NHS East Lancashire Clinical Commissioning Group

Equality Delivery System Report

2nd December 2013

Introduction

This report provides an update to the East Lancashire Clinical Commissioning Group regarding the EDS grading workshop held on Tuesday 22nd October 2013.

Background

East Lancashire Clinical Commissioning Group has adopted the Equality Delivery System (EDS) (Department of Health, 2011) as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector General Equality Duty.

EDS provides the Governing Body an assurance mechanism for compliance with the Equality Act 2010 and co-design equality objectives with users of services, to ensure improvements in the experiences of patients.

The four Equality Delivery System Goals are:

1. Developing better health outcomes for all;
2. Developing for improved patient access and engagement;
3. Developing for empowered, engaged and well supported staff, and;
4. Developing for inclusive leadership at all levels

The grading of the Clinical Commissioning Groups performance is carried out through engagement with the local population, and people that speak on their behalf. This engagement is crucial to the grading process and differs from all other performance frameworks that have gone before.

Self-Assessment and Grading

The Clinical Commissioning Group as part of its authorisation process undertook a self-assessment against the 4 goals and 16 outcomes of EDS in October 2012. This baseline was not graded by local people at the time; however all four goals were graded by local people in East Lancashire the baseline and the grading outcomes can be found in Appendix A.

The CCG provided training for potential graders via the Commissioning Support Unit, this training was delivered on the 14th October and received positive feedback from all delegates.

The grading panels considered Goals 1, 2, 3 and 4 this entailed reviewing data and evidence collated by the Equality and Inclusion Team on behalf of the Clinical Commissioning Group.

Way Forward & Actions

The evidence set out in this report demonstrates that the Clinical Commissioning Group has improved on its self-assessment grading undertaken for authorisation. There has been a clear shift to achieving for all outcomes for both goals three and four. However there are areas for development on all outcomes if the organisation wants to continue to progress towards excelling.

There is a need for the Clinical Commissioning Group to continue to work over the next twelve months with its staff and in the evidence it produces to be able to demonstrate progress against all outcomes where the CCG has been graded developing predominately goal 1. The CCG's action plan also needs to take into consideration the changes made to EDS by NHS England who published EDS version 2 on November 4th 2013 these are as follows:

Original EDS outcomes		Equivalent EDS2 outcomes	
1.1	Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities	1.1	Services are commissioned, procured and delivered to meet the health needs of local communities
1.2	Individual patient's health needs are assessed, and resulting services provided, in appropriate and effective ways	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
1.3	Change across services for individual patients are discussed with them, and transitions are made smoothly	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
1.4	The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	1.4	When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse
1.5	Public health, vaccination and screening programmes reach and benefit all local communities and groups	1.5	Screening, vaccination and other health promotion service reach and benefit all local communities
2.1	Patients, carers and communities are readily can readily access services, and should not be denied access on unreasonable grounds	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
2.2	Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatments	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
2.3	Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and how their privacy and dignity is prioritised	2.3	People report positive experiences of the NHS
2.4	Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	2.4	Peoples' complaints about services are handled respectfully and efficiently
3.1	Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
3.3	Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	3.3	Training and development opportunities are taken up and positively evaluated by all staff
3.4	Staff are free from abuse, harassment, bullying and violence from both patients and their relatives and colleagues with redress to being open and fair to all	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
3.5	Flexible working options are made available to staff, consistent with the needs of the service and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers)	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
3.6	The workforce is supported to remain healthy with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	3.6	Staff report positive experiences of their membership of the workforce
4.1	Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
4.2	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
4.3	The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Actions:

1. To identify areas for development in 2014 based on the outcomes of the grading in 2013 and the feedback from graders around gaps in CCG knowledge of local population e.g. Lesbian, Gay, Bisexual and Transgendered Community
2. To plan 2014 grading and evidence collection commencing January 2014. CCG supported by CSU E&I Lead
3. To refine the evidence template to maximise evidence collection and to reflect the changes to EDS. CSU E&I Lead
4. To maintain engagement with EDS graders to maximise continuing support to the CCGs EDS Grading - CCG supported by CSU E&I Lead

Conclusion

There is clear evidence that the Clinical Commissioning Group is committed to reviewing its performance in relation to equality through the implementation of the Equality Delivery System. The CCG has improved on its self-assessment grading undertaken for authorisation across goals 2, 3 and 4. However there are areas for development on all outcomes if the organisation wants to continue to progress towards excelling.

Recommendations

The Committee is asked to:

1. Note the contents of the report
2. Approve the proposed actions to move forward in 2014

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Appendix A - Equality Delivery Outcomes	EDS 2012 Self-assessment	EDS Grading 2013
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Developing	Developing +
1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Developing	Developing
1.3 Changes across services are discussed with patients, and transitions are made smoothly	Developing	Developing -
1.4 The safety of patients is prioritised and assured	Developing	Developing
2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Developing	Developing +
2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	Developing	Achieving
2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	Developing	Developing +
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Developing	Developing +
3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.	Developing	Achieving
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally	Developing	Excelling
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Developing	Achieving
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Developing	Achieving
3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.	Developing	Achieving
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.	Developing	Achieving -
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Developing	Developing +
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing +

Appendix B - Grading Panel Comments

Outcome	Comments
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities Protected groups: • Age • Disability • Race • Gender reassignment • Sex • Sexual orientation • Pregnancy and maternity • Marriage and civil partnership • Religion or belief	• Insufficient evidence. Some group members felt that this area was borderline achieving but in view of some protected groups not being evidenced in detail the group decided developing and as an overall rating • Use of best available evidence but not all protected characteristics covered. Did mention other protected groups like travellers which I thought was good. • Only 6 groups identified, no mention of gender reassignment, pregnancy and maternity and sexual orientation • Could only find evidence for 6 groups, need to acknowledge hard to reach groups. Clear that work is becoming embedded and progress. Pre-PEAR toolkit can prove it is being used • The strategic needs assessment takes into account six protected groups. For some groups there is considerable data analysis and demonstrates understanding of broad health needs. For some, group such as religion and marriage there is a superficial analysis of data with no indications of understanding particular health needs, their strategies to commission services in a manner that tells these into accord. The commissioning decision making process is sharing good progress in relation to some protected groups but is still developing • No reference to sexual orientation and the majority of the LGBT community are not in civil partnerships. But I felt this was borderline achieving
1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	• Not enough evidence, reports from 2012 and before, no evidence since CCG commenced • Much information was pre-CCG and therefore it was felt that relevant evidence in this area will not support the grading to be achieving • Very focused on BME would like to see some process from all protected groups • Too much focus on ethnicity and disability, no evidence of working with other groups. Need to be more encompassing • Need to see how in the future will develop this for other protected groups and hard to reach groups. Need to be more all encompassing – seems to be focussed on one group. • Five protected groups are addressed through surveys and projects, in varying desires. Naturally address a range of some groups, including Eastern European and GR. Excellent address of disability in all forms with specific action. Some inclusion of age. Evidence is sparse, and they didn't indicate the fullness of their language provision. Noticeable absence of needs of groups like married/style/single person, gender/sexual orientation. Also it's early days; evidence appears to be from 2012 • Vast majority of protected groups ignored

1.3 Changes across services are discussed with patients, and transitions are made smoothly	• Missed opportunity – Rossendale. Split decision – undeveloped/developing, not enough evidence. • Evidence shows that work is taking place – however minimal evidence to show against protected groups. The group were divided on this grading for this area. • Need evidence to back up statement that all protected groups are taken into account, good idea but focused on locality very generalised • Limited area covered, more details required on demographic of audience against whole population. What actions are place, is it area specific? • Need evidence to support the attendance profile. More detail on demographic on the audience against the whole population. Limited coverage. Very light on evidence for this section but acknowledge good work this far. • Evidence template needs to be more robust. No mention of outcomes/experience to particular groups. The Outreach re: consultation exercise was done very well in accession hard to reach groups commendable re: GRT. • The evidence template need to be more robust. As it starts, it looks like a simple tick box, with nothing to substantive any elements of the protected groups. Some good work done on accessing different community groups
1.4 The safety of patients is prioritised and assured	• Dementia, wider patients initiatives. LCFT – does the CCG monitor what LCFT do? What defines vulnerable? • Dementia – case studies – of concern. Focus on safeguarding policies, but wider patient safety issues. LCFT – their services and how they are 'safe'. Can safeguarding articulate? Commendable that it was acknowledged that ethnic minorities receive a less service • Developing although would probably be achieving if all evidence had been represented what was verbally put forward on the day. • It appears that there is anecdotal evidence of implementation but it needs to be evidenced better • On the basis of the evidence presented, the score of developing has been given, however we do believe there is more evidence out there which could have improved this score • A focus on safeguarding vulnerable adults and children, but multi-diverse approach to look at Equality, including addressing contractors. Case studies show particular address of the needs of people with protected characteristics. Commendable acknowledged of danger of cultured relatives and tracks that some ethnic minorities receive less care • Five protected groups acknowledged. I was impressed by the sensitivity of the evidence, looking at the definitions of the abuse, and the awareness of 'sub-optimum services' in comparison to other people. Focus on children and vulnerable adults omits other protected groups – or does it? Define 'vulnerable! Are all nine protected vulnerable (potentially) by definition?

2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	• Achieving was supported by the majority of the group • Additional evidence needed around protected groups. Virtual ward examples do not support consideration of protected groups. Verbal evidence given of video of protected groups • Virtual ward is possibly a red herring. Grading questions were not answered. Extra evidence was presented around service contracts this was the reason for developing and not under developing. • Developing only on the basis of additional evidence which had to be asked for. Virtual hard example felt to be a red herring as it did not show consideration on protected groups. • Some evidence not captured, limited case study, through Virtual Ward is a good example of innovation and choice. Attitude towards Equality is positive with many assessment in place and readily acknowledged when not achieving • Excellent attitude and generic thinking around Equality and Diversity. Impact assessments are honest and clearly accept where areas are not being covered or addressed
2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	• Choose and Book specific to all other groups other than disability e.g. cancer and maternity • Would have liked another example as well at the Acute hospital example • Very easy to understand and options are clear and concise. Options are person centred • The 'Choose and Book' is available to all except maternity and Disability Groups. The forms for Endoscopic been made accessible for disability are very good and the translation fan is brilliant • Generically very good, omissions clearly pinpointed
2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	• Specific evidence required and outcomes • Further evidence – specific and outcomes required to move to achieving • Not clear how all 9 protected groups are included in the PPG – carers etc. very centred on certain initiatives, no evidence of wider consultation • Plenty of consultation but would want more evidence re: LGBT community consultation. Need to be more specific about evidence collected to show that all protected groups are being accessed and are providing feedback • Extensively locking at carers, some evidence of some experience of people for other protected groups. Overwhelming evidence relating to equality not captured • Lack of specifics for protected groups. "A range" of protected groups?? Basic service appears good.
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	• Annual patient survey will be used to support this • One comment of under developing, otherwise developing. Specific protected groups to be identified for evidence purposes • Would like to have seen a copy of a report as an example • Would have like to see an example on the report provided back to the CCG and how the CCG have used this • Evidence not captured, recent implementation, split direction. Relied on liaison to explain access for language and speech/hearing difficulties and are now looking at capturing Equality information and we learned the websites are being updated on accessibility • Lack of specifics re: protected groups

3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.	• Policies go above and beyond equality duty • Analysis of existing staff worthy of evidence • Best recruitment practice. Doing as much as can be done at present • Great policies; need for specific evidence regarding protected groups. Job description good! • All groups cared for • Very comprehensive good practice • Good practice in place • As much as can be done currently
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally	• National process Agenda for Change and KSF • Taken appropriate care to ensure all the groups are included • National process • Process is a national process • It's working process
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	• Missing evidence re: PDR's following on from objectives and PDP's for 2013/14 • Meets all criteria • Evidence of PDP's needed • Evidence needed around professional training
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	• ? Results from staff survey • Meets all criteria • To take forward to need to attend the next grading session and see the results of the staff survey
3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.	• Would have been better if it had specific examples • Would like to see improvement in the performance • Lack of specific evidence to show that policy is in operation. Also how is this policy used in regard to the 9 protected groups? • Could have given some ammonised case studies
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.	• Lack of evidence re: other support/concessions etc. • New organisation, needs time for monitoring • Evidence needed on how a day-to-day action plans are in place • More evidence needed
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	• Needs the 'reality' to be brought into it to show how protected and hard to reach groups • Needs further development • Need to see examples of evidence of face to face or consultations with 9 protected groups on specific issues
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	• Structure is in place but needs bringing into the 'reality' with briefings at monthly communications meetings • Low evidence • Need to see examples of evidence of face to face or consultations with 9 protected groups on specific issues