

# Public Sector Equality Duty

## Equality Act 2010 Compliance Report

January 2014



Caroline Blyth  
Equality Lead & Governance Support

This document is available in other languages and formats on request  
*This document forms part of Kingston's CCG commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities".*

# Contents

<b>1. Equality Act 2010 Compliance</b>	
1.1 Legal Framework.....	5
<b>2. About Kingston Clinical Commissioning Group</b>	
2.1 Kingston Clinical Commissioning Group (KCCG) Profile .....	6
2.2 Equality and Diversity Structures .....	7
2.3 Policies and Guidance .....	7
2.4 Workforce Data .....	7
2.5 Staff Demographics .....	7
2.6 Equality Objectives 2013-2017 .....	9
<b>3. Communications and Engagement</b>	
3.1 Summary .....	10
3.2 Evidence of Engagement reaching groups with protected characteristics.....	10
3.3 Areas to address .....	11
<b>4. Serious Incidents, Safeguarding and Complaints</b>	
4.1 Serious Incidents.....	12
4.2 Safeguarding.....	12
4.3 Complaints.....	13
4.4 Key Gaps.....	13
<b>5. Performance Monitoring</b>	
5.1 Why it is important to consider equality in performance .....	14
5.2 What we are doing to promote equality .....	14
5.3 Evidence of equality in performance data.....	14
5.4 Areas to address .....	15
5.5 Examples of performance measures that reflect improved outcomes for groups with protected characteristics .....	15
<b>6. Community Commissioning</b>	
6.1 Why it is important to consider equality in Commissioning.....	16
6.2 What we are doing to promote equality .....	16
6.3 Areas to address .....	17

<b>7. Contracts and Tenders</b>	
7.1 Why it is important to consider equality in contracts and tenders .....	18
7.2 What we are doing to promote equality .....	18
7.3 Examples of Success .....	18
7.4 Areas to address.....	19
<b>8. Next Steps – Equality Objectives for April 2013 to March 2017</b>	
Appendix 8.1: Communications .....	20
Appendix 8.2: Capturing/monitoring data .....	23

# 1 Equality Act 2010 Compliance

## 1.1 Legal Framework

The public sector equality duty consists of a general duty, which is set out in section 149 of the Equality Act 2010, and specific duties which are imposed by secondary legislation. The general equality came into force 6 April 2011.

The Equality Act 2010 (specific duties) Regulations 2011 requires Kingston Clinical Commissioning group (KCCG) to publish relevant, proportionate information, demonstrating their compliance with the Equality Duty imposed by section 149(1) of the Equality Act 2010 at intervals of not greater than one year from the date of the last publication.

The information should show that KCCG must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The information must include information on the effect that the policies/practices have had on people who share a relevant characteristic.

To include:

- Evidence of analysis that they have undertaken
- Details of the information that they considered
- Details of engagement that they undertook

Following the section on Compliance/the legal framework, the report is structured into 6 sections plus 2 appendices. First there is a section profiling Kingston CCG (chapter 2), containing workforce data on staff demographics and an outline of the Equality Objectives for 2013-2017. This is followed by a section on Communications and Engagement (chapter 4) efforts over the year, to reach groups with protected characteristics. Then there is a section looking at Serious Incidents, Safeguarding and Complaints (chapter 4), followed by Performance Monitoring (5). Then there is a section on Community Commissioning (6), outlining how the commissioning process promotes equality throughout the local health system, followed by further details in the chapter on Contracts and Tenders (7). The Appendix lists the Equality Objectives set for 2013-2014 and progress seen up to December 2013.

# 2

## About Kingston Clinical Commissioning Group

### 2.1 Kingston Clinical Commissioning Group (KCCG) Profile

The Royal Borough of Kingston upon Thames is located in South West London and shares borders with Wandsworth, Richmond, Sutton, Merton and Surrey. It has the smallest population of any of the boroughs in London (apart from the City of London) and covers an area of 38.66 square kilometres, which makes it the seventh smallest borough in terms of its geographical area.

Kingston comprises 16 wards which are combined to form 4 neighbourhoods:

- Kingston Town
- Surbiton
- Maldens and Coombe
- South of the Borough

The Black and Minority Ethnic (BME) population is higher to the east of the borough than the west and south. The Korean population in New Malden is estimated to be the largest in Europe.

Kingston's small population has benefits in that the local statutory sector is less complex than in most other areas and it is easier to be aware of key healthcare players with an interest in or responsibility for a particular service. In recent years the borough's population has continued to grow and is expected to increase for the foreseeable future.

Between 2001-2011, the population of Kingston became more ethnically diverse (2011 Census), with the proportion of Black and Minority Ethnic (BME) groups rising from 16% to 23%. The main BME groups in the borough are Korean and Tamil. On average, people in Kingston have a longer life expectancy than those found in England. The Indices of Deprivation ranks Kingston upon Thames as the 3<sup>rd</sup> least deprived local authority in London (only the City of London and Richmond are ranked higher).

The overall vision espoused by KCCG in its Strategic Commissioning Plan is to improve the health of people in Kingston by improving the quality of services, reducing health inequalities and preventing ill health.

KCCG has focused this report on the core business areas of the organisation:

- Joint Strategic Needs Assessment (JSNA)
- Partnerships
- Consultation and Engagement
- Complaints / Patient Advice and Liaison Service (PALs) / Serious Incidents / Safeguarding
- Commissioning Strategy Plan (CSP) and Quality Innovation Productivity and Prevention (QIPP)
- Contracts and Tenders

- Performance Monitoring
- Community Commissioning

## 2.2 Equality and Diversity Structures

Equalities and Diversity is represented at Committee level by the Equality Lead of the Equalities and Diversity group. Equalities and Diversity is regularly addressed at Integrated Governance Meetings and E&D considerations are taken into account in Board decision making.

## 2.3 Policies and Guidance

KCCG has an **Equality Delivery System** to meet PSED objectives and the **induction procedure and guidance** includes Equality training and reference to all nine protected characteristics.

Managers and staff have a joint responsibility to ensure that no employee or job applicant is discriminated against, or harassed in relation to any of the 'protected characteristics' as defined by the Equality Act 2010. Managers and staff also have a joint responsibility in the course of their work to protect service users from being discriminated against in relation to a 'protected characteristics' as defined by the Equality Act 2010.

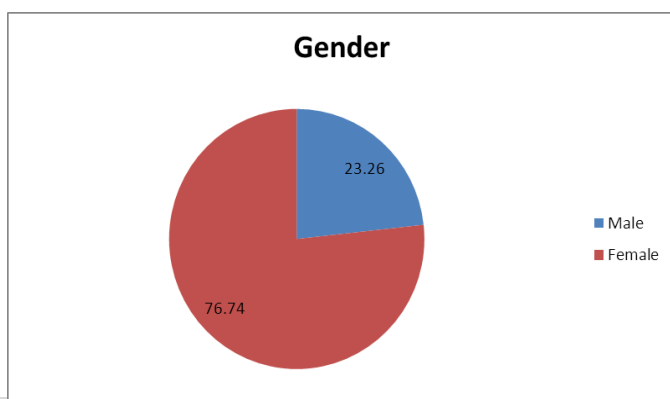
## 2.4 Workforce Data

The SW London Commissioning Support Unit collects staff data for the CCG. The data is used to monitor the profile of staff to identify areas of disproportionality and for workforce planning. The data is regularly incorporated into quarterly Information Governance reports for submission to the Integrated Governance Committee.

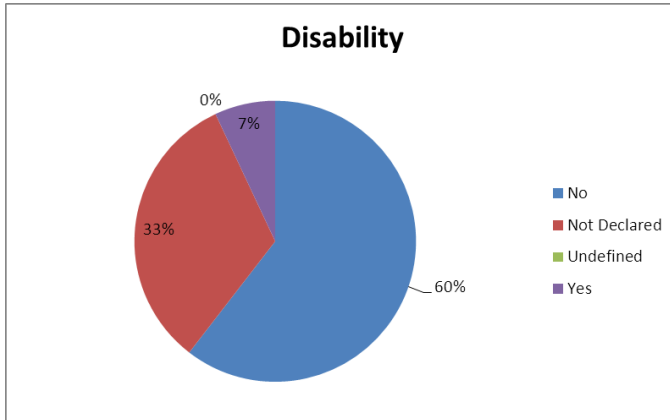
## 2.5 Staff demographics

Within KCCG as at 31 January 2013:

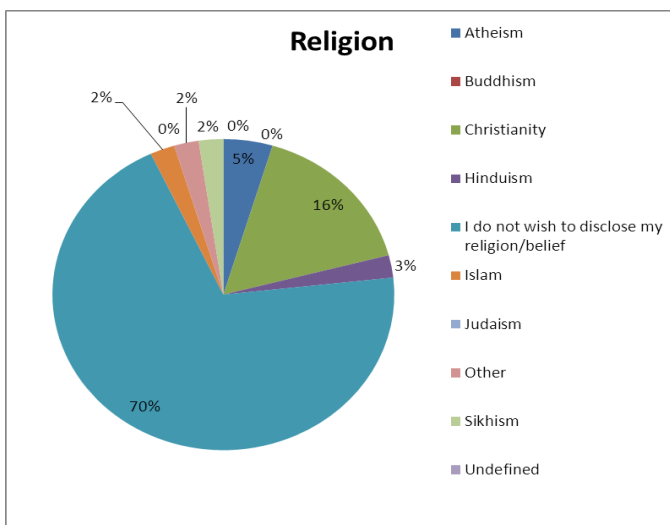
- **Ethnicity:** Staff with a White British ethnicity have the highest representation at 62.79%, close to 63.1% of the Kingston population overall (according to 2011 census data). The next largest group is Asian/British Indian, at 6.98% then 2.33% of Black-Caribbean descent and 4.65% of Black-African descent. 11.63% of staff chose to not disclose their ethnicity.



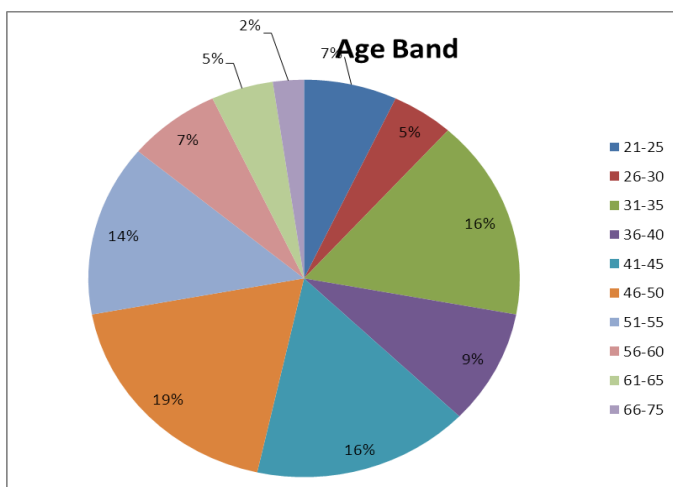
**Gender:** The majority of KCCG staff is female, at 76.74% of the total KCCG workforce.



**Disability:** 6.98% of staff have identified as having a disability, however 32.56% of staff chose not to declare their status.

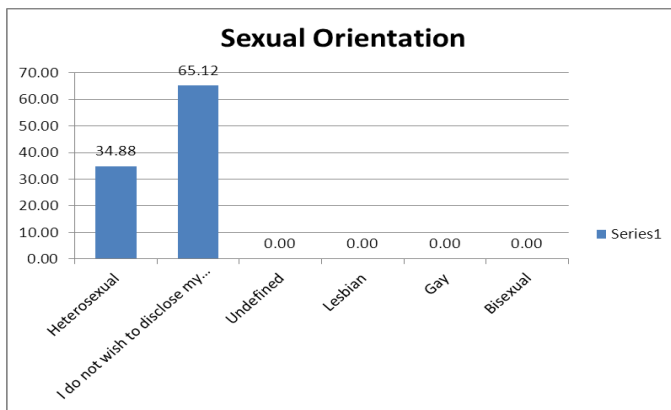


**Religion:** KCCG has a high proportion of staff that chose not to disclose their religion or faith at 69.77%. Of those that disclosed their religion, 16.28% are Christians, compared to 52.9% of the Kingston population. 4.65% of staff said they were atheists



**Age:** Staff from all age groups are employed within the Trust. The highest proportion of staff is within the 46-50 age band. The lowest age group represented are the 26-30 group (4.65%) and the 66-75 group (2.33%).





**Sexuality:** The vast majority of staff chose not to disclose their sexual orientation at 65.12% while 34.88% said they were heterosexual.

## 2.6 Equality Objectives 2013/14

The EDS, developed by the NHS Equality and Diversity Council, is a framework for NHS organisations to promote equality in their core business and deliver better outcomes for patients, communities and staff.

The EDS consists of grading equality performance against 18 outcomes and developing four-yearly objectives for improvement, with annual improvement plans, based on agreement between the NHS organisation and relevant stakeholders. The EDS helped us identify objectives that we can focus on and make real improvements.

In April 2013 the CCG approved the following equality objectives for the period 2013-2017.

### 1. Patient Engagement/Communications

Changes across services for individual patients are discussed with them, and transitions are made smoothly to ensure KCCG strategy, campaigns and messages reach all parts of the community, including staff.

### 2. Patient Safety

The safety of patients is prioritised and assured.

### 3. Capturing / monitoring data

Equality and diversity data is monitored appropriately and used to improve and/or amend services and to identify and address gaps.

Progress has been monitored throughout the year. Please see the appendix for progress against each objective set.

# 3

## Communications and Engagement

Michelle Johnson, PPI lead

Angela Basoah, Interim Head of Communications and Engagement

### 3.1 Summary

In 2013, significant progress has been made building on the communications and engagement channels developed in advance of the CCG's authorisation.

A communications and engagement strategy has been approved that involves establishing mechanisms to ensure patients can influence decisions upstream. The Communications and PP1 leads have been working together to deliver a programme of engagement and communications activities.

The equalities lead for the CCG has established links with hard to reach groups and has been meeting regularly to discuss equalities issues and agree next steps.

### 3.2 Evidence of Engagement reaching groups with protected characteristics

- 1) Communication & Engagement Strategy –is available online and continues to be developed and built on, working with partners and stakeholders including Kingston CCG's Patients Forum.
- 2) An engagement pro-forma to accompany new service proposals is submitted with commissioning board reports. This includes demonstrating how hard to reach groups have been involved in commissioning plans using the range of channels available
- 3) Communications and engagement input in the JSNA – provided advice and support regarding arrangements for the publication and promotion of the JSNA. Also developed mechanisms for collecting feedback from relevant community groups and partners including linking community engagement mapping to JSNA themes.
- 4) Involvement of patients in service design and evolution – set up Kingston at Home patient group and Patient Experience Group.
- 5) Communications and Engagement - We have developed a strategic approach to meeting different groups including working very closely with RBK Equalities and Community Engagement Team (ECET).
- 6) We have established a quarterly patient forum which has met throughout 2013: These meetings have been well attended. We have also conducted outreach with other 'seldom heard' groups, including students at Fresher Faye and a local Korean community group. Feedback received from these groups is being analysed and will

inform and influence CCG service plans.

- 7) Communications channels- we continue to publicise commissioning plans and campaigns supporting NHS priorities including, Call to Action, Self-care and 'Not always A&E', via our website, social media outlets, stakeholder meetings and our e-news to patients and public, including voluntary organisations representing hard to reach groups.

### **3.3 Areas to Address**

We continue to review different ways to ensure that all parts of the community (including young people and minority groups) are actively engaged in Kingston CCG's commissioning decisions. In particular, we intend to build on the Kingston's PPI Lay member's networks and our current links into the Korean community in 2014.

# 4

## 4 Serious Incidents, Safeguarding, Complaints

Jill Pearse, Head of Governance  
Laura Jackson, Quality Manager

### 4.1 Serious Incidents

Prior to April 2013 all serious incidents (SIs) were managed by SW London on behalf of PCTs. In April 2013 Kingston CCG took over the SI management function for SIs reported by providers for whom Kingston CCG is the lead commissioner. Specifically this includes;

- Kingston Hospital Foundation Trust
- Your healthcare Community Interest Company (CIC)
- South West London and St George's Mental Health Trust

Other providers from whom Kingston CCG has commissioned services also report SIs and the relevant lead commissioner (who may be from another CCG) will monitor these through the appropriate Clinical Quality Review Groups (CQRGs) and liaise with Kingston CCG's Quality Manager.

All SIs from NHS providers which are reported onto STEIS are overseen by Kingston CCG's Quality Manager who uses the NHS England SI framework for monitoring progress with the investigation, the output is a final Root Cause Analysis (RCA) report and action plan.

SIs are scrutinised by Kingston CCG's virtual SI management team and feedback given to providers which is incorporated into a revised action plan. Action plans are monitored through the CQRGs.

STEIS has many reporting fields of which the ethnic group is mandatory. This new SI responsibility for Kingston CCG means we are now able to scrutinise reported SIs, run reports and triangulate with other patient data including PALS and complaints. This allows us to see if any group is disadvantaged or impacted upon.

Kingston CCG's SI policy has been reviewed through the Equality Impact Assessment process.



NHS England SI  
framework April 2013



Kingston CCG SI  
Policy Oct 2013 Final

### 4.2 Safeguarding

The adult safeguarding protocol, launched in 2011, addresses particular issues e.g. those relating to older people or people living with physical disabilities or mental health issues. There is a public accessible website to raise awareness of safeguarding issues.

[http://www.kingston.gov.uk/info/200201/working\\_within\\_adult\\_safeguarding](http://www.kingston.gov.uk/info/200201/working_within_adult_safeguarding)

The Kingston GP pathfinder works with partners to provide a range of support for children and young people. This includes commissioning health practitioners in a range of settings including children's centres, school nurses in schools and other specialised services such as speech and language therapy.

### **Children's centres**

There are eleven children's centres in the borough that offer local families with children aged 0 to 5 years access to a range of activities, events and support from a variety of services. Their aim is to ensure that the most excluded and needy families can make use of a range of supportive and preventative services available locally.

The centres work in partnership with a variety of services and organisations including NHS health colleagues, Jobcentre Plus, Family Support Services, Early Years Advisors, Family Learning, Disabled Children's Teams, Families Information Service to deliver childcare, events, activities, sessions, parenting courses and workshops.

## **4.3 Complaints**

The complaints policy for Kingston CCG demonstrates the aim of ensuring that all groups are facilitated to access the complaints process via a variety of methods e.g. web, text, email, letter and phone:

Contact: Leigh Broggi at [leigh.broggi@nhs.net](mailto:leigh.broggi@nhs.net) or Tel: 020 339 8107, Text: 07500 817564

The post-complaints questionnaire captures equality data. All complainants are given the opportunity to discuss how their complaint will be handled and how long the investigation will take with the customer care officer.

Data is captured to identify the customers using the customer care services, however this is patchy and uptake by complainants to return the form is low, however what is captured is reported quarterly to the Integrated governance committee.

## **4.4 Key Gaps**

Collecting equality data is an important objective for us, although there are examples of how Kingston CCG tries to capture this data, this needs to be developed further.

# 5

## Performance Monitoring

Brian Roberts

Performance and Information Manager

### 5.1 Why it is important to consider equality in performance

Achievement of outcome measures and the intelligent analysis of information provide assurance that the commissioning activity is engaged in has and will improve the health outcomes of the population in Kingston. Whilst Performance has been successfully maintained over recent years, it is still imperative that any performance standards set do not rely on interfacing with a large proportion of the population, but seek to improve healthcare outcomes across the whole of Kingston.

### 5.2 What we are doing to promote equality

The JSNA is an integral part of establishing whether all parts of the population are accessing services and contributing to the achievement of performance targets equally. Where it becomes apparent that parts of the population are accessing services differentially and therefore not contributing to the achievement of performance standards, targeted work aimed at improving access for these population groups is carried out.

### 5.3 Evidence of equality in performance data

Via the Secondary User Service (SUS) portal, detailed information on accident and emergency attendances, outpatient attendances and operations that take place in a hospital setting are sent to commissioners, which contains information on ethnicity, gender and age on which we can ascertain how services are being utilised:



KCCG SUS Graphs

Kingston reports on achievement against the performance measures across the whole organisation on a monthly basis:



05.01 - Integrated Governance Report for

## 5.4 Areas to address

- Lack of ability to drill down in some performance data to identify the profile of patients who contribute to the achievement of the performance to ensure equity of access for all parts of the population.
- Equality impact analysis of some performance measures which are not achieving the necessary performance.
- The population of the some data fields for equality information within SUS needs to be improved (e.g. marital status), and some equality characteristics would need to be added to ensure a better understanding of any potential differential access to services.

## 5.5 Examples of performance measures that reflect improved outcomes for groups with protected characteristics

Achievement of performance measures that reflect improvements in health outcomes for historically disadvantaged parts of the population such as:

- Ensuring early access to treatment, both electively (18 weeks) and to mental health service users.
- Maintaining the 4 hour wait target in A&E and a low proportion of people needing an emergency admission.

# 6 Community Commissioning

Julia Gosden  
Commissioning Manager

## 6.1 Why is it important to consider equality in commissioning

Commissioners have a role in promoting equality throughout the local health system through their contracts with providers to ensure that providers are aware of their duty under the Equality Act 2010 and that the service specifications for the commissioned services clearly sets out the requirements for protected groups where there is a need to do so.

Kingston CCG is responsible for commissioning community health services on behalf of the Kingston GP registered population in line with their health needs and to ensure that the services commissioned and provided are accessible and available to all those who are referred into them including those patients from protected groups, including carers.

The services commissioned are based on best practice evidence to ensure that the care and treatment delivered is effective and assessments consider the individual needs of patients within the context of best practice and outcomes. As well as deliver value for money.

Equality is promoted through the national contract framework – work to current legislation and service specifications - access, service delivery etc. The National NHS standard contract framework service condition SCI3 (Equity of access, equality and non-discrimination) outlines the requirements on providers to meet the Equality Act 2010.

Providers are expected to comply with the equality outcomes and demonstrate their compliance against these through publication of an Annual Equality Duty Report as noted in the Particulars Schedule 6 part C reporting requirements.

Kingston's most significant community provider is Your Healthcare – a Community Interest Company who are commissioned to provide a wide range of community health services and they are subject to monthly performance reviews against agreed performance targets and Key Performance Indicators thus providing a mechanism for demonstrating compliance.

In addition the CCG undertake a range of service redesign (and review) projects for which an Equality Impact Assessment (EIA) will be undertaken to ensure new or adversary changing services do not impact on the protocol groups.

## 6.2 What are we doing to promote equalities

Where the Commissioning Team have undertaken service redesign, two planned QIPP changes and redesign projects 14/15 require EIAs to be completed:

- Gynaecological Redesign



- Cardiology

### **6.3 Areas to Address**

The CCG has a mixed portfolio of community service agreements and contracts and a mixed economy of providers (some of these are sole practitioner) and therefore these agreements and specifications need to be reviewed in light of the Equality Outcomes requirements and updated as appropriate.

# 7 Contracts and Tenders

Tonia Michaelides

Chief Operating Officer, Kingston Clinical Commissioning Group

## 7.1 Why is it important to consider equality in tendering and contracting?

Equality is important when contracting and tendering for health services to ensure that no part of the population is disadvantaged in terms of access and health outcomes. Where at all possible all contracts use the DOH contract template which includes specific sections around the responsibility of providers with respect to equality.

## 7.2 What are we doing to promote equality?

The contract transfer process is being used to risk assess all old contracts and has a systematic approach of equality inclusion for all new contracts. Patients and the public co-produce new service specifications and are included on the panels considering new tenders. All new contracts, tender documents and service specifications have an EIA completed.

The CCG uses the NHS Standard framework for all existing and newly awarded contracts, which promotes equality under service condition SC13 (Equity of access, equality and non-discrimination) outlines the requirements on providers to meet the Equality Act 2010.

## 7.3 Examples of Success

The following contracts for services have taken into account the views of patient and public:

### NHS 111

In 2013 the CCG worked in partnership with Richmond CCG and commissioned from January 2013 the NHS 111 service for the Kingston / Richmond areas, to provide timely access to health services when it is not a life threatening situation. The core service requirements were specified nationally with local additions and the service is commissioned under the NHS standard contract framework.

### Kingston at Home

In 2013/14 Kingston CCG and the Royal Borough of Kingston (RBK) entered into a Section 75 partnership agreement for the delegation of functions and the alignment and pooling of funding in respect of services under the joint Kingston at Home project.

Kingston at Home is a joint Health and Social Care project to improve access and outcomes for adults through seamless care facilitated by integrated health and social care

provision and commissioning. Under the Section 75 agreement, the CCG has delegated powers to act as lead commissioner using the NHS Standard Contract framework to commission on behalf of RBK a portfolio of adult social care services which were transferred to Your Healthcare CIC in June 2013.

Both the CCG and RBK completed EIAs to assess the impact of an integrated services model.

## **7.4 Areas to Address**

We still need to work on ensuring EIAs are completed appropriately. The CCG has a mixed portfolio of community service agreements and contracts and a mixed economy of providers (some of these are sole practitioner) and therefore these agreements and specifications need to be reviewed in light of the Equality Outcomes requirements and updated as appropriate.

# 8

## Appendix

### 8.1: Equality Objectives 2013-2014

COMMUNICATIONS: Kingston CCG has a robust communications strategy to ensure its messages and campaigns reach all parts of the community, including staff

Action	KCCG Lead	Timescale	Assurances / updates / progress	December 2013
<p>Review methods of communication with stakeholders, through the development of an engagement strategy for the KCCG</p> <ul style="list-style-type: none"> <li>• Ensure all protected groups are communicated with in an appropriate way</li> <li>• Ensure carers are included as stakeholders &amp; respected as expert care partners.</li> <li>• Accessible and appropriate information to support their health needs.</li> <li>• Avoid duplication and to make sure we are reaching the audience with the most important health messages</li> </ul>	<p>Head of Communications and Engagement / Patient and Public Involvement Manager Lead</p>	<p>April 2013 – March 2014</p>	<p>Communication &amp; Engagement Strategy</p>	<p>Communication &amp; Engagement Strategy –is available online and continues to be developed and built on, working with partners and stakeholders including Kingston CCG’s Patients Forum.</p> <p>Regularly meetings are held with key stakeholders including RBK Equalities and Community Engagement Team (ECET) to ensure a strategic approach to reaching ‘seldom heard’ groups.</p> <p>E-news patient news is produced and emailed directly to patients and members of the public and via GPs.</p> <p>KCCG has ran quarterly Patient forum meetings in 2013 that have been well attended</p>

<p>Develop on-going internal and external communications to promote progress and invite staff and public involvement.</p>	<p>Head of Communications and Engagement / Patient and Public Involvement Manager</p>	<p>April 2013-March 2014</p>	<p>KCCG meetings in public Consultations Website</p>	<ul style="list-style-type: none"> <li>• KCCG Governing Body meets in public bi-monthly</li> <li>• Website invites involvement</li> <li>• Meetings being held with GP Patient Reference Groups</li> <li>• Patient and stakeholder database being developed</li> <li>• Patient e-news emails to patient lists and practices</li> <li>• We established a patient forum which will meet quarterly; this is well attended and we have been publicising plans via our website, e-news to patients and stakeholders. Messages have also been shared via the Equalities and Community Engagement Team Tamil supplement.</li> <li>• A number of engagement meetings have been held with groups including Kingston University's Freshers Faye and Kingston at Home patient group</li> <li>• We are also in the process of analysing feedback from young people at Freshers Fayre to inform future commissioning decisions</li> </ul>
<p>Seek a shared communication approach with all partners on Equality groups, including voluntary and other recognised groups in the community.</p>	<p>Patient and Public Involvement Manager / Head of Communications and Engagement</p>	<p>April 2013-March 2014</p>	<p>Communication Strategy</p>	<ul style="list-style-type: none"> <li>• CCG PPI lead has regular meeting with Equality and Community Engagement team member to develop links with 'seldom heard' groups.</li> <li>• Equality and Community Engagement Team (ECET) helped with stakeholder mapping workshop for CCG</li> <li>• Workshop took place (in partnership with ECET to inform local champions and voluntary group reps on how to influence commissioning decisions.</li> </ul>
<p>Support commissioners to involve service users and public in engagement and public consultation on service changes, pathway improvements, health promotion and decommissioning. Identify best models / resources for most effective engagement and measuring outcomes.</p>	<p>Patient and Public Involvement Manager / Commissioners/ KCCG / Head of Communications and Engagement</p>	<p>April 2013-March 2014</p>	<p>Communication &amp; Engagement Strategy EA Material made available and used by service users. Duty to Report</p>	<ul style="list-style-type: none"> <li>• An engagement pro-forma accompanies new service proposals submitted with commissioning board reports. This includes demonstrating how hard to reach groups have been involved in commissioning plans using the range of channels available</li> <li>• On-going Communications support for Kingston At Home planned</li> </ul>

Review equalities content on CCG website to ensure relevant and useful information is included, meeting statutory duties	Head of Communications and Engagement / Patient and Public Involvement Manager	April 2013-March 2014	Website	The website has been updated at regular intervals and meets statutory duties. <a href="http://www.kingstonccg.nhs.uk/have-your-say/Equality-and-diversity.htm">http://www.kingstonccg.nhs.uk/have-your-say/Equality-and-diversity.htm</a>
Promote NHS Kingston Communications & Engagement Strategy	Head of Communications and Engagement / Patient and Public Involvement Manager	April 2013-March 2014	Communications & Engagement Strategy	Communications and Engagement Strategy is available on Kingston CCG's website
Review all Public and Patient engagement activity to ensure hard to reach groups are invited to take part in consultations and involved in planning.	Patient and Public Involvement Manager / Equality and Communities team	April 2013-March 2014	Communications & Engagement Strategy	<ul style="list-style-type: none"> <li>• As above</li> </ul>
Review partnership arrangements and consultation processes with local groups, taking in to account equality and diversity profiling as part of all engagement activities. To include voluntary and other recognised groups in the community.	Head of Communications and Engagement / Patient and Public Involvement Manager / Equality and Communities team	April 2013-March 2014	Communications & Engagement Strategy	<ul style="list-style-type: none"> <li>• Communications and Engagement Strategy signed off by KCCG Governing Body</li> <li>• Engagement meetings taking place with voluntary sector, council and equality community engagement team colleagues, as well as patient groups, to develop engagement framework. Initial engagement activity around Kingston at Home, and engagement survey to be carried out with refugees and migrants to assess best ways for the CCG to engage.</li> </ul>

## 8.2 Equality Objectives 2013-2014

### CAPTURING / MONITORING DATA

Equality data is monitored appropriately and used to improve and/ and or amend services and to identify and address gaps

Accomplishment	KCCG Lead	Timescale	Assurances / updates / progress	December 2013
Monitor and develop routine data collection and monitoring for all areas of equality across provider services	Equalities Lead	December 2013	Monitoring tool Reports	Monthly KCCG Secondary User Server (SUS) patient data (a breakdown of age/gender/ethnicity) showing admissions into A&E.
Work with protected groups on capturing information once and explore the options for sharing information and explore options for recording patient choices e.g. where they don't want to make the decision themselves.	Equalities and Community Engagement Team representative Head of Governance	December 2013	Report to Equality & Diversity Group	Kingston Clinical Commissioning Group equality monitoring forms developed for engagement with key target groups. Discussions with other organisations that collect data and recorded evidence to inform on the diversity profile.
To develop performance monitoring and reporting on Equality data with providers, ensure patient monitoring information is systematically collected across equality groups and is contained within services specifications and contracts management.	Information Manager	March 2014	National & local templates and report	Equality Data collected via the secondary user service (SUS) details information on accident and emergency attendances, outpatient attendances and operations that take place in a hospital setting are sent to commissioners which contains information on ethnicity, gender, age and marital status, on which we can ascertain how services are being used. Kingston Hospital reports on achievement against the performance measures on a monthly basis. Whilst this is not for all groups, it is what is available on the national system, until this is rectified nationally we will continue to collect data that is available. We would however expect that where Kingston is the host commissioner for a provider, that they would report the completeness of the protected characteristics routinely.