

# North Staffordshire Clinical Commissioning Group

## Agenda Item No:

### North Staffordshire Clinical Commissioning Group Equality Delivery System (EDS2) Grading 2014 Results Report

#### 1. Introduction

This report provides an overview of the results of the Equality Delivery System (EDS2) grading carried out on evidence presented by the Clinical Commissioning Group (CCG) during October 2014 to local people.

#### 2. Purpose

To allow the Governing Body to have a clear understanding of the CCGs current grading against the four goals of the Equality Delivery System, highlighting areas of excellence and areas for development, including a proposed action plan for improving outcomes in 2015/16.

#### 3. Background

The Clinical Commissioning Group uses the Equality Delivery System (EDS2) (NHS England, 2013) as its performance toolkit to support the organisation in meeting statutory equality and human rights requirements such as showing due regard to the Public Sector Equality Duty.

EDS2 provides this forum and the Clinical Commissioning Group Board an assurance mechanism for compliance with the Equality Act 2010 and co-design equality objectives with users of services, to ensure improvements in the experiences of patients. The four Equality Delivery System Goals are:

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

#### 4. Grading 2014

It was agreed at the Commissioning team meeting of 1<sup>st</sup> September 2014 that the CCG would present evidence to local people against the outcomes of goal 2 and that the evidence would focus on the following areas:

- Cancer Pathway
- Hearing Aids
- Mental Health
- Transforming hospital services to community based services

The CCGs grading by local people took place on 2<sup>nd</sup> October 2014 and the EDS2 outcomes

considered were:

2. 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

To ensure the work is manageable in the time available and to ensure that the evidence gathered was meaningful and helpful as possible, any evidence gathered reflected the needs of people from the following Equality Act protected characteristics:

- Age – specifically older people
- Disability – specifically mental health and people with hearing impairments
- Sexual Orientation – specifically lesbian, gay and bisexual people
- Gender Reassignment – those people who are undergoing or who have undergone gender transition
- Sex – both male and female

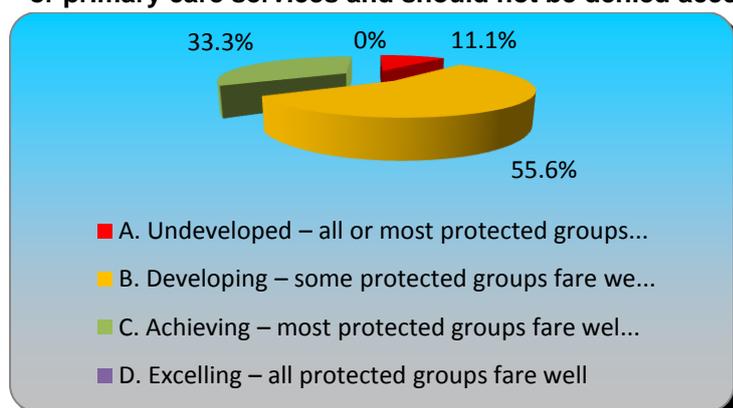
The evidence gathered was, as far as possible, outcome focussed and the CCG was asked to think creatively about how it would like to present the evidence at the scrutiny event.

#### 4.1 Scrutinisers

The scrutinisers present on the day were representatives from a wide range of relevant local stakeholders including the Third sector, community sector and public and patient forums. The scrutinisers have taken part in EDS scrutiny training and received the evidence before the scrutiny event.

#### 4.2 Grading Results 2014

**Outcome 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**

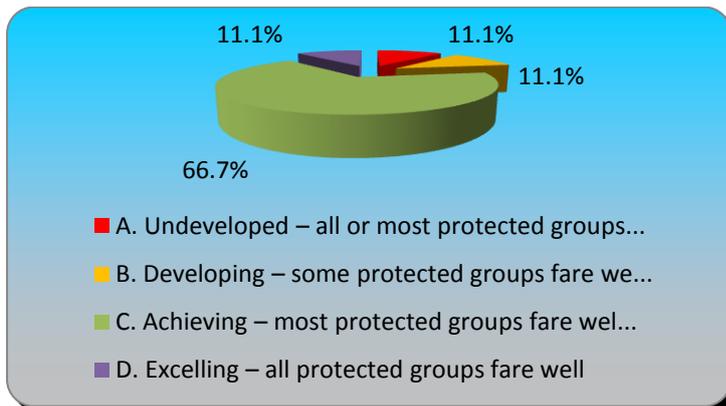


The response to the above outcome shows that over half of the members of the scrutiny panel (55.6%) felt the CCG was at **Developing** level although a smaller number (33.3%) thought that the CCG was Achieving. One person thought that the level was still at Undeveloped. Only the scrutinisers who had graded as Developing left comments, these

included:

- Not enough evidence
- Definitely enough evidence for at least 5 protected characteristics
- Dementia services have plans to develop better services but not yet implemented. Cancer and EOL services have aims to improve and currently have good consultation. Good evidence regarding medicines management and LD services

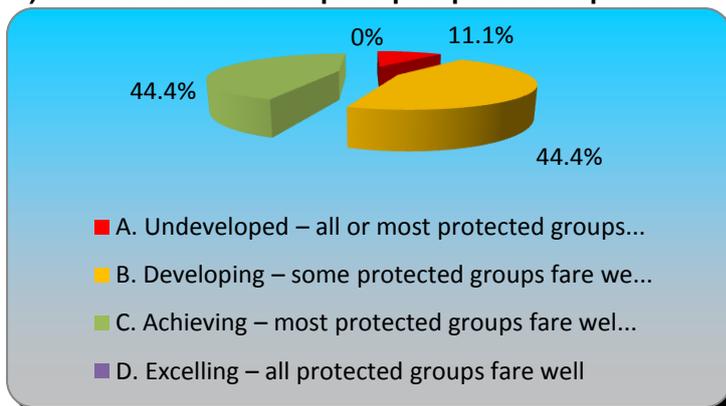
**Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care**



The responses above show that just over two thirds of the scrutinisers felt that the CCG was at **Achieving** level for this outcome. However grading responses were spread across the four possible grades. Responses included:

- Lots of clear sources of evidence from a range of methods showing the effort put into reacting to all groups in the community and seeking their involvement
- Cancer and EOL services show evidence of engagement
- Call to Action shows opportunities for involvement and efforts made to engage under-represented groups
- Lots of evidence to include young people

**1.) Outcome 2.3 People report positive experiences of the NHS**

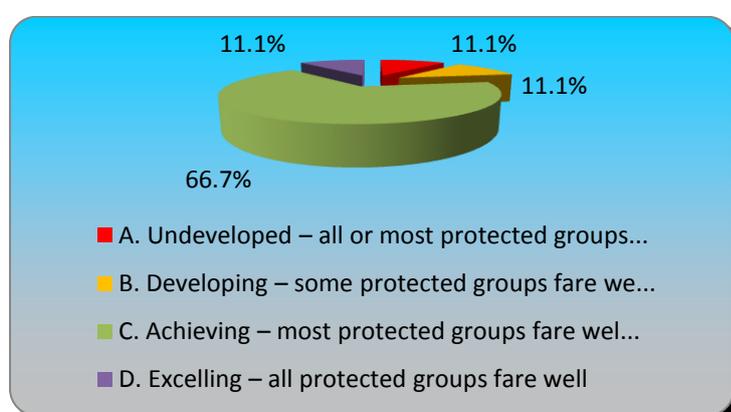


Due to the close grading on this outcome the scrutiny panel awarded a **Developing +** to reflect their decision. Once again one person felt that the evidence provided should only have achieved Undeveloped. It is unclear as to whether the same person scored Undeveloped across all the outcomes but it does demonstrate diverse expectations in terms of provision of evidence being provided. Through action planning the CCG will work hard to

achieve a definite Achieving when this particular outcome evidence is scrutinised next year. Scrutinisers feedback was:

- Positive feedback sometimes to the patients' surprise. There seems a present expectation that the service would be poor
- Home treatment team appear to do a good job
- The responses to carers surveys are all positive
- Blood glucose testing – patient complained and improvements made with no further complaints
- Needs more evidence
- There are many positive outcomes but there are also many negative ones for the mentally ill, but home treatment team appear to do a good job provided it is not a home situation that is causing the problem

#### Outcome 2.4 People's complaints about services are handled respectfully and efficiently



Just over two thirds of the scrutinisers (66.7%) graded the evidence for this outcome as **Achieving** and demonstrates a concrete improvement from 2013 in moving from Developing. It is important however to acknowledge that 22% of the scrutiners felt that the CCG was still developing or undeveloped, this was born out by some of the feedback where scrutiners felt that they needed more evidence on how the contract with the CSU is being monitored to ensure that all complaints received are being handled respectfully and efficiently.

#### 4.3 Comparison between 2013 grading and 2014 grading

Goals	Outcome	2013	2014
Goal 1 Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	D	Not graded in 2014
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	D	Not graded in 2014
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	U	Not graded in 2014
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	D	Not graded in 2014
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	D	Not graded in 2014
Goal 2 Improved patient	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	D	D

access and experience	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	D	Achieving
	2.3 People report positive experiences of the NHS	D	D +
	2.4 People's complaints about services are handled respectfully and efficiently	D	A
Goal 3 A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	A	Not graded in 2014
	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	A	Not graded in 2014
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	A	Not graded in 2014
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	A	Not graded in 2014
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	A	Not graded in 2014
	3.6 Staff report positive experiences of their membership of the workforce	A	Not graded in 2014
Goal 4 Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	D	Not graded in 2014
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	New for 2014	Not graded in 2014
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	U	Not graded in 2014

## 5. Next steps

Scrutiny this year demonstrates that the CCG is improving in comparison to 2013 with regard to the EDS2 Goal 2 outcomes based on the evidence that has been scrutinised so far. It is advised that the CCG focuses on the EDS2 outcomes not reviewed and graded in 2014, primarily Goal 1, 3 and 4 especially as two outcomes were graded as undeveloped in 2013 e.g. **Outcome 1.3** Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed and **Outcome 4.3** Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Goal 3 and its 6 outcomes focus specifically on staff and it is advised that this grading be carried out by CCG staff in 2015.

As the number of scrutinisers taking place was relatively small and not fully representative across all protected characteristics it may be worthwhile focussing attention on developing the scrutiny group in terms of greater numbers and working towards more extensive representation. Interestingly, there are discrepancies in grading across all four outcomes that have been scrutinised which may reflect scrutiniser's particular, existing knowledge of serves and/or health issues that have been addressed this time. The development of the scrutiny group may support a much more objective grading in the future.

It is recommended that as well as addressing the issue of provision of evidence and further developing services the action plan that will be developed in conjunction with the CCG should address the scrutiny group issue as laid out above. This will support the CCG in

achieving a consistent assessment across all outcomes from members of the public as well as staff.

## **6. Conclusion**

This paper has set the results of the public and staff grading of the evidence presented for EDS2 grading. The results on the whole were very positive with all but two outcomes moving to achieving. The report also sets out recommendations from the grading panel on how to move forward in 2015 in section 5 Next Steps.

## **7. Recommendations**

Members are asked to:

1. Acknowledge the content of the report and the outcomes of the public grading against the NHS Equality Delivery System outcomes in 2014.
2. Note the CCGs assurance to date.
3. Support the proposed next steps and recommendations set out by the scrutiners for moving forward in 2015.

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