Student	1.95% (4135)	5.42% (27251)	2.1% (4722)	2.27% (6219)	1.83% (4019)
Unemployed (looking for work)	4.28% (9047)	4.35% (21880)	3.85% (8661)	3.55% (9708)	3.67% (8052)
Economically Inactive	24.47% (51739)	27.78% (139708)	23.73% (53367)	23.8% (65185)	23% (50443)
Totals	211,429	503,127	224,897	273,790	219,324

4   Our approach

As described in Section 1, *gtd healthcare* is committed to developing an organisational culture that promotes equality and diversity in all services, workforce and service provision to improve practice with regards to equality and diversity for both our patients and our staff which will enable us to satisfy our legal obligations.

Whist we acknowledge we still have a way to go with regards implementing best practice and integrating this agenda across all the services we provide, we are confident that the plans we have in place for the next 12 months will enable us to achieve some significant improvements to benefit our workforce and our service users.

gtd healthcare has four key equality objectives that underpin our approach:

❖   Establish clear governance arrangements to ensure all Board Directors and senior managers are enabled to contribute to ensuring equality and diversity is embedded in all that we do.

❖   To develop a workforce that has an increased awareness of equality and diversity issues in the delivery of good quality patient care.

❖   To improve our processes for collating, monitoring and usage of our equality data across the nine protected characteristics as defined by the Equality Act for both our patients and workforce.

❖   Deliver services that meet the needs of patients and other service users from all sections of the community that the organisation serves.

To enable us to meet our business objectives and statutory duties, we will be enhancing our equality current work programme by implementing the national Equality Delivery System 2 (EDS2) Framework. The purpose of the EDS2 is to ensure that services promote the independence and well-being of staff, service users and carers and help them to maximise their potential, offer them protection when they need it and support their rights and choices. EDS2 requires us to collect evidence and develop clear and realistic objectives based on that evidence and ask the opinions of others such as our staff, patients and other stakeholders as to whether we are achieving our aims and objectives.

5   Governance and assurance

This section sets out the current governance and assurance arrangements for equality and diversity within *gtd healthcare*.

It is beneficial to have internal systems in place to be able to check compliance with the general equality duty and the specific duties. These should be proportionate to the organisation's size and resources, and work best if supported at senior levels. Our Board members therefore have a collective responsibility to ensure compliance with the Public Sector Equality Duty. The Board will provide strategic leadership to ensure we achieve the objectives we have set for our equality and diversity programme of work which forms a key driver for delivering our vision.

To date, the Head of Governance & Clinical Leadership, Engagement Manager and Corporate Administration Manager have taken a lead on developing equality & diversity. Within the organisation we have a number of established committees, e.g. Senior Management Team (SMT), Clinical Governance & Risk Committee (CGRC) Audit & Information Governance Committee.   Currently whilst these groups/committees play a significant role in leading and monitoring equality, none have formal responsibility for this defined within their terms of reference.   For example all human resources policies and service developments are reviewed at SMT, all aspects of patient experience and clinical policies are reviewed at CGRC. All policies are regularly reviewed and updated and reflect changes in legislation and the results of any Equality Impact Assessments (EIA).

On a quarterly basis, governance reports are presented to Board and Commissioners.

The managers of our different staff groups have the responsibility for ensuring that employees have equal access to appropriate promotion and training opportunities, access to policies and procedures, and support their staff to work in culturally competent ways within a work environment free from discrimination.

The organisation has a number of policies to support equality which includes:

❖   Equal opportunities policy

❖   Flexible working policy

❖   Bullying and harassment,

❖   Parental leave and shared parental leave,

❖   Dress code,

❖   Whistleblowing,

❖   Stress at work

❖   Leave of absence.

6   Our workforce

gtd healthcare recognises that a diverse and culturally aware workforce is better placed to understand and respond to the needs of our diverse communities of the areas we cover. As an organisation we are fully committed to equality, diversity and inclusion and to create a safe and inclusive working environment where people from all sectors of the community can come to work and be provided with the support and development required so that they can reach their full potential.

There is a statutory requirement for public bodies with greater than 150 employees to publish a workforce profile. In addition there are a number of national and local drives which influence our strategic decisions and the manner that we carry out our day to day roles. These include:

* ❖ The NHS constitution
* ❖ The CQC essential requirements
* ❖ The NHS outcomes framework

As an organisation we look to provide the best working environment for our staff in order for them to deliver a quality service to the patients and carers they serve. It is vital that we are able to identify our priorities in partnership with our local stakeholders, staff, services users and carers.

Workforce information will be reviewed internally through the senior management team and key recommendations will be developed to improve any areas of under-representation.

It should be noted that due to low rates of disclosure for some of the protected characteristics such as disability, sexual orientation and religion or belief, it is possible that the workforce is actually more representative than it would appear. It is envisaged that by promoting reporting during the coming year we will be able to provide a more accurate picture of our workforce in the future. This will be accompanied by staff engagement and communications so our employees understand why we are requesting this information and how the data will be used to positive effect.

6.1   Context

This part of the report includes our workforce equality data as required by the Public Sector Equality Duty. Analysis of the data will assist the organisation in undertaking a number of initiatives for 2016. These actions will include initiatives to:

* ❖ Improve the quality of the data
* ❖ The increase the planning, development and progression of staff from underrepresented groups
* ❖ The development of Leadership and management training
* ❖ Maintain a safe working environment for staff

In our GP practices, we have a total of 140 employees (of which 11 are Bank Staff). The data has mainly come from i-Trent, our newly established Electronic Staff Record (ESR) system. We currently employ in *gtd healthcare* a total of 284 employees (of this 223 are out-of-hours staff with contracted shifts, and 21 are Bank).

The following tables are an analysis of the *gtd* workforce.

Out of Hours staff data (284 employees)

Protected Characteristic	Greater Manchester Population	*gtd healthcare* workforce	Comparison
Age	2011 Census figures for Manchester show most common age bands: 45-54 (16%) 35-44 (13.2%) 25-34 (20%) 16-24 (20%)	Most common age bands: 41-50 (24%) 31-40 (38%) 21-30 (11%) 16-20 (0.4%)	Well represented in some age bands
Gender	Slightly more females than males in the general population	73.70% female 26.30% male	*gtd* employ a large number of nursing staff and care co-ordinators which traditionally accounts for more females. This is also typical of the NHS nationally
Disability	No local data. 2011 Census figures for Manchester show 17.7% of the population of Manchester described themselves as having a long term illness or disability	0.35% declared themselves to be disabled Low levels of data	No clear picture as no local population data and workforce data is limited
Ethnicity	88.9% white 6.5% Asian 1.7% Black	Low levels of data	
Pregnancy/Maternity	No local data	3% of females have taken maternity leave in the past 12 months	Whilst this is not a clear comparison, it does suggest that the population is well represented at *gtd*
Marriage/Civil Partnerships	21% married 11% co-habiting	103 married females 25 married males 3 females with a partner	Good representation
Religion or Belief	74% Christian 5% Muslim 11% no religion	92% not specified 6% Christian 2% Atheist 1% other	No clear picture as low levels of completed data
Sexual orientation	Estimated that 5-7% of UK population identifies as LGBT	Low levels of data	No clear picture as low levels of completed data

Primary Care Staff data (140 staff)

Protected Characteristic	Greater Manchester Population	*gtd healthcare* workforce	Comparison
Age	2011 Census figures for Manchester show most common age bands: 45-54 (16%) 35-44 (13.2%) 25-34 (20%) 16-24 (20%)	Most common age bands: 60+ (3.55%) 51-60 (24.11%) 41-50 (24.82%) 31-40 (27.66%) 21-30 (17.73%) Under 21 (1.42%)	Well represented across all age bands
Gender	Slightly more females than males in the general population	86.43% female 13.57% male	This is typical of the NHS nationally
Disability	No local data. 2011 Census figures for Manchester show 17.7% of the population of Manchester described themselves as having a long term illness or disability	No one has declared themselves disabled	No clear picture as no local population data and workforce data is limited
Ethnicity	88.9% white 6.5% Asian 1.7% Black	Any other white background 2.13% Bangladeshi 0.71% British 15.60% Indian 0.71% Pakistani 1.42% Withheld 79.43	No clear picture as low levels of data completed
Pregnancy/Maternity	No local data	7% of females have taken maternity leave in the past 12 months	Whilst this is not a clear comparison, it does suggest that the population is well represented at *gtd*
Marriage/Civil Partnerships	21% maried 11% co-habiting	56 married 80 single 4 with partners	Good representation

Religion or Belief	74% Christian	82.94% not specified	No clear picture as low levels of completed data
	5% Muslim	13.95% Christian	
	11% no religion	2.33% Muslim	
		0.78% Agnostic	
Sexual orientation	Estimated that 5-7% of UK population identifies as LGB	Low levels of data	No clear picture as low levels of completed data

6.2 Employee relation cases data 2015

Case Type	Total	Gender	Ethnicity
Bullying & Harassment	0	N/A	N/A
Disciplinary	4	Female	White British
	1	Male	Asian
Grievance	0	N/A	N/A
Performance	0	N/A	N/A

6.3 Recruitment and Selection

We have a suite of policies in place to ensure that managers operate fairly with regards to recruitment and selection. Whilst Equality and Diversity data is collected by our HR team as part of the recruitment process, currently analysis of this data is limited and an area we are planning to develop in 2016.

6.4 Training

All staff undertake equality & diversity training as part of their induction and then again every two years. We are aware that further training needs to be provided on the Human Rights Act. For much of our workforce in the out-of-hours service, their *gtd* employment is often a second job and by necessity working hours are outside of normal office hours. This can present challenges in delivering training, therefore we rely heavily on online training which can be completed at times to suit the individual.

7   Equality impact assessments

gtd healthcare is committed to ensuring that the organisation pays due regard to the three key aims of the Public Sector Equality Duty and the systematic analysis of the impact of our decisions and actions on equality is an important way of achieving this.

Equality Impact Assessments (EIA's), provides a framework by which we are able to take in to account the effects that a policy, service or project may have on particular population's systematic way. By doing this we can increase the probability that a policy will promote equality of access and equity of outcomes rather than disadvantage. We currently undertake a more informal approach to our EIAs when reviewing our policies, procedures and service developments. The front sheet of our policies includes a section on EIA but we do not always record the detailed rationale for our conclusions. We recognise therefore that the robustness of our assessments could be improved through the review of existing documentation, formalising the processes and through the introduction of training and guidance for managers writing policies and procedures.

A review needs to take place and new documentation and processes will be introduced to ensure robust equality assessments are embedded into our strategic and operational decision making for service reviews, policy development and employment practices.

Policies which have been subject to EIA which have resulted in changes to the policy include:

- ❖   Out of Hours Home Visiting Policy – a section was added to ensure that social circumstances can also be in considered in addition to clinical need.

8   Patient experience

8.1   Overview

As a public sector body we have an obligation under the Equality Act 2010 to ensure equal access to our services for all our populations. The GP out-of-hours service is available to all members of the public who are either permanently or temporarily residing in the geographical areas we cover. Collecting data relating to protected group characteristics for those patients accessing the service has been limited to age and sex until recently when a question regarding ethnicity has been introduced.

In November 2015, the initial call handling stage of the patient's contact with urgent care and where demographic details are usually collected, transferred to NHS111. This means that for the most part, the data available on who has accessed to our service with regards for example to their ethnicity or disability is dependent upon what NHS111 collects and electronically transfers to *gtd healthcare*.

Our model of service delivery in the out of hours periods means that patients have a variety of options to access our services from telephone advice that can be provided in a range of languages, through to a home visit when a patient is unable to access other treatment options such as an appointment at a treatment centre. For our GP practices, we offer a range of early morning, late evening, telephone and face to face appointments.

Effective communication is vital for active participation and understanding of healthcare. We aim to ensure our service is accessible to all patients and their relatives therefore use the Big Word interpretation service in the out-of-hours service, allowing us to support patients accessing our services for whom English is not their first language.

By flexible use of our service across all the areas we cover, wherever possible, we are able to accommodate specific patient requests, such as provision of a female clinician.

We have hearing loops available in our treatment centres. The service accepts calls from a text relay service (Next Generation Text) and all of our call handlers are trained in dealing with these calls. All the services to help people with communication difficulties are promoted on our website.

We are looking into ways of improving the service for those patients who are unable to use a telephone. We are aware of a video sign language interpretation service and are currently looking into how *gtd healthcare* could utilise this service.

Our Engagement Manager undertakes 'Walk Rounds' of our treatment facilities to assess for example whether signage is clear. As our treatment centre facilities are often co-located in shared hospital buildings, making changes or improvements can often be a challenge. All our treatment centres and primary care facilities are located on the ground floor making them accessible for those with mobility problems.

The organisation has recently participated in a pilot project looking at the Accessible Information Standard. Whilst there were a number of improvements identified for the out-of-hours service, *gtd healthcare* remains committed to working towards its implementation by July 2016.

8.2   Patient Satisfaction Surveys

On a monthly basis we send out postal patient satisfaction surveys to a random sample of patients who have contacted our service. Included in the survey is questions on the patient's status with regard to protected characteristics.

During 2015 we received 391 completed satisfaction surveys, and 316 equality & diversity forms, the information below is the data we collected. As the monitoring forms are imputed separately from the satisfaction results, at this time we can't analyse the data further but have identified this as a development for the coming year.

Age		Sex		Disability	
Under 16	8	Male	106	Yes	108
16-30	19	Female	209	No	201
31-45	64	Transsexual	0	I do not wish to disclose	7
46-60	74	I do not wish to disclose	1		
61-74	81				
75+	68				
I do not wish to disclose	2				

Ethnic origin			
Bangladeshi	9	White British	254
Indian	2	White Irish	4
Pakistani	18	White Traveller	0
Any other Asian background	3	White Gypsy/Roma	0
African	3	White Polish	3
Caribbean	3	Any other white background	5
Any other Black background	0	I do not with to disclose this	2
White & Asian	0	Any other ethnic origin - please state:	3
White & Black African	0		
White & Black Carribean	2		
Any other mixed background	0		
Chinese	1		

Sexual Orientation	
Heterosexual	282
Lesbian	5
Gay	3
Bisexual	0
I do not wish to disclose this	21

Religion	
Roman Catholic	67
Church of England	21
Islam	26
Hinduism	1
Sikhism	0
Buddhism	0
Judaism	2
None	47
I do not wish to disclose	9
Other (please state)	21

8.3   Friends and Family Test

In January 2015 the Friends and Family Test (FFT) was launched in the out-of-hours service. The FFT is a national initiative, and is a quick and simple way of collecting patient feedback to improve services.   As part of the test, patients are asked "how likely they are to recommend our service to friends and family if they needed similar care or treatment?" with answers ranging from 'extremely likely' to 'extremely unlikely'. We have encouraged those accessing the service to complete this test. Patients can complete the test using the cards distributed at the treatment centres, in the post, via telephone or online. We have also included the question in our patient satisfaction questionnaires, which are posted to a sample of patients who access our service. To utilise the opportunities for collecting data that the FFT affords, we also include on the printed cards a question on ethnicity and disability.

During 2015, *gtd healthcare's* out of hours service received 3359 completed Friends and Family Test, and we are proud to say that 95% stated that they would recommend the service to their friends or family.

Our GP practices received 3662 completed FFTs with 84% stating that they would recommend the service to their friends and family.

8.4   Compliments and Complaints

In 2015 we received 62 compliments for the out-of-hours GP service in the Greater Manchester areas we cover. This was a mixture of compliments for individual members of staff and for the service as a whole. All those staff who receive a compliment receive a letter of congratulations signed by our chief executive.

Our complaints management is led by our Engagement Manager and is supported by members of the governance team. The team provides advice and support to help resolve problems and concerns either informally or through our formal complaints management process. They also provide details of external advocacy to support complainants through their journey.

The table below provides the numbers of complaints we have received across our services during 2015

Out of Hours		Primary Care		Dental	
Manchester Central	10	Manchester Central	36	Manchester	4
Manchester North	14	Manchester North	15	Oldham	2
Manchester South	14	Manchester South	0	STAG	7
T&G	23	T&G	33	**TOTAL**	**13**
Oldham	28	Oldham	29		
Sefton	15	HM&R	8		
Southport	15	**TOTAL**	**121**		
TOTAL	**119**				

As we receive an average of 170,000 patients' contacts per year, the number of complaints as a percentage of our overall activity is very low at 0.6%

For each complaint we receive, we send out an acknowledgement letter to the complainant, with this letter we enclose an equality & diversity form, to be completed and returned in the freepost envelope we provide. We give complainants a full explanation as to the reasons for collecting this data and complainants are assured that the information they provide will be treated in strictest confidence and not divulged to anyone other than those involved in considering the complaint. Complainants are also assured that if they do not return a completed form it will not prejudice the outcome of their complaint in any way.

Currently we only receive a small number of completed forms back from complainants therefore we are currently looking at ways of increasing the number of completed forms we receive back. We hope that with an increased number of completed forms, reporting will become more meaningful on which protected groups are raising complaints and whether there is any differential in satisfaction levels, e.g. are our disabled service users just as satisfied with the service as our non-disabled service users. The following tables hightlight the data we currently have.

Age		Religion		Sexuality		Disability		Ethnic Origin		Gender	
under 16	2	Church of England	10	Gay	1	Yes	4	British	16	Male	4
16-30	5	Islam	2	Heterosexual	8	No	11	African	1	Female	15
31-45	3	Roman Catholic	4	Bisexual	1	Undisclosed	6	Undisclosed	4	Undisclosed	2
46-60	5	None	2	Undisclosed	11						
61-74	3	Other	1								
75+	1	Undisclosed	2								
Undisclosed	2										

Detailed patient feedback is reported on a bi-monthly basis to the Clinical Governance & Risk Committee and aggregated data is reported in the quarterly Governance Report, which is presented to our Board.

9 Communication and engagement

9.1 General

gtd healthcare has employed a communications manager who, in conjunction with our engagement manager, is responsible for all aspects of internal and external communications.

An external company was contracted by *gtd healthcare* during 2014/15 to assist with the design of a new website which includes the following features:

- ❖ Google translation facility;
- ❖ Facility to change font size, text & colours;
- ❖ Information on how to access services for those with hearing difficulties, i.e. text relay;
- ❖ On the staff intranet downloadable copies of all *gtd* policies & procedures, including the Equal Opportunities Policy.

9.2 Staff

The staff intranet was launched last year and this is a key hub for exchanging information such as policies, procedures, training and staff coming forward with their own news stories. Staff receive bi-weekly e-bulletins and a monthly video blog from the Chief Executive Officer. We strive to monitor and evaluate our communications activity and continuously explore new and effective ways of communicating and engaging with our staff. We value staff feedback on the effectiveness of our communications activity and as such, are in the process of undertaking our second annual communications audit. This will aid us to review satisfaction levels with the existing channels of communications, benchmark against the previous survey and identify ways for improvement.

We undertake annual staff satisfaction surveys and have recently signed up to the workplace wellbeing charter. As part of this we completed a 'Health at Work' survey. Results are anonymous and following the analysis of results, positive changes have been made in the varying workplaces across the organisation and these are communicated with staff.

Examples of good practice measures to improve workforce representation

- ❖ Both the Well Being Forum and Health and Safety committee have a broad range of members from within the organisation including drivers, receptionists and clinical staff.

- ❖ We recently held a 'dragons den' style event where staff could compete for development funds. The panel of 4 included a nurse, receptionist, director and Head of Business Services and projects from across our services were considered for non-recurrent funding.

- ❖ Staff are regularly consulted on working practices e.g. we recently made changes to our call handling and triage function and staff were asked for their ideas and thoughts which were taken into account before any changes were made.

- ❖ Staff and team meetings are held regularly

gtd healthcare's CEO undertakes 'Standing in your shoes' sessions whereby he visits different work settings and shadows staff to grasp a good understanding of what goes on, on the ground, builds relationships with staff and addresses any concerns.

gtd healthcare encourages two-way communication with its staff and this is demonstrated via the staff meetings, having staff reps and encouraging staff to contact the communications manager via the video blog and e-bulletin, either by emailing the designated communications inbox or making direct contact.

We have an electronic HR system in place i-Trent, we have been raising awareness on the need for staff to complete their own equality and diversity information on the system so we can ensure that our workforce is diverse and reflects the communities in which we work.

9.3   Patients

To ensure fair and accessible use of health services across the areas we serve, it is important that we listen to, engage with, and respond to patient and carer experiences to help remove barriers to their access to treatment and quality of care. Our Communications Manager and Engagement Manager work closely together on identifying the communications needs of our service users to ensure that we are delivering the right messages in the right formats. They regularly attend engagement forums to gather views on the services we provide which then feed in to service developments. *gtd healthcare* also works with its partners to employ proactive strategies for engaging with the communities we serve. Through local community networks we access appropriate local support networks for specific hard to reach groups.

We collect a limited amount of patient related Equality & Diversity information as part of the Family & Friends process and as part of our complaints handling process.

Patient information leaflets are circulated to all GP practices, health centres, and other local NHS facilities. Leaflets are also sent to local ethnic minority community groups, homeless hostels, student unions and University medical services. Through local authorities we access appropriate local support networks for specific hard to reach groups.

Our website has been updated and gives maps and public transport routes.

Examples of patient engagement activities over the last 12 months include:

❖   Attendance at various Healthwatch consultation events across the area
❖   Attendance at a Greater Manchester Police 'Embracing Culture and Diversity Seminar',
❖   Attendance at various Living Longer Living Better events
❖   Worked with Healthwatch in obtaining the views of young people on a range of NHS Services.
❖   Attendance at various mental health forums
❖   Attendance at domestic violence and forced marriage seminars
❖   Attendance at various events facilitated by Manchester Institute for Collaborative Research on Ageing (MICRA), including a number of seminars (the future of LGBT ageing, Age Discrimination, Ageing, Health and Life Development

10 Equality and Delivery System 2 (EDS2)

The Equality Delivery System 2 (EDS2) has been designed to be a tool for NHS organisations, through involvement of stakeholders, to assess how we are performing in respect of equality and diversity and to help identify future priorities and objectives. A refreshed EDS 2 framework was launched by NHS England to all NHS commissioner organisations (and their provider partners) in 2013 and was mandated for NHS organisations from April 2015. The adoption of the NHS EDS2 helps organisations meet its PSED. NHS organisations are required in collaboration with local interests, to analyse and grade their performance against 18 outcomes grouped under the following four objectives:

- ❖ Better health outcomes for all
- ❖ Improved patient access and experience
- ❖ Empowered, engaged and included
- ❖ Inclusive leadership at all levels

Each of the four goals is accompanied by a number of outcomes. It is against these outcomes that organisations are graded against and an assessment made as to whether they are:

- ❖ Undeveloped
- ❖ Developing
- ❖ Achieving
- ❖ Excelling

We have already taken on board the four goals and they have informed our four key equality objectives. Whilst we know we are making progress in different areas of each of the 4 objectives, we have decided that in the first 3 months of 2016, we will be focussing on assessing Goal 4 – 'Inclusive Leadership', as we believe that it is critical to start at the top of the organisation. Our grading outcomes will be assessed by a group of primarily internal representatives initially, with at least one external representative to provide an outside perspective and specialist knowledge in relation to equality and diversity. The second stage will include the opportunity for feedback from the wider workforce, to ensure all staff are given the opportunity to engage with the process and provide valuable input.

11   Achievements

This section of the report highlights a number of achievements from our out-of-hours service, GP practices and GP led health centres. This is not an exhaustive list but demonstrates the breadth of activities that are taking place. We try and regularly showcase the work our services do via updates provided on our website.

11.1   Examples from 2015

❖   Appointment of a communication's manager to work closely with our engagement manager to improve all aspects of our communications.

❖   Our GP led health centre (City Health Centre) in the centre of Manchester operates as a registered and walk in centre facility. Working with the Booth centre, a day centre that offers advice, activities and support to homeless people in Manchester they have provided flu vaccinations and health checks over the winter months to homeless persons using the centre. By increasing the levels of engagement, the Health Centre has now designated a daily GP appointment slots for homeless patients to access health services.

❖   In one of our GP practices, 92% of the patient population are Bangladeshi), we have therefore ensured our staffing profile reflects the local community.   This has helped to support the delivery of high quality services which was commended in their recent CQC inspection.

❖   Following a number of complaints regarding the provision of out-of-hours services to those with a hearing problem, we met with a deaf family to understand the issues they face accessing health services both in hours and out of hours. We have hearing loops in place once they are able to access a face to face appointment, but we found that access to out of hours services was difficult as it is a predominantly telephone based service. As a result we have set up a system for recording their needs on our clinical system which will flag up a message when they contact the service to ensure that they are fast tracked through to a face to face appointment. Through this family, we are meeting with other members of the deaf community to take the work forward and explore other solutions or options for improving access to health services.

❖   One of our practices in Heywood was commended by the CQC for the work they have undertaken with regards to patients with mental health problems.

❖   A number of our areas have large populations of older people, e.g. Southport. We have been working closely with the CCG and other providers to support the delivery of a telemedicine service to residents in care homes. The aim of the project is to reduce unnecessary hospital admissions that benefits both the residents so they can be manged in a familiar environment and reduced demand on both the ambulance service and secondary care. We have developed pathways to enable the telemedicine hub and community matrons to access GP advice through a variety of communication means, e.g. telephone, face to face or video link.

❖   In one of our practices a high number of registered patients are asylum seekers and have issues related to Female Genital Mutilation . The Practice has worked closely with local community groups and specialist providers to deliver services which can engage with these patients.

- *gtd healthcare* is committed to working with and supporting the LGBT community. This is demonstrated through our GP practices either having already received or are working towards a Pride in Practice Awards. Millbrook Medical Practice in Stalybridge recently received their Gold Pride in Practice Award in recognition of staffs commitment to strengthening and developing the practice's relationships with their LGBT patients. All members of staff have embraced small but significant changes to the services they provide, such as introducing sexual orientation monitoring on new patient registration forms and asking inclusive questions during consultations. They have worked hard to deliver an all-encompassing service to LGBT patients and were keen to take on new information and learn how to make the practice more welcoming to LGBT patients and how to encourage more lesbian and bisexual women and transgender people with cervixes to take up cervical screen tests.

- As part of our involvement in the local Palliative care network, a piece of work was commissioned by the CCG looking at the end of life needs for Bangladeshi and Pakistani populations in Oldham and the underutilisation of hospice services. From this, a bid was developed for a hospice at home service. The out-of-hours service will work with this service to provide elements of the medical care.

- Participation in the Accessible Information Standard (AIS) Pilot. The AIS tells organisations how they should ensure that disabled patients receive information in formats that they can understand and they receive appropriate support to help them to communicate.

12 Next Steps

The following are a series of objectives and associated actions that the organisation will commit to during 2016:

1. **Make improvements in data collection and especially analysis across all the protected characteristics within *gtd healthcare* for both staff and users of the services.**

    Action required:

    ❖   Additional equality and diversity and cultural awareness training to be delivered to raise compliance levels. This also needs to include training on Human Rights Act.

    ❖   Continued engagement with protected characteristic groups to see how best to capture data

    ❖   Improvement in the quality of the equality data held on the Electronic Staff system which has recently been installed.

    ❖   Giving staff more confidence in order to provide their personal data in to our HR system

    ❖   Include 5 key questions from the National Staff survey in our local staff survey.

    ❖   Exit interview form to include an equality monitoring form

    ❖   Review equality monitoring for patient questionnaires and surveys, e.g. to include the question 'In the last Twelve months have you experienced discrimination against Age; Religion; Gender; Sexual Orientation; Race; Disability; Gender re-assignment?'

    ❖   Undertake analysis of the data that we do hold to look for tends or emerging patterns.

2. **Review Governance Arrangements to ensure fit for purpose**

    Action Required:

    Over the next 12 months we will be reviewing the current governance arrangements to see where best the strategic and operational delivery should sit within the organisation and whether new designated individuals and/or committees need to be established to support the delivery of our equality programme of work. Suggestions we will be considering are:

    ❖   Facilitated board workshop on the key aspects of equality and diversity so that all board members have the same level of knowledge and understanding of the issues involved.

    ❖   Introducing a standing item for board meetings on the duty.

    ❖   Convening an internal working group with representation across services, chaired by a member of the senior management team.

    ❖   Reviewing the Equality Impact Assessments process (this will include identifying which Human Rights Principles (FREDA) the policy relates to.

3. **Complete the EDS2 Audit focussing on Outcome 4.**

    Action Required:

    - ❖ Identify Stakeholders to review our self-assessment.
    - ❖ Commission training for the board and senior managers
    - ❖ Gather the evidence

4. **Developing our web site to improve sharing of Equality and Diversity Information for staff and the public**

    Action Required:

    - ❖ Develop a specific page/section on our web site for both staff and patients/public to be able to see information with regards to Equality & Diversity

        - ❖ The e-bulletin to include an 'in the spotlight' section, which will feature members of staff from across the organisation, providing an opportunity to showcase what their role involves, whilst at the same time breaking down any barriers or misconceptions.

5. **Improvement in Specific areas of Disability Awareness & Service Change**

    Action Required:

    - ❖ We are collaborating with members of the deaf community to take the work forward and explore other solutions or options for improving access to health services.

    - ❖ To make contact with the local MENCAP office which is based on the same site as our Headquarters to begin engagement work with them around learning disability.

6. **Implementation of Accessible Information Standard (AIS) by April 2016**

    Action Required:

    - ❖ We are required to implement the AIS across our services by April 2016. Work relating to this is being led by our Information Governance Committee.