



**Equality Delivery System 2 (EDS2)**

**Grades**

**&**

**Improvement Plans 2014-15**



**Authors: Yasmin Mahmood and Dipen Rajyaguru**

**NHS South East Commissioning Support Unit**

<b>Version</b>	<b>Date</b>	<b>Approved</b>
<b>1.5</b>	<b>December 2014</b>	<b>Mary Hopper (Director of Quality)</b>

## Contents

Executive Summary	3
The Equality Act and Public Sector Equality Duty	4
NHS Sutton Clinical Commissioning Group and the refreshed Equality Delivery System (EDS2)	5
EDS2 Stakeholder Engagement for Goals 1-2	7
Grades for Goals 1 and 2	8
Cross-Cutting Priorities for Goals 1 and 2	10
EDS2 Stakeholder Engagement for Goals 3 and 4	11
Equality Objectives 2013-17	15
Publishing the EDS2	16
Monitoring and Reviewing the EDS2	16
Comments and Feedback	16
<b>Appendices:</b>	
1: Description of EDS 2 Goals and Outcomes	17
2. Current good practice	19
3. (a)Feedback from EDS2 workshop on Goals 1 and 2	25
(b)Feedback from EDS2 staff workshop for Goals 3 and 4	28
4. EDS2 Improvement Plans 2014-15 (Goal 1 and 4)	30
<b>Tables:</b>	
1. Sutton CCG EDS2 Implementation Plan	6
2. Grades for Goal 1: Better health outcomes	9
3. Grades for Goal 2: Improved patient access and outcomes	10
4. Grades for Goal 3: A representative and supported workforce	13
5. Goal 4: Inclusive leadership - Outcomes 4.1 and 4.2	14
6. Goal 4: Inclusive leadership – Outcome 4.3	14
7. Equality Objectives 2013-17	15

## **1. Executive Summary**

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

Following a pilot phase of two years, the EDS was refreshed and launched in 2013 to become more outcome-focussed. The revised EDS (now called EDS2), is now being adopted by an increasing number of NHS organisations to deliver improvements in healthcare services in collaboration with staff, service users, patients 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.

NHS organisations responsible for the population of Sutton have used the EDS2 to support the transition and transfer of responsibilities to NHS Sutton Clinical Commissioning Group (SCCG) in April 2013. It has been adopted by SCCG to embed equality and diversity into its employment and service delivery practices and deliver against 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 for all

Goal 2: Improved patient access and experience

Goal 3: Empowered, engaged and well supported staff

Goal 4: Inclusive Leadership

To assess its performance against these goals, SCCG held a series of consultations between April and September 2014 with staff, service users, service providers and leadership teams. 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.

## 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 NHS Sutton Clinical Commissioning Group (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 has 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* below.

*Table 1: Sutton CCG's EDS2 Implementation Plan*

<b>Action</b>	<b>By when</b>	<b>By who</b>
Develop plan for EDS2 assessment of Goals 1-4	Complete	CSU ED lead/CCG ED lead
EDS2 Goal 1 & 2 grading process with stakeholders	Complete	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 - Service Improvement Plans reviewed and developed with commissioners / providers	September 2014	CSU ED lead/ Commissioning managers
EDS2 Goal 1 & 2 findings collated and used to inform Equality Objectives Action Plan 2015/16 (Year 2)	January-March 2015	CSU ED lead/ Commissioning managers
Goal 3 – A representative and supported workforce ( internal engagement and grading)	May - Sept 2014	CSU ED Lead / Director of Quality / HR
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	June - November 2014	CSU ED Lead / Director of Quality / HR
Sign off/approval of EDS2 Grades and Improvement Plan at Sutton Quality Committee (for all four goals)	December 2014	CSU ED lead/ Director of Quality
EDS2 findings collated and used to inform review of Year 1 objectives and Equality Objectives Action Plan 2015/16 (Year 2) at Sutton Quality Committee	January-March 2015 (Tbc)	CSU ED lead/ Commissioning managers
Publish complete EDS2 Report (Goals 1-4) and Annual PSED report	January 2015	CSU ED lead/ Director of Quality
Deliver EDS event for grading and evaluating year two priorities	May 2015 (TBC)	CSU ED lead/ Director of Quality

Since authorisation in April 2013, SCCG has been working steadily to develop its equality and diversity work programme by collaborating with staff, service users and partner organisations. It hosted a series of consultations with its stakeholders between April and November 2014 to collaboratively grade its performance against the four EDS goals.

This engagement exercise took place in two phases – the first phase graded Goals 1 and 2 through a consultation event in April 2014, which involved commissioning managers, service users, providers and the voluntary and community sector. The second phase, graded Goals 3 and 4, through consultations with staff and leadership

teams between August and November 2014. The grade for Goal 4 (Outcomes 4.1 and 4.2) was validated by an external panel in November 2014. The improvement plans for Goals 1 to 4 are reported in the appendices of this document. The stakeholder engagement process is described in the following section.

**3.2 EDS2 Stakeholder Engagement for Goals 1 and 2:** To grade these two goals, SCCG focussed on the following three commissioning priorities as they were likely to lead to improved health outcomes to many:

- a) **Improving Access to Psychological Therapies services (IAPT):** *This service is commissioned to see patients aged 16 and over. These patients were registered with a Sutton GP for anxiety and depression disorders so as to receive evidence-based psychological therapy.*
  
- b) **Jubilee Health Centre services:** *This is a community-based care centre set up to provide out-of hospital care, diagnostics and specialist healthcare services on one site.*
  
- c) **Complex Older People's pathway:** *This service is aimed at improving the acute pathway for people aged 65 or over – who have been identified as a priority group.*

To involve key stakeholders of these services, namely users, partner organisations and commissioning staff, a consultation event was held on 03 April 2014 at Sutton Civic Offices. Overall 36 people attended and 17 returned feedback forms. Representatives from the following organisations and groups participated:

- HealthWatch
- Sutton and Merton IAPT
- Patient Participation Groups
- Age UK (Sutton)
- Sutton Housing Partnership
- Sutton Centre for Equalities
- London Borough of Sutton

Feedback from the participants can be found in *Appendix 3(a)* – this will be used to inform future events.

**3.3 EDS2 Goals 1 and 2 - Event Summary:** Mary Hopper (Director of Quality/Equality lead-SCCG) introduced the day and Wasia Shahain (Equality lead-South East Commissioning Support Unit) explained the purpose of the EDS2 and its grading methodology. Attendees were presented with a range of evidence from the three commissioning priority areas mentioned above and invited to grade SCCG against Goals 1 and 2 outcomes.

Participants were divided into tables for discussion and asked to:

- Agree a grade everyone was comfortable with.
- Share ideas with SCCG about how services could be improved, and
- Compare the evidence presented with their perception of the services.

**3.4 Grades for Goals 1 and 2:** Following detailed discussions, groups reported the following grades for each of the three commissioning areas:

**a) Improving Access to Psychological Therapies services (IAPT):**

This area received a grading of **‘DEVELOPING’** for Goal 1 for all outcomes, except one, which was graded as **‘ACHIEVING’**. For Goal 2, this service area was graded as **‘ACHIEVING’** for all outcomes.

**b) Jubilee Health Centre services:** This area was graded **‘DEVELOPING’** for all outcomes within Goal 1. For Goal 2, this area was graded **‘DEVELOPING’** for one outcome, **‘ACHIEVING’** for two outcomes and **‘EXCELLING’** for one outcome.

**c) Complex Older People’s pathway:** This area was graded as **‘DEVELOPING’** in three outcomes and **‘ACHIEVING’** in one for Goal 1. For Goal 2, it was graded as **‘DEVELOPING’** in three outcomes and **‘ACHIEVING’** in one.

**3.4.1** No outcome received an *‘Undeveloped’* grading and one outcome (Outcome 2.1 related to accessibility under Goal 2 for Jubilee Health Centre) was graded as **‘EXCELLING’**. Not all protected groups, however, were represented at the event and

this should be considered at the next grading exercise. Overall SCCG is assessed as **DEVELOPING** for EDS2 Goals 1 and 2. This means that overall, 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.

**3.4.2** Feedback from workshop participants 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), Sexual Orientation (particularly those who identify themselves as lesbian, gay or bisexual), Gender Reassignment (those who have undergone or wish to undergo gender reassignment, and / or those who identify as being transgender) and Age (particularly older people and young people who are Black, Asian or from any minority ethnic group). 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 *Appendices 2 and 4*.

*Table 2: Grades for Goal 1: Better health outcomes*

	<b>Outcome</b>	<b>IAPT</b>	<b>Complex Older People Pathway</b>	<b>Jubilee Health Centre</b>
<b>Goal 1: Better Health Outcomes</b>	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	(D)	(D)	(D)
	1.2 Individual people’s health needs are assessed and met in appropriate and effective ways.	(A)	(D)	(A)
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	(D)	(D)	(D)
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	(D)	(A)	(D)
	1.5 Screening, vaccination and other health	N/A	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

Goal 2: Improved Patient Access and Experience	Outcome	IAPT	Complex Older People Pathway	Jubilee Health Centre
	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.	Achieving	Achieving	Excelling
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Achieving	Developing	Achieving
	2.3 People report positive experiences of the NHS	Achieving	Developing	Developing
	2.4 People's complaints about services are handled respectfully and efficiently.	Achieving	Developing	Achieving

Key:

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

**3.5 Appendix 4** includes the EDS2 service improvement plans for each of the agreed commissioning priorities – IAPT, Jubilee Centre Health Centre Services and Complex Older People's Pathway. The plans, which are based on concerns highlighted during the consultations, will be implemented by the respective commissioning managers in collaboration with providers in 2015-16.

**3.5.1 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 analysis need to be disaggregated by protected characteristics by service providers to identify gaps and any barriers in terms of accessing services. For example, responses from Patient Experience Questionnaires (PEQs), complaints and community

engagement activities need to be analysed 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 include questions about Gender Reassignment and Religion and Belief in the PEQs (based on guidance provided by the Equality and Human Rights Commission).
- **Increased availability of anecdotal data / insight** across nine protected characteristics. For example, make greater use of bespoke needs assessment, service evaluation and focus groups to inform continuous service improvement and to share insights across related service areas
- **Focus on improving transitions** between tiers of the same service and / or from one service to another - in particular for older people and young people.
- **Communications & Engagement:** use equalities analyses to highlight communities of greatest need (for example, where populations with specific health needs are in greater numbers, but not found to access services available to them) to inform targeted activities and key messages.
- **Representation of service users:** ensure service users reflect known health conditions within designated areas to address health inequalities. Continue using data found in Sutton's Joint Strategic Needs Assessment (JSNA), relevant research findings, needs assessment etc. to ensure evidence-based policy development and service delivery.
- **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.

**3.6 EDS2 Stakeholder engagement for Goal 3 and 4:** This section explains the steps being taken to grade Goals 3 and 4 and develop their improvement plans.

**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 options.

Grades for this goal were initially assessed on the results of a staff survey which took place between January and March 2014. Thereafter, a staff workshop was held on 08 August 2014 to validate the survey findings. Conducted by Quality Health, an opinion research agency approved by the Care Quality Commission, the survey received a 75% response rate in SCCG, which was higher than the national average of 49% and the South London average of 71%.

Whilst the survey responses were not disaggregated by protected group to allow comparisons with the rest of the workforce, an analysis revealed that respondents included people from a range of demographic backgrounds, pay bands, working hours and tenure.

For example, of the respondents, 82% were British White, 6% were from a Chinese background, 6% from Caribbean and 6% from Irish backgrounds. In terms of gender, 75% of respondents were female, 25% male, while 47% were from the 41-50 age group and 47% in the 51-65 age cohort. Respondents included part-time and full-time workers and had varying tenures and pay bands. This indicates participation from a cross-section of staff.

The workshop also included staff from a range of demographic groups, levels of seniority and functions to ensure an inclusive debate took place. *Table 4* below provides the grades based on the staff survey and workshop, with the aggregated column indicated overall grade based on other policies, plans and procedures used by the CCG. The workshop validated the survey results for two outcomes (recruitment and selection and training and development), but differed on others. Two outcomes received an **“UNDEVELOPED”** rating and more evidence is required to analyse this outcome against local comparator groups. Overall SCCG’s grade for Goal 3 is **DEVELOPING**.

The workshop was led by the Director of Quality, Mary Hopper, and supported by Yasmin Mahmood, the Equality and Diversity Lead for the CCG from South East Commissioning Support Unit. Participants discussed their experiences through the employment lifecycle and agreed on a grade for each of the outcomes. These can be found in *Table 3* below.

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

Outcomes	Grades based on survey	Grades following workshop	Aggregated grade
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	Developing	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.	Achieving	Undeveloped	Developing
3.3 Training and development opportunities are taken up and positively evaluated by staff.	Developing	Developing	Developing
3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.	Achieving	Developing	Developing
3.5 Flexible options are available to all staff consistent with the needs of the service the way people lead their lives.	Achieving	Undeveloped	Undeveloped
3.6 Staff report positive experiences of their membership of the workforce.	Achieving	Developing	Developing

<b>(U) undeveloped</b> 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	<b>(D) developing</b> Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce	<b>(A) achieving</b> Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce	<b>(E) excelling</b> Staff members from all protected groups fare well compared with their numbers in the local population and/ or the overall workforce
--	---	---	---

**3.6.1 Goal 4:** Described as ***'Inclusive leadership'***, Goal 4 is measured through three outcomes described in *Tables 5 and 6* below. For **Outcomes 4.1 and 4.2**, Merton CCG and Sutton CCG agreed to participate in a peer review assessment with the intention of sharing learning and understanding of the EDS2 as a performance improvement tool.

Members of Sutton CCG's Governing Body, locality and leadership teams participated in the self-assessment for Outcome 4.1, while for Outcome 4.2, a selection of board papers over the past year were collated and reviewed for the extent to which equality-related risks were assessed. Thereafter a key paper on service change was examined by the assessment panel for the manner in which equality-related risks were identified and managed.

The assessment team from Merton CCG, which comprised a member from the Governing Body, senior management and patient and public involvement teams analysed the evidence and agreed grades and recommendations following discussions. The recommendations made by the assessment panel can be found in the improvement plan for outcomes 4.1 and 4.1 in Appendix 4.

The panel commended the CCG for the commitment demonstrated by the leadership team, but felt stronger evidence was required. For outcome 4.2, the team felt the paper it examined in detail – the Consideration of the Case for Change and CCG Response to Proposals for Epsom and St Helier NHS Trust services on Sutton Hospital Site – was an example of good practice which needed to be shared with other CCGs locally, regionally and nationally. However, it added that the example needed to be replicated with other key strategic papers. For both outcomes, the assessment panel graded the CCG as ‘**DEVELOPING**’. As this was also the grade given for outcome 4.3, overall the CCG was graded as ‘**DEVELOPING**’ for Goal 4.

Descriptions and grades for the two outcomes are given in *Table 5* below.

*Table 5: Goal 4: Inclusive leadership – Outcomes 4.1 and 4.2*

Outcomes	Grades based on self-assessment	Grades based on external assessment
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their Organisations	Achieving	Developing
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

Grading Key for Table 4:

<p>(U) ndeveloped</p> <p>4.1 There are no examples of strong and sustained commitment</p> <p>4.2 None of the papers took account of equality-related risks and their management</p>	<p>(D) eveloping</p> <p>4.1 Only some of the examples show a strong and sustained commitment</p> <p>4.2 Only some of the papers took account of equality-related risks and their management</p>	<p>(A) chieving</p> <p>4.1 Only some of the examples show a strong and sustained commitment</p> <p>4.2 Only some of the papers took account of equality-related risks and their management</p>	<p>(E) xcelling</p> <p>4.1 All of the examples show a strong and sustained commitment</p> <p>4.2 All of the papers took account of equality-related risks and their management</p>
---	---	--	--

**3.6.2** For **Outcome 4.3**, an aggregated grade was given based on the results of the staff survey and workshop, as highlighted in *Table 6* below.

*Table 6: Goal 4: Inclusive leadership - Outcome 4.3*

Outcome	Grade based on staff survey	Grade based on workshop
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:

<p><b>(U) undeveloped</b> 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</p>	<p><b>(D) developing</b> Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce</p>	<p><b>(A) achieving</b> Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce</p>	<p><b>(E) excellent</b> Staff members from all protected groups fare well compared with their numbers in the local population and/or the overall workforce</p>
---	---	---	--

The improvement plans for Goals 3 and 4 are included in Appendices 4.4 and 4.5. These will be led by the Director of Quality and regular feedback will be provided to the Sutton Quality Committee.

## 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 seeks to ensure, in particular, 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 7* below.

*Table 7: 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 needs of diverse community
3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes
4. Training and conducting Equality impact 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. Delivery of 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 CSU staff
Year 3 (2015/16)
1. Review Communications and Engagement strategies as inclusive and actively responding to 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 will be continuing a number of Year 1 objectives related to Goals 1 and 2 into Years 2 and 3. The improvement plans for the commissioning priorities (in *Appendix 4*) map across the table above, in particular Objectives 1 and 3 in Year 1: ***Building, using and sharing data collection and evidence base and Develop(ing) Key Performance Indicators (KPI's) to measure improvement in health outcomes*** and Objective 2 identified for Year 2: ***Patient and public involvement in decommissioning, commissioning, design & procurement of services.***

The improvement plans for Goals 3 and 4 relate to Objectives 5 and 6 identified for Year 1: ***Training needs identified for Board and CCG and Identify baseline of disaggregated staff views on current workforce issues (including...bullying and harassment)*** and Objective 3 identified for Year 2: ***Deliver training to embed equalities for Governing Body and CSU staff.***

## 5. Publishing the EDS2 Report

This report, including grades for all 4 goals and improvement plans, will be published on Sutton CCG's website early in 2015, along with other statutory reports, such as the Annual Equality Objectives Report and related information, such as equalities analyses. 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. They will be also be part of the Annual Equality Objective Report 2015.

## **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 Sutton Quality Committee. The EDS2 framework will also help SCCG meet its annual Public Sector Equality Duty and progress its equality objectives.

## **7. Comments and Feedback**

We welcome comments and feedback on the EDS2 Grades and Improvement Plan Report 2015-16. We would like to know how effective this scheme is in promoting and delivering equality and welcome 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](mailto:suttonccg.office@nhs.net)

Or

Equality and Diversity Service

NHS South East Commissioning Support Unit

[SECSU.equality@nhs.net](mailto:SECSU.equality@nhs.net)

-END-

## Appendix 1: Description of EDS2 Goals and Outcomes

EDS2 Goals and outcomes		
Goal	Number	Description of outcome
<b>Better Health Outcomes</b>	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.
<b>Improved Patient Access and Experience</b>	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
<b>A Representative and Supported Workforce</b>	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.

	<b>3.5</b>	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	<b>3.6</b>	Staff report positive experiences of their membership of the workforce.
<b>Inclusive Leadership</b>	<b>4.1</b>	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	<b>4.2</b>	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.
	<b>4.3</b>	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) Improving Access to Psychological Therapies services (IAPT)

Protected Characteristic	IAPT - Good practice	Fulfilment of which aim of Public Sector Equality Duty (PSED)
Age	Partnerships with Age UK Sutton, Age UK Merton and My Futures	Preventing discrimination Advancing equality of opportunity Fostering good relations
Age	Clients aged over 65 years old and clients aged less than 20 years old automatically offered a face-to-face appointment.	Advancing equality of opportunity
Age	Therapies adapted to make them age appropriate.	All 3 aims
Disability	The service works with local learning disability services.	All 3 aims
Disability	Information on disability and necessary adaptations is recorded on IAPTUS so all clinicians are aware.	Eliminating discrimination
Disability	Easy read information leaflets available.	Advancing equality of opportunity Fostering good relations.
Disability	The team has a disability lead.	All 3 aims
Ethnicity	Ethnicity data is recorded for clinical recovery rates.	All 3 aims
Ethnicity/Nationality	Non-English speakers automatically booked for face-to-face Step 3 assessment.	All 3 aims

Ethnicity	Temple Project set in Wimbledon to engage Tamil community is an example of good practice.	Fostering good relations
Sex	Clients are able to request the gender of their therapist.	Preventing discrimination Fostering good relations
Sex	Resources specifically available for different genders e.g. Sutton Women's Centre and Everyman Project.	All 3 aims
Sex	All clients are offered choice in terms of their appointment day, time and location as well as gender of therapist.	Advancing equality of opportunity
Sexual Orientation	Waiting rooms display posters promoting LGBT friendly services.	Fostering good relations
Sexual Orientation	Feedback from the Patient Experience Questionnaire suggests that 100% of gay, lesbian or bisexual clients reported that staff listened, took their concerns seriously and helped them.	All 3 aims
Pregnancy and maternity	Service prioritises treatment for pregnant and postnatal women.	All 3 aims

**b) Jubilee Health Centre Services**

Protected Characteristic	Jubilee Health Centre: Good practice	Fulfilment of which aim of Public Sector Equality Duty (PSED)
All	The new centre, readily accessible in the heart of Wallington, was designed with several objectives in mind, including a wider range of healthcare options, such as multi-disciplinary team clinics, mental health services, bookable meeting rooms, flexibility of space and improved patient experience.	All 3 aims
All	As well as having GP services and a pharmacy, a range of other services including x-ray, physiotherapy and ultrasound will also be available on site.	All 3 aims
All	The service is based on a universal service approach, with GPs providing referrals.	All 3 aims
All	The operational policy outlines that patients who are not going to be seen in service will be referred to another service more suited to their needs.	All 3 aims

<b>Protected Characteristic</b>	<b>Jubilee Health Centre: Good practice</b>	<b>Fulfilment of which aim of Public Sector Equality Duty (PSED)</b>
All	Opportunity for the voluntary sector to play a part by raising awareness with marginalised groups.	All 3 aims
All	HealthWatch have been active participants at the new centre and have acted as 'critical friends'.	All 3 aims

**c) Older People's Services in Community Settings**

<b>Protected Characteristic</b>	<b>Older Peoples Services : Good practice</b>	<b>Fulfilment of which aim of PSED:</b>
All	Areas with integrated services for older people have lower rates of bed use; these hospitals also tend to have lower admission rates and deliver good patient experience.	All 3 aims
All	All clients will have an individual care plan.	All 3 aims
All	A navigator is part of this service to assist users.	All 3 aims
All	Extra resources (in the third sector) have been made available to increase access and improve the patient experience.	All 3 aims
All	Telephonic assistance from the third sector available to support people with low-level needs.	All 3 aims
All	Director of Quality receives reports from the acute trust and community groups.	All 3 aims
All	SCCG implementing recommendations from Francis Report 2013.	All 3 aims

## 2. Goal 3: A representative and supported workforce

Protected Characteristic	Good practice	Fulfilment of which aim of PSED:
All	Use of standardised recruitment processes.	All 3 aims
Disability	Reasonable adjustments considered for disabled applicants.	All 3 aims
All	Internal recruitment reduces risk of redundancy and promotes equality of opportunity.	All 3 aims
Gender/All	Selection panels often representative in terms of gender and seniority – lends credibility to CCG's commitment and processes.	All 3 aims
All	Agenda for Change – a nationally prescribed process for equal pay for equal work has been adopted to fulfil legal obligations.	All 3 aims
All	Formal approach and process in place for training and development (PDP and appraisals leading to training and development).	All 3 aims
All	Opportunities exist for staff to gain skills and competencies not linked to current job – to promote career growth, motivation and enrichment.	All 3 aims
All	Mature staff – majority have not experienced any bullying and harassment.	Eliminating discrimination and harassment
All	Flexible working policy in place – some staff are able to work flexibly.	All 3 aims
All	Assurance given to staff that if any support was needed, they could speak to their manager.	All 3 aims

All	'Love my team mates'.	All 3 aims
All	Social events.	Promoting good relations
All	Supportive environment.	All 3 aims
Sex	Not isolated despite being in a minority (male).	All 3 aims
All	'Hierarchical' behaviour missing.	All 3 aims
All	Effective team-working.	All 3 aims
All	Sense of ownership.	All 3 aims
Age	Mature organisation.	All 3 aims.
All	Easier to navigate – less bureaucracy.	All 3 aims.
All	Greater openness.	All 3 aims.
All	Everyone gets a chance to speak at monthly meetings – due to informal and relaxed environment.	All 3 aims.
All	Responsive organisation – problem solving easier.	All 3 aims.
All	Feeling of being protected.	All 3 aims.
All	Line manager dependent.	All 3 aims.

### 3. Goal 4: Inclusive leadership

Protected Characteristic	Good practice	Fulfilment of which aim of PSED:
All	Governing Board and leadership team demonstrate commitment to equality and diversity	All 3 aims
All	Cover sheet for all board papers have a section on equality and diversity, recognising the need to address it at board level.	All 3 aims
All	Manager training	All 3 aims
All	Mandatory equality and diversity training. Training linked to appraisals and interviews – supports staff and managers.	All 3 aims
All	Patient Representative Group very representative – exposure to it helps gauge sensitivities within audience and allows managers to tailor discussions and appreciate sensitivities.	All 3 aims
All	Mix of talents, abilities and backgrounds within organisation makes staff culturally competent.	All 3 aims
All	Good, experienced, competent and knowledgeable line managers.	All 3 aims
All	Supportive, listening and adaptable middle managers.	All 3 aims
All	Commitment shown by Governing Body and leadership team around equality and diversity	
All	Decision-making process adopted by Governing Body on proposed changes for Epsom and St Helier Hospital	

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

36 people registered and 17 feedback forms were returned.

### Group/communities represented

(Participants could represent more than one group/community)

1. General equality perspective	9
2. Age	11
3. Sex	4
4. Disability	5
5. Race or ethnicity	6
6. Religion or belief	6
7. Lesbian/gay/bisexual/ transgender	5
8. Gender reassignment	3
9. Pregnancy or maternity	1
10. Carers	7

Please Tick	Good	Adequate	Poor
1. How useful did you find the information provided before the event?	12	5	0
2. Was the venue easy to find and accessible?	17	0	0
3. Was the event organised well?	17	0	0
4. Were the presentations easy to understand?	16	1	0

Question	Comments
1. Was the purpose of the event made clear to you from the outset?	<ul style="list-style-type: none"> <li>• Yes X 13</li> <li>• Very clear</li> <li>• Very clear, Good use of visual equipment</li> <li>• Yes, feedback from patients point of view</li> </ul>
2. Did you feel able to contribute to the process? Please	<ul style="list-style-type: none"> <li>• Yes X8</li> </ul>

<p>give examples if possible</p>	<ul style="list-style-type: none"> <li>• Yes able to make my point on several occasions &amp; recognised. Listened to my views for 1.5. These services affect others that we do commission</li> <li>• Yes- represent Health watch. Problems with JHC no evidence on table</li> <li>• From my visits on behalf of Health watch could outline the issue of keeping children busy, when parents are waiting for an appointment</li> <li>• Yes, even though no involvement with IAP</li> <li>• Absolutely. Personal PRG/PPG &amp; Health watch examples</li> <li>• Discharge, monitoring, evidence collection</li> <li>• I did – communication</li> <li>• Extremely</li> <li>• Yes. Task discussion</li> </ul>
<p>3. Were you happy with the next steps discussed? Are you willing to stay involved</p>	<ul style="list-style-type: none"> <li>• Yes X13</li> <li>• Certainly yes</li> <li>• Yes. I am willing to stay involved</li> <li>• Yes, Health watch to continue to consider “protected groups” in collection and reporting of views is support</li> <li>• Yes. But we need more evidence &amp; statistics. How we collect &amp; from where is it not evidenced</li> </ul>
<p>4. What (if anything) did you learn from being involved in this process?</p>	<ul style="list-style-type: none"> <li>• Yes X1</li> <li>• I learned a lot more about the older peoples pathway, we need to take credit better for good news</li> <li>• A lot more about the Older peoples complex pathway</li> <li>• Info about IAPT</li> <li>• Good discussions around issues</li> <li>• Health watch to continue to consider “protected groups” in collection and reporting of views is support</li> <li>• A lot about Jubilee HC operates as a Health care centre</li> <li>• I learnt ways that we can improve our service</li> <li>• About IAPT service in Sutton</li> <li>• More detailed info about the project, where it is out &amp; what is planned to develop it further</li> <li>• That me (charities) and the NHS need to collaborate more</li> <li>• 1. Process- discussion 2. Contacts</li> <li>• How Equality issues are monitored</li> <li>• Just how much work is happening to improve patient experience and outcomes</li> </ul>

	<ul style="list-style-type: none"> <li>• Information about Jubilee Health</li> <li>• 2 ears, one mouth – use in direct proportion!</li> <li>• About how the system works and offers</li> </ul>
5. Any other comments?	<ul style="list-style-type: none"> <li>• No comments X7</li> <li>• N/A X2</li> <li>• Thank you to Michael for quickly taking us through the discussions</li> <li>• Nil</li> <li>• A good way of getting a 'light touch' response</li> <li>• Thank you</li> <li>• Some people present would have been interested in less than 1 of the 3 sessions, perhaps some possibility of revolving between groups</li> <li>• Keep on going</li> <li>• It was excellent, well done</li> <li>• Thanks for inviting me</li> <li>• Thank you</li> <li>• Good to have facilitators and arrange of different professional with knowledge</li> </ul>

**Attendees included representatives from:** HealthWatch, Sutton & Sutton IAPT, Patient Participation Groups, Age UK (Sutton), Sutton Housing Partnership, Sutton Centre for Equalities and London Borough of Sutton.

The feedback suggests that over 70% of respondents found the information provided before the event useful and 94% felt that the presentations were easy to understand. All respondents found the venue easy to find and accessible and felt that the event was well organised.

Comments received also indicate that the majority of the respondents learnt more about the EDS2 at the event, found the process useful and wanted to stay involved. The responses also indicate that people felt able to contribute at the sessions even when the topic was not relevant to them. However, around 30% of the respondents felt that the information/evidence could be improved, especially in terms of having more evidence and time to understand it in advance. Participants also commented that it was important to get more stakeholders from Sutton involved apart from 'patients' and 'carers'.

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

Total number of participants: 6, feedback forms received: 5

Staff identified perspective by protected group:

- |                                      |   |
|--------------------------------------|---|
| 1. General equality perspective      | 3 |
| 2. Age                               | 3 |
| 3. Sex                               | 2 |
| 4. Disability                        |   |
| 5. Race or ethnicity                 |   |
| 6. Religion or belief                |   |
| 7. Lesbian/gay/bisexual/ transgender |   |
| 8. Gender reassignment               |   |
| 9. Pregnancy or maternity            |   |
| 10. Carers                           |   |
| 11.                                  |   |

Please Tick	Good	Adequate	Poor
1. How useful did you find the information provided before the event?	4	1	
2. Was the venue easy to find and accessible?	4	1	
3. Was the event organised well?	5		
4. Were the presentations easy to understand?	4	1	

Question	Comments
6. Was the purpose of the event made clear to you from the outset?	<ul style="list-style-type: none"> <li>• Yesx5</li> <li>• Very clear and concise.</li> <li>• It was very clear.</li> <li>• Yes, it was clear.</li> </ul>
7. Did you feel able to contribute to the process? Please	<ul style="list-style-type: none"> <li>• Yesx5.</li> </ul>

give examples if possible	<ul style="list-style-type: none"> <li>• The whole event was interactive and everyone was able to contribute.</li> <li>• Yes, as there was representation from each level with no air of hierarchy.</li> </ul>
8. Were you happy with the next steps discussed? Are you willing to stay involved	<ul style="list-style-type: none"> <li>• Yesx5.</li> <li>• Definitely, this is important for the individual as well as the organisation.</li> </ul>
9. What (if anything) did you learn from being involved in this process?	<ul style="list-style-type: none"> <li>• I had been involved in this process before and felt privileged to be asked to participate.</li> <li>• The group were honest and felt comfortable with each other. Therefore the information provided would be the basis in which we hope will change attitudes and behaviours.</li> <li>• There are issues within the organisation which are of concern as the organisation develops. Some might be resolved going forward, but some of the issues need to be clearly identified before they can be resolved. E.g. how a young member of staff might fare coming into an organisation with a relatively mature workforce.</li> <li>• That my feelings were not unique.</li> </ul>
10. How could we have improved your experience of this event?	<ul style="list-style-type: none"> <li>• The environment and people involved were ideal for the issues that needed to be discussed.</li> <li>• There is nothing I would have changed.</li> <li>• I think people were open and honest which is as much as you could wish for within the remit of the meeting.</li> <li>• It was appropriate for what needed to be completed.</li> </ul>
11. Any other comments?	<ul style="list-style-type: none"> <li>• Nox3.</li> <li>• The facilitator kept to the task at hand which was focussed, but enjoyable.</li> <li>• The problems identified need now to be clarified, solutions identified and a plan of implementation proposed for the short and medium term.</li> </ul>

## Appendix 4: EDS2 Improvement Plans 2014-15 for Goals 1-4

### 4.1: IAPT EDS2 Improvement Plan 2014-15 for Goals 1-2

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	Gaps perceived regarding collection of monitoring data around religion & belief, sexual orientation and gender re-assignment.	EDS Event	Commissioners and Providers to co-design a feedback mechanism regarding capturing monitoring data on all protected characteristics (including carers and socio-economic disadvantage) in a 'you said, we did' type reporting cycle.	Assistant Director of Commissioning	From April 2015
1.2	Perceived gap in gender-specific treatment and targeted treatment for people from minority ethnic communities and the lesbian, gay, bisexual and transgender (LGBT) groups.	EDS Event	A project is underway to find out needs of LGBT people and how the service can be promoted. This could be expanded to meet more targeted needs e.g. Black approaches to mental health – to embed learning in assessment tools where possible.	Assistant Director of Commissioning	Under discussion
1.3	Gaps in collection of monitoring data in feedback forms (and other feedback mechanisms) for all protected groups.	EDS Event	Commissioners and Providers to co-design feedback process to capture monitoring data for all protected characteristics in complaints and other feedback processes. Pathways or outcomes should be inclusive of all protected characteristics.	Assistant Director of Commissioning	Under discussion
2.1	Gender reassignment information not routinely collected, so unable to monitor access for this protected group. Need to encourage all service users to complete surveys and share their personal information e.g. demographics.	Commissioner	Service should seek to implement good practice questions in the appendix of this briefing from EHRC: <a href="http://www.equalityhumanrights.com/uploaded_files/collecting_in_fo_gender_id.pdf">http://www.equalityhumanrights.com/uploaded_files/collecting_in_fo_gender_id.pdf</a>	Assistant Director of Commissioning	Under discussion.
2.2	Adapting of therapy resources so they are appropriate for different groups and have information relevant to different groups. The IAPT service would benefit from having	EDS Event	Commissioner to co-produce a system with providers to report on patient feedback across the range of protected groups or collate specific case studies to evidence achievement / excellence in this area.	Assistant Director of Commissioning	Under discussion

	knowledge of any persistent barriers faced by people from protected groups.		Spread good practice around use of interpreters, working with Sutton Women's Centre, as well as gender of therapist.		
2.3	The system is not able to isolate Patient Experience Questionnaire (PEQ) feedback responses based on age, Religion & belief, Maternity status and Gender re-assignment. Men do not feel as involved in making choices about treatment and care	Commissioner EDS Event	Ascertain reasons for this evidence. Review the PEQ. Investigate and find methods to involve men more in their treatment and care. <a href="http://www.menshealthforum.org.uk">http://www.menshealthforum.org.uk</a>	Assistant Director of Commissioning	December 2014
2.4	All complaints are handled in accordance with Trust guidelines. However, not all polices use monitoring data	Commissioner	Review Complaints policy. Ensure feedback is captured from protected groups or gather further evidence (anecdotal). Consider commissioning independent evaluation of service to gather information on experiences of protected groups. E.g. asking questions on understanding of complaints process, policy, and confidence in the services handling of complaints.	Assistant Director of Commissioning	December 2014

#### 4.2 Complex Older People's Pathway EDS Improvement Plan 2015-16 for Goals 1-2

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	Areas with integrated services for older people have lower rates of bed use; these hospitals also tend to have lower admission rates and deliver good patient experience.	EDS Event	SCCG is developing a model of integration through the BCF programme.	Director of Commissioning	Starts from April 2015
1.2	Knowing the protected characteristics of the patient in order to communicate and provide appropriate and sensitive service	EDS Event	All clients will have an individual care plan, which should include their protected characteristics. This information should be transfer from the community through to the acute trust and back to the community taking into consideration all aspects of their care. Through the Better Care Funding programme will be considering best ways of integration and sharing of information with Health and Social Care providers.	Head of Performance	Ongoing through BCF programme
1.3	Knowing the protected characteristics of the patient in order to communicate and provide appropriate and sensitive service to their needs	EDS Event	Service navigator would benefit from knowing the patients' protected characteristics in order to provide appropriate and specific services.	Director of Commissioning	Via contract
1.4	Commissioners and Providers to co-design a feedback mechanism regarding capturing monitoring data on protected characteristics.	EDS Event	All partner organisations involved in this project have H&S Policies, monitoring of SUI's, PALS and Complaints. However, they may be disjointed and all need to collect information on protected characteristics.  Director of Quality, who receives reports from the acute trust and community services, should be informed about patterns of adverse impact on protected groups.	Director of Quality	Ongoing
2.1	Need to encourage all service users to	Commissioner	Resources will need to be directed to ensure that data on	Director of	Under

	complete surveys and share their' personal information' e.g. demographics		protected groups is captured through standardised monitoring forms and staff collect monitoring data.  Service should seek to implement good practice questions in the appendix of this briefing from EHRC: <a href="http://www.equalityhumanrights.com/uploaded_files/collecting_info_gender_id.pdf">http://www.equalityhumanrights.com/uploaded_files/collecting_info_gender_id.pdf</a>	Quality/Director of Commissioning	discussion
2.2	Adapting of care plan resources so they are appropriate for different groups and have information relevant to different groups. Ensure appropriate methods of support and providing knowledge to patients and/or their carer about their treatment.	EDS Event	Clients are assessed and a care plan agreed in line with the clients need in an inclusive way. However in order to provide appropriate support details of their protected characteristics would need to be known through monitoring forms.	Director of Commissioning  Director of Quality	Contract KPIs and assurances
2.3	Ensuring appropriate methods of support and providing knowledge to the patient or their carer about their treatment. Ensure that Friends and Family Test (FFT) results include monitoring data.	Commissioner/ EDS Event	Monitor the friends and family responses from the acute trust.	Director of Quality	Part of contract assurances
2.4	Continue to monitor services through normal reporting procedures. Not all policies use complete Monitoring data	Commissioner	Review Complaints policy. Policies such as the Complaints policy need to include feedback from all the protected groups – through forms or independent evaluation.	Director of Quality/CSU	Part of contract assurances

### 4.3 Jubilee Health Centre Services – EDS2 Improvement Plan 2015/16 for Goals 1-2

EDS2 Goal	Description of issue / area of improvement highlighted	Source Ref:	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
1.1	Commissioners and Providers to co-design a feedback mechanism regarding capturing monitoring data on all Protected Characteristics. Ascertain who and why people use the centre and who does not and why not. Not an engaging environment for children.	EDS Event	Provide more opportunities for voluntary sector involvement through HealthWatch visits, surveys.	Director of Commissioning and HeathWatch	Method established by November 2014
1.2	All referrals are made via the GP. The GP may be seen as the 'gate keeper' to resources of the centre.	EDS Event	The GP would need to know their patients protected characteristics in order to provide appropriate and specific treatments/access. Provide more opportunities for the Voluntary sector who could raise awareness with marginalised groups.	Director of Commissioning	Method established by November 2014
1.3	To ensure a 'seamless' service more work required on the service interaction across providers.	EDS Event	Operational policy outlines that clients who are not going to be seen in service are referred to appropriate service. However in order to provide appropriate services, protected characteristics must be monitored.	Providers in JHC	Tenants' Committee
1.4	No specific mention in policy documents around providing non-discriminatory services to protected groups.  Commissioners and Providers to co-design a feedback mechanism regarding capturing monitoring data on all Protected Characteristics.	EDS Event	Guidance and help is provided around communication and associated difficulties for older patients within the centre. However, clear procedures need to be in place so that 'first contact' staff can also provide appropriate and sensitive engagement with all with minimal 'unconscious bias'.  Multi-agency approach needs to be developed to monitor all protected characteristics.	Providers	Planning round to highlight need between September and March 2016
2.1	Need to encourage all service users to complete surveys and share their 'personal information' e.g. demographics. Lack of monitoring data held by the Centre	Commissioner	The service is based on a universal service approach with GP's providing referrals. JHC provides a Clinical Hub with a range of services 'under one roof'. Example, the centre should seek to implement good practice questions in the appendix of this briefing from EHRC:	Providers – but monitored via CQRG/Quality Forums	Ongoing

			<a href="http://www.equalityhumanrights.com/uploaded_files/collecting_info_gender_id.pdf">http://www.equalityhumanrights.com/uploaded_files/collecting_info_gender_id.pdf</a>		
2.2	Providers are responsible for sending out information accessible to those who cannot read English or have visual impairments.	EDS Event	Commissioner to co-produce a system with providers to report on patient feedback across protected groups or collate specific case studies to evidence achievement / excellence in this area.  Providers have use of Language Line and all contracted services should offer interpreters. Early recognition of the need to use the interpreting service would help prevent non-attendance and delay in patient care.	Director of Commissioning	Planning round discussion
2.3	The system is not able to isolate Patient Experience Questionnaire (PEQ) feedback based on protected characteristics. Patients are asked to complete a PEQ after their assessment and treatment.	Commissioner EDS Event	Review the PEQ. The Providers will be gauging patient experience and St Helier hospital has their FFT. However, commissioners will need to review response rate and methods used to collect data.	Director of Commissioning	Planning round discussion
2.4	All complaints are handled in accordance with CCG guidelines.  Not all polices monitor usage by protected characteristic.	Commissioner EDS Event	Review Complaints policy – it needs to include feedback from all protected groups. Alternatively anecdotal evidence could be gathered to ensure users from protected groups understand the complaints process, policy and have confidence in the services, handling of complaints etc.  When patients wish to complain and cannot communicate verbally, interpreter services are available. It is the responsibility of the providers, but Commissioners need to monitor this through the contracts monitoring process to ensure complaints are handled in accordance with CCG guidelines.	CCG	Under planned policy review dates with CSU

#### 4.4: Improvement Plan 2015-16 for Goal 3

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion )
3.1	More awareness and knowledge needed around recruitment and selection processes within the organisation.	EDS staff workshop	Recruitment and selection training for staff involved in recruitment (to include how to avoid biases).	COO and management team	Under discussion
3.1	Selection panels need to be consciously representative in terms of protected characteristics and ensure the environment is relaxed to allow interviewees to give their best.	EDS staff workshop	Ensure selection panel is representatives, well-trained and venue of interview is well-considered. Use checklist guidance given by NHS jobs. Create checklist for selection panels.	Director of Quality and Management Team	Under discussion
3.1	Make selection process more objective by including psychometric tests and other assessments, such as presentations (in addition to interviews). Interviews alone don't give a complete picture of the candidate.	EDS staff workshop	Pilot an assessment centre in next recruitment round.	Management Team	Implement in Autumn 2014
3.1	Involve more members of workforce in interviewing and selection processes to develop the organisation's skill base and get diverse perspectives in the selection process.	EDS staff workshop	Train more staff to participate in short-listing and interview panels. To be part of PDPs.	CC and Management Team	Under discussion
3.2	Greater transparency needed in pay and grading systems. Agenda for Change processes/scored needs to be consistently applied.	EDS staff workshop	Publish equal pay audit results. Where internal comparable data is absent, compare pay of work of equal value with peer organisations.	COO and HR CSU	Under discussion
3.2	Need to set up staff forum	EDS staff workshop	Staff should be assured that JDs meet requirements of job and JDs	Tbc	Under discussion

<b>EDS Goal</b>	<b>Description of issue / area of improvement highlighted</b>	<b>Source</b>	<b>Mitigation / Reasonable Adjustment to make</b>	<b>Responsible Lead /s &amp; Timeline</b>	<b>Status (Complete, Scheduled, Under discussion )</b>
			have been evaluated against agenda for change.		
3.2	Most staff working beyond contractual remit.	EDS staff workshop	Review, revise (where required) and promote guidelines on TOIL and overtime through PDP and appraisal process.	Management Team	Under discussion
3.2	For joint posts, agreement is needed on who hosts them and remuneration should be based on the host organisation's scales.	EDS Staff workshop	Set-up joint consultative committee to review T&C for joint posts.	Management Team	Under discussion
3.3	Consider job rotation and skills development not closely defined by current role, as staff may want to progress onto other avenues. This helps to boost morale, secure engagement, develops competencies for new, better paid jobs and build advocates for organisation.	EDS Staff workshop	Help staff develop new skills and competencies beyond current role – and offer different development routes, such as shadowing, job rotation and secondments. To be done through PDPs.	Management Team	Under discussion
3.3	Provide opportunities to gain new skills/competencies consistently to all staff	EDS staff workshop	Promote varied training and development opportunities to all staff so that all have an opportunity to benefit from it. To be done through appraisals and PDPs.	Management Team	Under discussion
3.3	Promote greater awareness of learning and development process.	EDS staff workshop	Help staff understand that learning and development can take place not just through courses, but also job rotation, shadowing, mentoring, secondments etc. To be done through PDPs and appraisals.	Management Team	Under discussion
3.3	Greater transparency needed on who has accessed what training and development – analysed by protected characteristic	EDS staff workshop	Develop baseline information on staff applications on training and development and actually accessing it – analysed by protected group.	Management Team and Education and Training Sub-Committee	Under discussion

<b>EDS Goal</b>	<b>Description of issue / area of improvement highlighted</b>	<b>Source</b>	<b>Mitigation / Reasonable Adjustment to make</b>	<b>Responsible Lead /s &amp; Timeline</b>	<b>Status (Complete, Scheduled, Under discussion )</b>
3.3	Succession planning needed to attract younger staff.	EDS staff workshop	Explore succession planning proposals/projects to build talent pipeline.	Management Team	Under discussion
3.4	Lack of proper understanding of bullying and harassment.	EDS staff workshop	Build understanding on what forms bullying and harassment can take and behaviours that are disempowering.	Management Team – Team Session	Under discussion
3.4	Need to understand how to record and report bullying and harassment (including when witnessing it).	EDS staff workshop	Training on dealing with bullying and harassment at work to include how to record and report it.	Management Team – Team Session	Under discussion
3.4	Need to develop understanding of unconscious bias.	EDS staff workshop	Training on dealing with unconscious bias at work.	As above	Under discussion
3.5	Flexible working policy not approved in form it was submitted. Amendment to policy absolves line manager's discretion in approving flexible working applications/arrangements as all applications now have to be approved by the board.	EDS staff workshop	Need to review and consult staff on flexible working policy – consider a staff forum to consult on these terms and conditions so as to balance business needs with staffing arrangements. Revisions to policy may adversely affect people with families or on low pay (who have second jobs to supplement current pay) or lead to dysfunctional behaviour within workforce.	COO and Management Team	Under discussion
3.5	Need to improve staff morale and trust levels due to changes in flexible working policy.	EDS staff workshop	Work with HR team to improve staff engagement and trust levels.	COO and Management Team	Under discussion
3.6	Need to understand difference between leadership and management.	EDS staff workshop	Develop training/awareness on management and leadership skills.	Exec Away Day	Under discussion
3.6	Promote open dialogue between all hierarchical levels.	EDS staff workshop	Consider setting up a staff forum with help from HR team to engage with staff on areas like pay, flexible working and other areas so that a mutually agreeable approach can be developed.	Management Team TBA	Wider team Development

<b>EDS Goal</b>	<b>Description of issue / area of improvement highlighted</b>	<b>Source</b>	<b>Mitigation / Reasonable Adjustment to make</b>	<b>Responsible Lead /s &amp; Timeline</b>	<b>Status (Complete, Scheduled, Under discussion )</b>
3.6	Senior managers need to appreciate and distinguish between acceptable and unacceptable behaviour. Organisation needs to build a culture where people can challenge inappropriate behaviour and junior managers can challenge senior managers.	EDS staff workshop	Improve communication channels with all levels of staff – consider developing a communications plan to highlight progress e.g. “You said, we did...” messages in an internal newsletter.	Management Team and Communications Team	Under discussion
4.3	Staff need to engage with local population to understand diverse needs (e.g. LGBT groups or Tamil community)	EDS staff workshop	Promote greater community engagement (especially with protected groups) among staff to build knowledge and competence. This would help understand whether services are accessible and help with better planning, commissioning and monitoring of services.	PPE	Under discussion
4.3	Need to reflect and share knowledge on engagement with protected groups (such as using pictorial information for people with learning difficulties)	EDS staff workshop	Managers need to set themselves objectives on sharing good practice/information on protected groups through PDP and appraisal process.	Management Team	Under discussion
4.3	Need more evidence of staff being valued.	EDS Staff workshop	Promote ‘Good Feedback Days’ and other opportunities to show appreciation for staff.	Team Away Days and other forums for discussion	Team Away Day
4.3	Less focus on mistakes needed.	EDS Staff workshop	Consider ways to boost morale through good feedback and other ways of reinforcing positive messages.	Team Away Days and other forums for discussion	Team Away Day
4.3	Enable/support calculated risk-taking.		Pilot new ideas, encourage staff to share new ways of working and develop a culture of learning from mistakes.	Team Away Days and other forums for discussion	Team Away Day

EDS Goal	Description of issue / area of improvement highlighted	Source	Mitigation / Reasonable Adjustment to make	Responsible Lead /s & Timeline	Status (Complete, Scheduled, Under discussion)
4.3	Celebrate achievement and effort to boost organisation's morale	EDS staff workshop	Consider award schemes for staff, incentives or other ways of positive reinforcement – e.g. through a communications plan.	Team Away Days and other forums for discussion	Team Away Day

#### **4.5 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	Greater awareness around roles and responsibilities of Governing Bodies under Equality Act and the EDS2.	EDS Goal 4 peer review assessment	Equality and Diversity Training for Board members.	COO and Chair	Under discussion
4.2	Ensure Board Papers for all key strategies and policies include an equality analysis.	EDS Goal 4 peer review assessment	Governing Body training to include members' role in ensuring equality-related risks are assessed according to procedure for all key papers/strategies and policies.	COO and Chair (?)	Under discussion
4.1 and 4.2	Strengthen the role of Patient Reference Group in influencing Governing Body decisions.	EDS Goal 4 peer review assessment	Guidance for PRG around its role as a critical friend to CCG's Governing Body.	Director of Quality (?)	Under discussion
4.1 and 4.2	Promote good practice and participate in learning sessions with other CCGs in the region and country to build competence around equality and diversity within the sector.	EDS Goal 4 peer review assessment	Share learning, good practice and ideas for improving equality and diversity practice among CCGs through local, regional and national forums.	Director of Quality (?)	Under discussion
4.3	Promote training and development around	EDS Goal 4	Advice, guidance and support for managers undertaking equality	Director of	Ongoing, EA

<b>EDS Goal</b>	<b>Description of issue / area of improvement highlighted</b>	<b>Source</b>	<b>Mitigation / Reasonable Adjustment to make</b>	<b>Responsible Lead /s &amp; Timeline</b>	<b>Status (Complete Scheduled, Under discussion)</b>
	equality analysis for managers and staff		analyses through access to training and one-to-one mentoring and coaching and participation on peer assessments.	Quality and CSU lead	training scheduled for October and November