Equality Delivery System 2 (EDS2)

Grades

&

Improvement Plans, March 2016

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Contents

1. Executive Summary

The Equality Delivery System (EDS) is a performance improvement tool developed by the NHS Equality and Diversity Council in 2011 to help NHS organisations deliver on their Public Sector Equality Duty (PSED) and improve the design and delivery of services.

Following a two year pilot phase, the EDS was refreshed to become more outcome-focussed and launched in 2013 as EDS2. It is now mandatory for NHS organisations to implement the refreshed EDS (also referred to as EDS2), to deliver improvements in healthcare services in collaboration with staff, service users, leadership teams, patients, carers and stakeholders, such as local authorities and the voluntary and community sector. The EDS2 is aimed at ensuring that NHS services are transparent, inclusive, fair and accessible to all.

Since authorisation, this is NHS Sutton Clinical Commissioning Group's (CCG) second year of implementing the EDS2. The consultation and evidence gathering process has supported the CCG to deliver against its equality objectives and demonstrate compliance with its Public Sector Equality Duty.

The EDS2 measures equality performance of NHS organisations using 18 outcomes (described in Appendix 1) grouped under the following four goals:

Goal 1: Better health outcomes

Goal 2: Improved patient access and experience

Goal 3: A representative and supported workforce

Goal 4: Inclusive Leadership

To assess its performance against these goals, Sutton CCG held a series of consultations with staff, service users, service providers and leadership teams between April and December 2015. Performance was assessed through a grading system – where goals could be graded either: excellent, achieving, developing or undeveloped. This report highlights grades and improvement plans for all four goals. Overall, Sutton was graded 'DEVELOPING' for all four goals, with some outcomes under Goals 3 and 4 improving since last year.

2. The Equality Act and Public Sector Equality Duty

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought all existing equality law into a single legislative framework, which covers race, sex, disability, age, marital status and civil partnership, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment. These are also referred to as 'protected characteristics'.

Under the Equality Act, public bodies, such as Sutton CCG (SCCG) have a general duty to show 'due regard' to three aims:

- Eliminating unlawful discrimination, harassment and victimisation prohibited under the Act.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

To meet the general duty, SCCG must fulfil two 'specific duties', which include:

- Publishing 'equality information' to demonstrate compliance with the general duty, and
- Publishing 'equality objectives' needed to meet the general duty.

To be legally compliant, SCCG would need to meet both the general and specific duties of the Equality Act, as they are part of its statutory Public Sector Equality Duty (PSED).

Demonstrating 'due regard' to protected groups, means that SCCG must consider the three aims of the general duty by:

- Minimising disadvantages suffered by people due to their protected characteristic,
- Taking steps to meet the needs of protected groups, where they are different from others, and
- Encouraging people from protected groups to participate in public life or in other activities where their participation is low.

The organisation can do this through: training and development, consultation and engagement with staff, leadership teams, service providers and users and setting objectives and targets around improving outcomes for protected groups.

Implemented systematically, the PSED can lead to improved decision-making, reduced complaints, motivated staff, improved user satisfaction and effective use of resources.

3. NHS Sutton Clinical Commissioning Group and the refreshed Equality Delivery System

The refreshed Equality Delivery System (EDS2) was adopted by SCCG as a means of delivering its Public Sector Equality Duty in a planned manner, embedding equality and diversity into its day-to-day practices and sustaining a culture of transparency and continuous improvement.

As a tool, the EDS2 allows systematic improvements to be made by assessing performance against 18 outcomes (*described in Appendix 1)* grouped under the following four goals:

1. Better health outcomes.
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The goals are assessed as either: undeveloped, developing, achieving or excelling using a red, amber, green and purple color-coding scheme respectively *(See Tables 2-6).* The EDS2 Implementation Plan for SCCG is given in *Table 1* overleaf.

Table 1: Sutton CCG's EDS2 Implementation Plan

Action	By when	By who
Develop plan for EDS2 assessment of Goals 1-4	April 2015 – complete	SECSU E&D Lead/CCG E&D Lead
EDS2 Goals 1 & 2 grading process with stakeholders	December 2015 - Complete	CSU E&D Lead
EDS2 Goals 1 & 2 - Service Improvement Plans reviewed and developed with commissioners / providers	February 2016	CSU E&D Lead/ Commissioning managers
Goal 3 – A representative and supported workforce (internal engagement and grading) Plan agreed with Director of Quality and Human Resources Business Partner	September 2016- Complete	CSU E&D Lead & HRBP
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	January 2016 - Complete	CSU E&D Lead
Sign off/approval of EDS2 Grades and Improvement Plan at Sutton Quality Committee (for all four goals)	Feb 2016	CSU E&D Lead/ Director of Quality
Publish complete EDS2 Report following Governing Body approval	March 2016	CSU E&D Lead/ Director of Quality

To assess its performance in 2015-16 against the four EDS2 Goals, SCCG held a series of engagement exercises between April 2015 and January 2016. The assessment process for all four goals involved gathering an initial evidence baseline, which were discussed, reviewed and graded by different stakeholder groups. The stakeholder engagement and assessment process is described below.

3.1 Stakeholder Engagement to grade Goals 1 and 2: To grade both goals, SCCG focussed on the following two commissioning priorities:

a) **Admiral Nursing Services for families living with dementia:** *This service is commissioned to support families caring for people with dementia.*

b) **Enhanced Optometry Services for people with learning disabilities:** *This is a specialised optometry service commissioned for people with learning disabilities.*

Grading took place at a stakeholder event held on 03 December 2015, where the baseline evidence for both commissioning priorities was discussed. The event was chaired by Mary Hopper, Director of Quality, SCCG, while Yasmin Mahmood, Senior Equality and Diversity Associate, NHS South East Commissioning Support Unit (SECSU), explained the purpose of the EDS2 and its grading methodology.

Representatives from the following organisations participated:

- South West London and St George's Mental Health Trust
- London Borough of Sutton Learning Disabilities Team
- SeeAbility London and South East
- London Borough of Sutton Admiral Nursing Service
- Speak Up Sutton
- Sutton Local Optical Committee
- Sutton CCG

Feedback from the participants can be found in *Appendix 3(a)* – this will be used to inform future events. In addition to the workshop, interviews were held with carers accessing both services, who were able to provide more qualitative feedback to strengthen the assessment process.

3.2 Grades for Goals 1 and 2: Following detailed discussions,   the following grades were agreed for each of the commissioning priorities:

a) **Admiral Nursing Services for families living with dementia:**
This service was graded **'DEVELOPING'** for all outcomes for Goal 1, except one, which was graded '**ACHIEVING'**. For Goal 2, the service was graded **'DEVELOPING'** for two outcomes and '**ACHIEVING'** for two outcomes.

b) **Enhanced Optometry Services for people with learning disabilities:**
This service received a grade of *'DEVELOPING'* for all Goal 1 outcomes, except one, which was graded as '**ACHIEVING'**. For Goal 2, this service was graded as **'DEVELOPING'** for all outcomes.

Overall SCCG was assessed as '**DEVELOPING'** for EDS2 Goals 1 and 2. This means that most people in three to five protected groups fare well when using SCCG's commissioned services, compared with those who do not share any protected characteristics.

3.3 Feedback: from the workshop suggests that a greater focus needs to be placed on improving services for those who share the protected characteristics of Race (particularly those who are Black, Asian or from any minority ethnic group) and Age (particularly young people), for the Enhanced Optometry Service for people with Learning Disabilities).

The grades for Goals 1 and 2 are presented in *Tables 1 and 2* below. The workshop outlined areas of good practice and areas for improvement which are outlined in the appendices 2 and 4.

Table 2: Grades for Goal 1: Better health outcomes

Outcome	Enhanced optometry services for people with learning disabilities	Admiral Nursing Service
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	Developing	Developing
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Developing	Developing
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Achieving	Developing
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	N/A	N/A

Note: Outcome 1.5 is not applicable for SCCG as these services are not commissioned by it.

Table 3: Grades for Goal 2: Improved Patient Access and Experience

Outcome	Enhanced optometry services for people with learning disabilities	Admiral Nursing Service
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.	Developing	Developing
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Developing	Achieving
2.3 People report positive experiences of the NHS	Developing	Achieving
2.4 People's complaints about services are handled respectfully and efficiently.	Developing	Developing

Key:

(U) ndeveloped	(A) chieving	(D) eveloping	(E) xcelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from most protected groups fare as well as people overall	People from only some protected groups fare as well as people overall	People from all protected groups fare as well as people overall

3.4 Implementation of Improvement Plans: The improvement plans for Goals 1 and 2 will be implemented by the commissioning managers responsible for them, in collaboration with providers in 2015-16.

3.5 Cross-cutting priorities: Though specific to each service area, the improvement plans identified cross-cutting areas relevant to all SCCG's commissioned areas. These include:

- **Monitoring and review systems:** Responses and analyses need to be disaggregated by protected characteristics by service providers to identify barriers in terms of accessing services. For example, responses from Patient Experience Questionnaires (PEQs), complaints and community engagement activities need to be analysed by protected groups to identify gaps in service delivery and make improvements.

- **Personal Information Sharing:** Providers need to revisit key messages for service users in terms of Personal Information Sharing (equality monitoring) to encourage a higher response rate and gather information on protected groups based on best practice guidance.

- **Increased availability of anecdotal data / insight:** across nine protected characteristics. For example, make greater use of bespoke needs assessments, service evaluation and focus groups to inform continuous service improvement and to share insights across related service areas

- **Focus on improving transitions:** from one service to another.

- **Communications & Engagement**: Promote services widely through a range of methods and voluntary and community organisations. Improve outreach to promote services to communities currently not accessing services reviewed.

- **Representation of service users:** ensure service users/carers with experience of the services being reviewed have an opportunity to present their views and concerns at consultation events.

- **Fostering Good Relations:** Encourage commissioners and providers to promote good relations between those who share protected characteristics and those who do not through training and awareness-raising of services through community and inter-agency events.

3.6 Stakeholder engagement for Goal 3 and 4:

Goal 3 refers to: *'A representative and supported workforce'* and includes outcomes that focus on key areas across the employment lifecycle, including recruitment, pay and grading and flexible working. **Goal 4** described as 'Inclusive leadership' is assessed by outcomes relating to the role played by the Governing Body members and managers in promoting equality and diversity.

Grades for outcomes under Goal 3 and Outcome 4.3 were assessed at a staff workshop which took place on 14th July, 2015. The workshop was jointly facilitated by SECSU officers including, Principal Associate (HR and OD), Sarah Patmore, and Senior Equality and Diversity Associate, Yasmin Mahmood. Participants discussed and graded all outcomes under Goal 3 and Outcome 4.3 under Goal 4.

Nine staff members from a range of teams discussed their experiences and agreed on a grade for each outcome. These can be found in *Table 4* and *Table 5* below.

Table 4: Grades for Goal 3: A representative and supported workforce

Outcomes	Grade 2014-15	Grade for 2015-16
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	Developing	Developing
3.2 The NHS is committed to equal pay for equal work and expects employers to use equal pay audits to help fulfil their legal obligations.	Developing	Developing
3.3 Training and development opportunities are taken up and positively evaluated by staff.	Developing	Developing
3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.	Developing	Achieving
3.5 Flexible options are available to all staff consistent with the needs of the service and the way people lead their lives.	Undeveloped	Achieving
3.6 Staff report positive experiences of their membership of the workforce.	Developing	Achieving

(U) ndeveloped	(D) eveloping	(A) chieving	(E) xcelling
Staff members from all protected groups fare poorly compared with their numbers in the local population and/ or the overall workforce OR evidence is not available	Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce	Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce	Staff members from all protected groups fare well compared with their numbers in the local population and/ or the overall workforce

3.7 Goal 4: Described as **'*Inclusive leadership'*,** Goal 4 is assessed by evidence gathered for three outcomes described in *Table 5*. **Outcomes 4.1 and 4.2** were graded in January 2016 by an external assessment panel from Merton CCG (in a reciprocal arrangement). Members of SCCG's Governing Body provided evidence for Outcome 4.1. For Outcome 4.2, a selection of 11 papers from between 2014 and 15 were reviewed by the assessment panel. Their feedback and recommendations helped to prepare the action plan for Goal 4.

Table 5: Goal 4: Inclusive leadership

Outcomes	Grades in 2014-15	Grades in 2015-16
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their Organisations	Developing	Achieving
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	Developing	Developing
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Achieving	Developing

Grading Key for Table 4:

(U) ndeveloped	(D) eveloping	(A) chieving	(E) xcelling
4.1 There are no examples of strong and sustained commitment.	4.1 Only some of the examples show a strong and sustained commitment.	4.1 Only some of the examples show a strong and sustained commitment.	4.1 All of the examples show a strong and sustained commitment.
4.2 None of the papers took account of equality-related risks and their management	4.2 Only some of the papers took account of equality-related risks and their management.	4.2 Only some of the papers took account of equality-related risks and their management.	4.2 All of the papers took account of equality-related risks and their management.
4.3 Staff members from all protected groups fare poorly compared with their numbers in the local population and/ or the overall workforce OR evidence is not available.	4.3 Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce.	4.3 Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce.	4.3 Staff members from all protected groups fare well compared with their numbers in the local population and/ or the overall workforce.

Overall, Sutton CCG was graded **'Developing'** for Goals 3 and 4.

The improvement plans for Goals 3 and 4 are included in Appendices 4.3 and 4.4. The Director of Quality will oversee the implementation and feedback will be provided to SCCG's Quality Committee and Chief Executive.

4. Equality Objectives 2013 – 2017

SCCG's Equality Objectives are reviewed annually and updated according to the changing health needs of its population and staff. The review particularly seeks to ensure that 'due regard' is given to those who share one or more protected characteristics (see SCCG Equality Objectives Report 2013 – 17). Current Equality

Objectives for SCCG have been mapped onto the EDS2 goals and span 2013 -17 as highlighted in *Table 6* below.

Table 6: Equality Objectives 2013-17

Year 1 (2013/14)
1. Building, using and sharing data collection and evidence base
2. Develop Communications and Engagement strategies so they are inclusive and actively responding to the needs of diverse community
3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes
4. Training and conducting Equality Analysis (EA)
5. HR: Training needs identified for Board, CCG and Commissioning Support Unit (CSU) staff
6. HR: Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)
Year 2 (2014/15)
1. Ensure Communications and Engagement strategy delivers equality requirements
2. Patient and public involvement in decommissioning, commissioning, design & procurement of services
3. HR: Deliver training to embed equalities for Governing Body and staff
Year 3 (2015/16)
1. Review Communications and Engagement strategies as inclusive and actively responding to the needs of diverse community
2. HR: Demonstrate improvement of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)
Year 4 (2016/17)
1. Review Equality Key Performance Indicators to measure improvement in health outcomes

SCCG has implemented most of the objectives for Years 1 and 2. The objectives for Year 3 (2015/16) were met as part of the consultations for the EDS2 – with clear actions being implemented for Goals 1 and 2 to meet the objective: "Review Communications and engagement strategies as inclusive and actively responding to the needs of diverse communities".

The staff feedback for Goals 3 and 4, especially around bullying and harassment, was an improvement from last year, thus meeting the Equality Objective: "Demonstrate improvement of disaggregated staff views on current workforce issues (including health and wellbeing, bullying and harassment).

The consultations undertaken for the EDS2 in the past 2 year will help inform a new set of 4-year equality objectives in April 2017.

5. Publishing the EDS2 Report

This report, including grades for all 4 goals and improvement plans, will be published on Sutton CCG's website by March 31, 2016. The improvement plans will form part of SCCG's commissioning and organisational development plans to ensure they are embedded in mainstream business and reviewed annually.

6. Monitoring and Reviewing the EDS2

SCCG will monitor and review the implementation of the EDS2 on an annual basis and regular progress updates will be provided to the Quality Committee. The EDS2 framework has helped the CCG meet its public sector equality duty, which was reported in January 2016

7. Comments and Feedback

We welcome comments and feedback on the EDS2 Grades and Improvement Plan Report 2016-17. We would like to know how effective this scheme is in promoting and delivering equality and are keen to receive suggestions for improvement.

Comments and feedback can be sent to:
Director of Quality
NHS Sutton Clinical Commissioning Group
Priory Crescent, Sutton SM3 8LR
Email: suttonccg.office@nhs.net

Equality and Diversity Service
NHS South East Commissioning Support Unit
SECSU.equality@nhs.net

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Appendix 1: Description of EDS2 Goals and Outcomes

EDS2 Goals and outcomes		
Goal	**Number**	**Description of outcome**
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.
Improved Patient Access and Experience	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	People are informed and supported to be as involved as they wish to be in decisions about their care.
	2.3	People report positive experiences of the NHS.
	2.4	People's complaints about services are handled respectfully and efficiently
A Representative and Supported Workforce	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.
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.

	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	Staff report positive experiences of their membership of the workforce.
Inclusive Leadership	**4.1**	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	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	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Appendix 2: Current Good Practice

The following examples of good practice were highlighted by staff, service users, partner organisations and leadership teams during the stakeholder engagement exercises for Goals 1 to 4:

1. **Goals 1-2: Better health outcomes and improved patient access and experience**

a)   **Admiral Nursing Services for Families Living with Dementia**

Protected Characteristic	Good practice	Fulfilment of which aim of Public Sector Equality Duty (PSED)
Older people, carers	84 families have been supported by this service since it began in April 2015 with only 1 nurse in post.	All 3 aims
Older people, carers	3 more nursing posts have been commissioned.	All 3 aims
Older people, carers	Equalities data has been gathered on 5 protected characteristics – to be analysed for the next review	All 3 aims
Older people, carers	Person-centred service – tailored to individual user/carer needs.	All 3 aims
Older people, carers	Case load and user intelligence to increase with more staff in place.	All 3 aims
Older people, carers	All nurses have advanced assessment skills and very aware culturally.	All 3 aims
Older people, carers	Carers have reported positive feedback "Admiral Nursing Service provided all necessary support for carers to ensure their needs were met, including home aids and advice on visiting GP".	All 3 aims
Older People, carers	Carers have reported that constant support was received from Admiral Nursing Service during transition between services.	All 3 aims
Older People, carers	Robust safeguarding procedures in place, no safety incidents reported.	All 3 aims
Older People, carers	Safeguarding training delivered to Sutton Housing.	All 3 aims

Older People, carers, age	Service available to all ages and to all groups of people.	All 3 aims
Older People, carers, ethnicity	Admiral Nursing Team hosted a learning opportunity with Japanese medical personnel who assisted with cultural awareness and experienced around dementia in Japanese community.	All 3 aims
Older People, carers	Positive experiences reported in feedback gathered for Quality of life survey.	All 3 aims
Carers	Collaborative working with carers – care plans produced with families and carers participate in service steering group.	All 3 aims
Carers	Steering groups includes male and female cares.	All 3 aims
Carers, Older people	No complaints received so far. Carers have been supported to make complaints regarding other services where they have been fearful of repercussions.	All 3 aims

b) **Enhanced Optometry Services for People with learning Disabilities**

Protected Characteristic	Good practice	Fulfilment of which aim of Public Sector Equality Duty (PSED)
Disabilities, carers	Promoting service through SeeAbility with carers, users, self-advocates and Link nurses at Learning Disabilities team.	All 3 aims
Disabilities, carers	Service now open to people with Learning Disabilities over 14 years (earlier open to people over 18). Meetings have taken place with further Education providers (colleges) to promote the service.	All 3 aims
Disabilities, carers	Awareness-raising of service at Look Here event for people with Learning Disabilities to look after their eyes.	All 3 aims

Protected Characteristic	Good practice	Fulfilment of which aim of Public Sector Equality Duty (PSED)
Disabilities, Carers	Engaged with carers' Forum and Providers' Forum	All 3 aims
Disabilities, Carers	Service promoted through easy-read leaflets and the website. It explains why the service exists, where they are being offered and how it benefits patients.	All 3 aims
Disabilities, Carers	Webstar promotes the programme and usage figures	All 3 aims
Disabilities, Carers	All optometrists offering this service have to complete an accreditation programme, which includes training on testing people with learning disabilities and the College of Optometrists' module on safeguarding children and vulnerable adults.	

3. Goal 3: A representative and supported workforce

Protected Characteristic	Good practice	Fulfilment of which aim of PSED:
All	Fair processes adopted for all.	All 3 aims
All	Consistent approach (advertising through NHS Jobs).	All 3 aims
All	Use of anonymised forms (minimises biases).	All 3 aims
All	Fair pay and grading structures adopted.	All 3 aims
All	Training opportunities communicated well.	All 3 aims
All	Relevant/appropriate requirements for training/conferences usually approved.	All 3 aims

All	Mandatory training (equality and diversity).	All 3 aims
All	Harassment and discrimination policy in place.	All 3 aims
All	Supportive friendly, non-hierarchical organisation. Casual Culture	All 3 aims
All	Organisational policies to support flexible working now exist.	All 3 aims
All	Scope to get flexible working requests approved if individual needs were balanced with organisational needs.	All 3 aims
All	Positive, supportive, refreshing environment.	All 3 aims
All	Away Day – example of good team experience.	All 3 aims
All	Good representation of staff – supportive and inclusive workplace.	All 3 aims
All	Friendly workplace.	All 3 aims
All	Global Corporate Challenge (pedometer) appreciated.	All 3 aims
All	No blame culture.	All 3 aims
All	Team feel valued and appreciated.	All 3 aims
All	Common understanding among staff – reason for existence.	All 3 aims
All	Reasonable level of competence – experienced workforce.	All 3 aims
All	Opportunity to reflect and share learning and ideas at meetings.	All 3 aims
All	Very supported, Timely response, 2-way relationship	All 3 aims
All	Open door policy, Very approachable – open and honest	All 3 aims

4. Goal 4: Inclusive leadership

Protected Characteristic	Good practice	Fulfilment of which aim of PSED:
All	Good knowledge, awareness and experience of implementing practices that support equality and diversity demonstrated by Governing Body.	All 3 aims
All	More key papers appear to consider equality-related risks as compared to last year.	All 3 aims

Appendix 3 (a): Feedback from EDS2 Workshop on Goals 1 and 2

10 people attended and 4 feedback forms were returned.

Group/communities represented

(Participants could represent more than one group/community)

1. General equality perspective   1
2. Age
3. Sex
4. Disability   1
5. Race or ethnicity
6. Religion or belief
7. Lesbian/gay/bisexual/ transgender
8. Gender reassignment
9. Pregnancy or maternity
10. Carers   1

Please Tick	Good	Adequate	Poor
1. How useful did you find the information provided before the event?	3	1	
2. Was the venue easy to find and accessible?	4		
3. Was the event organised well?	4		
4. Were the presentations easy to understand?	4		

Question	Comments
1. Was the purpose of the event made clear to you from the ?outset	Yesx4 "Very clear". "I knew the event was about accessing NHS services, but wasn't sure how it would be

		achieved".
2.	Did you feel able to contribute to the process? Please give examples if possible	Yesx4 "Felt able to contribute to the grading discussion after listening to the evidence". "Everyone was given good opportunity to contribute to discussions". "Yes, absolutely, fantastic event, really well thought out".
3.	Were you happy with the next steps discussed? Are you willing to stay involved	Yesx4 "Yes, everything is very clear'.
4.	What (if anything) did you learn from being involved in this process?	'Information about commissioning and learning from a new process that I had not encountered before'. 'I have taken away some good action points for my service to work on and am keen to remain involved'. 'How to continue improving the service and which areas to focus on'.' - Much more about the services we talked about'.
5.	Any other comments?	'It would have been good to have more service user input, although I understand the difficulties in achieving this'. 'Just more service users to attend'.

Attendees included representatives from: London Borough of Sutton, South West London and St George's Mental Health Trust, Commissioning Managers from Sutton CCG, SeeAbility London and the South East, Speak Up Sutton, Merton, Sutton and Wandsworth LOC, Governing Body representative from Sutton CCG.

Appendix 3 (b): Feedback from EDS2 Staff workshop held on Goals 3 and 4 (outcome 4.3)

Total number of participants: 9, feedback forms received: 4

Staff identified perspective by protected group:

1. General equality perspective   3
2. Age   3
3. Sex   3
4. Disability
5. Race or ethnicity   1
6. Religion or belief
7. Lesbian/gay/bisexual/ transgender
8. Gender reassignment
9. Pregnancy or maternity
10. Carers

Please Tick	Good	Adequate	Poor
1. How useful did you find the information provided before the event?	3	1	
2. Was the venue easy to find and accessible?	4		
3. Was the event organised well?	1		
4. Were the presentations easy to understand?	2		

Question	Comments
6. Was the purpose of the event made clear to you from the ?outset	• Yesx4 • "Yes although the presentation on the day would have helped too".

7.	Did you feel able to contribute to the process? Please give examples if possible	- Yesx4 "As an interim, I was able to contribute on few relevant areas". "Yes – opportunities to comment on each section within the group debates"
8.	Were you happy with the next steps discussed? Are you willing to stay involved	- Yesx3 "Happy with next steps. I will only stay involved if interim staff representation is specifically required". "Not sure what we agreed as next steps – can you please circulate those. Happy to stay involved."
9.	What (if anything) did you learn from being involved in this process?	"That NHS organisations are using staff feedback (other than the annual staff survey) to identify areas of improvement and achieve organisational EDS goals/outcomes". "I found the chaotic comment the most interesting and one which from my perspective and on reflection I can work on myself to improve". "None". "More about the organisation and staff views on working here."
10.	How could we have improved your experience of this event?	"Include a summary of the previous year's grades, actions identified and actions completed". "A more representative group". "None". "Sometimes the discussions felt quite generic, rather than about the protected characteristics."
11.	Any other comments?	"It would have been ideal if there was senior management representation at the workshop". "Last year you got heads this year you got tails. The make-up of the participants was totally different to the previous year and perhaps more involvement of senior members of staff would have given a more realistic picture." "None." "It would have been good to have stuck to original room booking – I'm sure the ops team wouldn't have minded – and some of them might have stayed for the workshop."

Appendix 4: EDS2 Improvement Plans 2015-16 for Goals 1-4

4.1: Admiral Nursing Services for families living with dementia

EDS2 Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
1.1,1.2	Need for better equalities data on users and carers	EDS2 workshop	Capture equalities data at referral stage – need to ensure ensure data also captured when people self-refer.	AD for Mental Health and Admiral Nursing Services	Scheduled
1.1	Need for better user/carer statistics	EDS2 workshop	Statistics to be analysed by external evaluator.	AD for Mental Health and Admiral Nursing Services	Scheduled
1.1, 2.1	Need to publicise the service more/better	EDS2 workshop	Promote the service through a range of methods – including events, primary care and partner agencies to encourage groups from diverse communities to access the service. PR campaign to increase awareness of services especially among voluntary sector organisations, social services and GPs. Publish leaflets to encourage self-referrals. Use of council website to promote services among groups such as LGBT and refugee groups.	AD for Mental Health and Admiral Nursing Services	Scheduled
1.3	Improve communication links with A&E	EDS2 Workshop	Introduce an electronic alert to inform A&E and other services that care and support is already in place. This would prevent unnecessary hospital admissions and distress to service user.	AD for Mental Health and Admiral Nursing Services	Scheduled
1.3	Improve interagency working to support transitions. Delays from care homes regarding admission of patients at an acute stage results in stress and pressure on carers which affects their well-being.	EDS2 Workshop	Improve link between Admiral Nursing Service and social care and nursing homes in particular.	AD for Mental Health and Admiral Nursing Services	Complete

1.4	Improve feedback from carers to gauge safety and quality standards.	EDS2 Workshop	Hold interviews with carers to explore what is and what is not working.	AD for Mental Health and Admiral Nursing Services	Complete
1.4	Improve interagency links to support safety standards for users and carers	EDS2 Workshop	Engagement and outreach with agencies such as Fire services (to conduct home safety inspections).	AD for Mental Health and Admiral Nursing Services	Scheduled
1.4	Review current policies to ensure they are inclusive.	EDS2 workshop	Update policies to ensure they take into account of equality and diversity.	AD for Mental Health and Admiral Nursing Services	Scheduled
1.4, 2.2	Closer and improved working with social care to services provided are proactive rather than reactive by responding only when there is a crisis, as it can prove dangerous for patients with dementia.	EDS2 workshop	Admiral Nursing Service needs to provide regular updates on users and carers so that dementia patients and carers can benefit from timely services and interventions and costly mistakes are prevented.	AD for Mental Health and Admiral Nursing Services	Complete
2.1, 2.2	Identify a range of ways to promote service among different groups with increased capacity in team.	EDS2 workshop	Work with voluntary groups likely to have better links with different communities and attend events to promote service. Ensure dementia carer steering group is representative of different groups.	AD for Mental Health and Admiral Nursing Services	Complete

2.3	Need to share national best practice.	EDS2 Workshop	Promote sharing of information, knowledge and best practice through inter-agency working groups	AD for Mental Health and Admiral Nursing Services	Complete
2.4	Improve awareness of Complaints Policy	EDS2 Workshop	Promote complaints policy widely and identify ways in which carers lacking the capacity to do so can make complaints	AD for Mental Health and Admiral Nursing Services	Complete
2.4	Improve joint working between social care and Admiral Nursing teams.	EDS2 workshop	Closer joint working between social care and Admiral Nursing teams can minimise complaints and impact of delayed access to specialist care services (which could lead to poorer outcomes, including infection and death for patients and increased stress levels for carers).	AD for Mental Health and Admiral Nursing Services	Scheduled

4.2 Enhanced Optometry Services for people with Learning Disabilities

EDS2 Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
1.1	Need to maintain ongoing communication with Carers' and Providers' Fora	EDS2 workshop	Attend Carers' and Provdiers' Forum on an ongoing basis.	SeeAbility/Assistant Directior for mental Health	Under discussion
1.1, 2.2, 2.3	Improve patient/carer feedback	EDS2 workshop	Identify new methods of gathering feedback, including interviews and use of Webstar to include a question on consent and feedback as part of submission for payment. Aslo develop 1-page easy to use feedback form.	SeeAbility/Assistant Directior for mental Health	Under discussion
1.1, 1.4	Improve access to services especially among young people and BAME communities.	EDS2 workshop	Outreach to help users and carers from different communities to understand and take up services. Event planned with Speak Up self-advocacy group. Clear work-plan to be developed for year ahead.	SeeAbility/Assistant Directior for mental Health	Event with Self-Advocacy group complete, meeting with Orchard Hill College planned, Meeting with BAME under discussion.
1.1, 1.2, 1.3 and 1.4	Improve promotion of service.	EDS2 workshop	Promote service through GP practices and use of leaflets in different languages to encourage take-up from diverse communities. Ensure regular attendance at events to promote service and through agencies like Mencap.	SeeAbility/Assistant Directior for mental Health	Had a meeting with Razia Sattar from Sutton Voluntary Service, she dosen't feel use of leaflet in different languages is needed.

					However the decision will be made following meetings with BAME groups in Sutton. Plans in place to promote service.
1.1, 1.2, 1.4, 2.2	Monitoring of optometrist qualification	EDS2 workshop	Ensure all optometrists funded to deliver this scheme comply with relevant accreditations. Regular monitoring of 2-yearly refresher training and accreditation of optometrists.	SeeAbility and Assistant Director for mental Health	Ongoing
1.2	Ensure appropriate links maintained between services	EDS2 workshop	Maintain links between locality meetings and GP practices.	Assistant Director for mental Health	Ongoing
1.3	Services now available from 14 years onwards (earlier from 18 years +)	EDS2 workshop	Promote services to young people through special schools, GP Practices and Link Nurses. Appointments made at practice-level by GPs and Link Nurses likely to lead to better patient outcomes.	SeeAbility/Assistant Directior for mental Health	Ongoing & another leaflet being devised to promote service.
1.4	Regular monitor of quality and safety standard adopted at optometrists	EDS2 workshop	Review of DBS checks to take place every 3 years. Two-yearly monitoring of safety and quality standards at optometrists.	SeeABility and Assitant Director of Mental health	Ongoing
2.1	Need to clarify pathways to People with Learning Disabilities through promotional material.	EDS2 Workshop	Develop user friendly leaflets and promotional material for display at special schools, charities, GP surgeries and other venues accesses by people with learning disabilities and thweir carers.	SeeAbility/Assistant Directior for mental Health	Leaflet being devised to promote service
2.1	To give patients and carers key information related to vision.	EDS2 workshop	To provide carers highlights of patients' vision health through a Vision-Passport	SeeAbility/Assistant Directior for mental Health	Under discussion
2.2	Promote advantages of using optometrist practices than domiciliary services.	EDS2 workshop	Raise awareness on advantages of practices (better choice of glasses and person-centred customer services).	SeeAbility/Assistant Directior for mental Health	Ongoing
2.3	Need to share lessons learnt and good practice among optometrists funded to provide this service.	EDS2 workshop	Share good practice and lessons through LOCSU and SeeAbility website.	SeeAbility/Assistant Directior for mental Health	Under discussion
2.4	Patients/carer to be supported to understand complaints procedures.	EDS2 workshop	Improve information available on complaints through methods like easy-to-read fliers and telephone feedback.		Under discussion

4.3: Improvement Plan 2015-16 for Goal 3 (A representative and supported workforce)

EDS Goal	Description of issue / area of improvement highlighted	Source	Recommended mitigation plan	Responsible Lead /s & Timeline	Status
3.1	Need for more guidance on developing job descriptions and person specifications.	EDS2 Staff workshop	All Job advertisements and Job Descriptions and person specifications to be approved by appropriate directors.	Sarah Patmore	Under discussion
3.1	Recruitment managers to be trained on interview skills and giving appropriate feedback.	EDS2 Staff workshop	Training for managers on recruitment and selection best practice. To include giving feedback to candidates, guidelines and a flowchart to explain the recruitment and selection process.	SP/YM	Under discussion
3.1	Managers to consider candidates with transferable skills.	EDS2 Staff workshop	To be covered in recruitment and selection training and guidance.	SP	Under discussion
3.1	Assessment processes to finalise the best candidate (presentations not always the best test) and to test people and problem-solving skills	EDS2 Staff workshop	To be covered in recruitment and selection training and guidance.	SP	
	Pay and grading does not take into account additional responsibilities	EDS2 Staff Workshop	Managers to discuss this with staff if additional duties require job regarding.		Ongoing
3.2	Some teams inadequately resourced (due to increased staff strength). Additional work needs to be acknowledged and compensated.	EDS2 Staff workshop	Review undertaken of teams based on workload and resource base. Feedback to be provided to individual directorates.	Management Team	Under discussion
3.2	Review of pay for interims – address perception.	EDS2 Staff workshop	To be fedback by respective directorates.	Directors to respond	Ongoing
3.3	PDRs not clearly linked to individual training and development needs	EDS2 Staff workshop	Managers to receive guidance on appraisals (PDR) and identifying training needs with staff (to be addressed through Personal Development Plans – PDP).	SP	Under discussion
3.3	Training and Development – transparent process not in place – linked to managerial discretion.	EDS2 Staff Workshop	CCG to undertake Training Needs Analysis through team sessions, like lunch-time learning.	SP/Sarah Taylor	Under discussion
3.3	Identify different learning methods (such as shadowing/informal learning).	EDS2 Staff Workshop	To be agreed at management team.	Mary Hopper	Under discussion
3.3	Need to communicate widely statutory and	EDS2 Staff	Promoted internally through posters, email and staff	SP/ST	Complete

EDS Goal	Description of issue / area of improvement highlighted	Source	Recommended mitigation plan	Responsible Lead /s & Timeline	Status
	mandatory training	Workshop	newsletter/bulletin.		
3.3	Need for induction for new starters and an induction pack (which includes CCG's policies and other relevant information).	EDS2 Staff Workshop	HR to ensure new starters receive an induction session and an induction pack.	Sarah Patmore	Scheduled
3.3	Training budget needs to be increased.	EDS2 Staff Workshop	Training budget increased. Individual training requests to be considered by relevant managers and directorates.	Exec board	Complete
3.3	Training on cultural competency and unconscious bias to be shared with clinical leads.	EDS2 Staff Workshop	Training for CCG staff and Clinical leads on cultural competency and unconscious bias.	SP/YM	Under discussion
3.4	Online E& D training no longer being offered – alternatives to be considered.	EDS2 Staff Workshop	Face to face E&D training to be considered/sourced.	SP/YM	Under discussion
3.4	Need to raise awareness of harassment and bullying within and outside (e.g. partner organisations, through emails from external organisations).	EDS2 Staff Workshop	Training on responding to harassment and bullying to raise staff awareness on how to respond to unacceptable behaviour and ensure staff feel supported.	SP/YM	Under discussion
3.4	Need for a senior champion to discuss/lead conversations on harassment and bullying.	EDS2 Staff workshop	To consider staff forum with director-level support. Information to be feedback to director to reassure staff of 'open-door' policy.	Management Team	Under discussion
3.4	Need to communicate and promote Dignity at Work policy through staff induction pack and internal staff meetings.	EDS2 Staff Workshop	Dignity at Work Policy to be included in staff induction pack and promoted through internal staff meetings	Sarah Patmore	Scheduled
3.5	Flexible working arrangements needs to be available for new starters to negotiate/discuss before joining (current policy stipulates that flexible working arrangements can only be requested after a prescribed period of work – 6 months).	EDS2 Staff Workshop	To be feedback to board to review/reconsider policy.	Jonathan Bates	Under discussion
3.6	Can occasionally get disorganised and chaotic due to small resource base, last- minute demands and occasional lack of clarity of roles and responsibilities. Few changes can improve environment.	EDS2 Staff Workshop	Investments made to increase resources available to CCG teams. Staff Away Day – now an annual event – demonstrates recognition from senior management . Help staff to communicate strengths and areas for improvement within CCG (and related work).	Management Team	7th October-Completed

EDS Goal	Description of issue / area of improvement highlighted	Source	Recommended mitigation plan	Responsible Lead /s & Timeline	Status
			A review to be undertaken of other processes required to ensure smooth operations.		
3.6	Need for SMART-er approach to workplans and objective setting.	EDS2 Staff Workshop	To be taken up through the appraisals process – need to communicate at staff meetings and guidance on appraisals	All Line Managers/SP	Scheduled
3.6	Need to sort accommodation/workstations before taking on new staff.	EDS2 Staff Workshop	Facilities upgraded and number of workstations increased. Review to take place on hot-desking.	Board/Jane Walker	Scheduled
4.3	General awareness levels of cultural competency needs to be improved across the organisation.	EDS2 Staff Workshop	To consider cultural competency training	YM/SP	Under discussion
4.3	Greater awareness needed to organisational policies.	EDS2 Staff workshop	CCG Policies to be made readily available for staff (on the internal shared drive).	JW/SP	Scheduled

4.4 Draft Improvement Plan for EDS2 Goal 4 (Inclusive leadership)

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete Scheduled, Under discussion)
4.1	GB members need to give more and clearer examples of work they have done to support equality and diversity, including questions they may ask related to equality and diversity when key papers are presented to them.	EDS2 peer review assessment	Guidance for GB members on possible examples to cite and questions they could ask around equality and diversity at meetings (for key papers).	MH/YM	Ongoing
4.2	Strengthen assurance papers around governance of equality and diversity in papers being submitted to GB and sub-	EDS2 peer review assessment	Identify which papers need to include an Equality analysis as a priority.	MH/YM	Scheduled

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete Scheduled, Under discussion)
	committees		For key papers equality analysis need to be undertaken at the start of strategy development process, rather than later. Guidance provided to managers on what sort of equality-related information to present in papers, such as an equality analysis to be appended in key papers. Cover sheet to include appropriate prompts		