

# Equality & Inclusion Annual Report

2014 - 2015

**North Staffordshire Clinical Commissioning Group**



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## Foreword

Meeting and exceeding our legal obligations to local protected groups NHS North Staffordshire Clinical Commissioning Group (CCG) are pleased to present our second Annual Equality Data Publication which reflects CCG's equality data performance in meeting its legal duties set out in the Equality Act 2010 and the Human Rights Act 1998.

This 2015 Publication follows on from last year's Annual Equality Data Publication (31 January 2014), and will be displayed on our website by 31 January and renewed annually.

We know that different patients, carers and staff take up healthcare services, information and employment opportunities differently. Health inequalities exist within the vulnerable local communities we serve. This publication sets out

what equality data we are aware of in 2014 for local protected groups and highlights any significant gaps or trends with links to our agreed Equality Objectives (2013-17 delivery cycle). CCG buys healthcare services for our local community through contracts with approved provider partner organisations. Our main provider partners hold and are required to similarly publish their equality data of who is taking up services from protected groups, and differential satisfaction levels in patient experience of healthcare services. All data held is subject to the Data Protection Act 1998. This developing data is scrutinised for information and service improvement purposes by both CCG and their provider partner organisations, with assurance of meeting legal compliance standards, given to CCG.

Through adoption of the NHS Equality Delivery System the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty (as required in the Equality Act 2010). North Staffs CCG and our provider partner organisations publicly

***“We will work with our patients, partners and providers to put quality and patient experience at the centre of everything we do.***

***We are a membership organisation of 33 GP Practices and 136 GPs”.***

monitor their equality performance annually using the NHS wide Equality Delivery System (EDS 2). This involves a transparent annual public grading of our equality performance evidence across 4 Goals and 18 required Outcomes - over a 4 year cycle. The external grading is carried out by trained local communities of interest, including volunteer patient and carer representatives from protected groups and other interested stakeholders. A grading dashboard is displayed publicly on our CCG website and an action plan is developed to improve our next annual public grading, over the 4 year delivery cycle which is set by NHS England.

The CCG take our responsibilities in this area of workforce and service delivery information very seriously. Using processes including the EDS framework; robust provider contract management; a new Equality and Inclusion Strategy in 2015; Equality Analysis of key healthcare changes; governance arrangements; and our Annual Equality and Inclusion Report, CCG aim to evidence the requirement to show 'due regard' or consideration in our planning and decision making. This includes the EDS evidence requirement of 'how do people from local protected groups *fare* compared to people in general, [in healthcare services]?'

As a relatively new CCG (formed in shadow form April 2012), we are therefore at the early stages of responding to the need to provide transparent reporting on what equality data is held about local protected characteristic groups and with the option in place for patients to declare their protected group profiles across different healthcare settings.

We use various processes to help us to achieve and evidence good outcomes for those groups. How we show 'due regard' in our planning and decision making processes ie consistently provide fair access to information and healthcare services for all vulnerable people under the Equality Act 2010 and the Health and Social Care Act 2012 is our key concern within this publicly available report.

In this publication it is important for us to acknowledge that in relation to equality and diversity, the CCG this year has continued to focus on getting systems and processes in place. We are not however complacent and realise there is much work to be done in the coming year for us to continue to make fair progress. North Staffordshire CCG knows that a robust equality and inclusion approach makes sound ethical and business sense. Our Publication is a transparent report of some of the key outcomes achieved for people from local protected groups



**Dr Mark Shapley**  
Clinical Chair



**Julie Oxtoby**  
Clinical Accountable Officer



**Marcus Warnes**  
Chief Operating Officer

## 1.0 Introduction

This is the Clinical Commissioning Groups (CCG) annual Equality & Inclusion Report which sets out how the CCG has been demonstrating ‘due regard’ to the public sector equality duty’s three aims and will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.

***“We will make equality core to our business planning”***

### 1.1 What is ‘due regard’?

Due regard means that the Clinical Commissioning Group has given advanced consideration to issues of equality and discrimination before making any policy decision that may be affected by them. That is a valuable requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

### 1.2 A Local Context

North Staffordshire CCG serves a population of 213,000 across the main districts of Newcastle-under-Lyme and the Staffordshire Moorlands.

- Mixture of sparsely populated rural areas (Staffordshire Moorlands) and more densely populated urban areas (Newcastle-under-Lyme, Leek and Biddulph).
- Gap in life expectancy of nearly 10 years between those people living in the most affluent and the most disadvantaged localities
- Women in the Moorlands Rural and Werrington locality live 15 months longer and women in Newcastle-under-Lyme South live 26 months longer than the England average
- Men in Newcastle-under-Lyme south live 13 months longer than national average
- Men in Newcastle-under-Lyme Central live 14 months less than average
- Women in Newcastle-under-Lyme Central live 32 months less than average
- Ageing population, with the number of people aged over 75 years expected to increase significantly over the next eight years
- There will be more people living with long term conditions
- A higher than average number of people die prematurely from largely preventable illness and disease

- Circulatory diseases, cancer and respiratory disease account for three quarters of all deaths
- 10,660 people from a minority ethnic group in North Staffordshire (5% of the population, up from 3% in 2001 census but lower than the England average of 20%)
- 15 out of 134 local authority wards ranked amongst most deprived nationally (11% of the population)
- Newcastle-under-Lyme North (20%) and Newcastle-under-Lyme Central (17%) have the highest proportions of people living in the most deprived areas

### 1.3 Workforce Profile

The CCG is supported by Midlands and Lancashire Commissioning Support Unit's (CSU) Human Resources and Equality and Inclusion Team in ensuring that it has in place fair and equitable employment and recruitment practices. The CCG and CSU are committed to holding up to date information about the CCG workforce, in line with Data Protection legislation, and to ensure strategic decisions affecting the workforce are based on accurate reporting and data.

The CCG aims to fully understand the diversity of the workforce so that the CCG can ensure non-discriminatory practice, working with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty and the Equality Act 2010 Employment Statutory Code of Practice. See Appendix 1 for Workforce Profile in relation to Gender.

We monitor our workforce and where employees identify as having a disability or long term condition, as set out in the Equality Act 2010, access audits and reasonable adjustments are put in place to support the employees. The CCG also carries out fair and equitable access to recruitment this means that where an applicant indicates they have a disability or long term condition as set out in the Equality Act 2010 reasonable adjustments are put in place to support the applicant.

## Staff Training

During 2014 all CCG employees have undertaken the mandatory training in Equality and Diversity Awareness and this will also be a feature in our induction and development of staff, including board members as they are appointed.

The CCGs Governing Body received Equality and Inclusion development as part of their overall development programme and this session was tailored to their needs and meets the mandatory training requirement for 2014/15 financial year in October 2014. Commissioning Managers also received additional training in undertaking equality analysis and considering the Public Sector Equality Duty in the form of Pre-PEAR Training in 2014, the training aims to support the CCG in its statutory duties for Equality and Inclusion, Information Governance, and Quality and supports CCG Staff in undertaking Privacy Impact Assessments, Equality Analysis, Human Rights Screening and Quality Impact Assessments for Commissioning and Decommissioning services, Policy Writing, redesigning services, strategy development and Project Planning.

The Pre-PEAR training learning outcomes are:

- To enable CCG staff to develop an understanding of the Pre-PEAR process
- To enable CCG staff to identify the business, ethical and legal cases for undertaking equality analysis and impact of outcomes assessment, and also provide CCG with an understanding of the scrutiny process for the Pre-PEAR Toolkit.

## 2.0 Compliance with the Public Sector Equality Duty

The CCG has worked to show due regard to the aims of the Public Sector General Equality duty as set out in the Equality Act as set out below:

<b>Aim 1</b>	<b>Eliminate unlawful discrimination, harassment and victimisation</b>
<b>Aim 2</b>	<b>Advance equality of opportunity between different groups</b>
<b>Aim 3</b>	<b>Foster good relations between different groups</b>

Through the adoption of the NHS Equality Delivery System the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty.

## 2.1 Protected characteristics

The general equality duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation. Gender reassignment includes people who are considering, undergoing or have undergone gender reassignment. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the general equality duty applies to this characteristic but the other two aims do not. This applies only in relation to work, not to any other part of the Equality Act 2010.

***“Our Vision is to ensure that local people from protected groups have fair access to information, services, premises and employment opportunities”***

## 2.2 Involving local people in decision making

### Patient Participation Groups

We have established patient participation groups (PPGs) in 31 out of our 33 GP practices. Anyone registered with that practice is entitled to become a member of the PPG. In two of the CCG's five localities, the PPGs have worked collaboratively to establish locality groups and these are currently under development in the other three localities.

Members of the PPGs have the opportunity to work with doctors and practice managers to:

- Influence decisions about services and facilities
- Help practices make the best use of resources
- Improve communications between staff and patients
- Make sure patient views are properly represented

Members also have an opportunity to take part in practical tasks such as carrying out surveys or giving advice at flu clinics.

### Patient Congress

North Staffordshire CCG has established a vibrant and effective Patient Congress to involve patients in commissioning decisions at a strategic level. Its 18 members represent PPGs from all five localities in North Staffordshire, as well as a number of voluntary and community sector groups. Members are able to provide a voice for those patients who are

seldom heard, including people with mental health problems such as misuse and dementia. It is made up of people who have a real desire to see health services improve in the communities where they live and is chaired by the Board's Lay Member for PPI.

Members commit to spending about 50 hours per year, including attendance at bi-monthly meetings. Patient Congress members provide a respected and credible voice at a wide variety of internal and external events and groups, such as the Health Economy 111 Steering Group, the Clinical Priorities Advisory Group, the PPI Steering Group, the Community Nursing Assurance Group and the Practice Development, Quality and Education Committee.

Clinical Directors and Senior CCG Managers attend Congress meetings regularly to ensure members are well informed and to gain insight to inform the work of the CCG. In 2013/14 the Patient Congress had a significant influence on many aspects in commissioning including the Dementia Strategy, Big Ticket initiatives, the Urgent Care Strategy and local CQUINs.

### **Membership**

Anyone registered with a doctor within North Staffordshire is entitled to join the Patient Membership Scheme. By March 2014 there were around 700 members and as a CCG we are keen to continue to expand this membership group. We communicate with our patient membership via a monthly newsletter, which has been developed to be North Staffordshire focused with features on priority areas for the CCG and articles written by CCG Board members. We use the newsletter to advertise opportunities for patients to get involved and to disseminate information about local support groups.

### **Patient and Public Engagement**

The North Staffordshire CCG Governing Board receives an annual Patient and Public Engagement Report from the CSU which provides a "You Said, We Did" account of how services are being transformed through listening to what patients and the public tell us are their health priorities.

We have a strong and effective relationship with Healthwatch Staffordshire, which built upon the positive co-working with the CCG previously established with LINK. Healthwatch

provides expertise and public representation at five strategic CCG groups including the Quality Committee.

Our commissioning team has a track record of engaging with patients and clinicians. The Clinical Director for Quality, Partnerships and Engagement surveys commissioning managers on a twice yearly basis regarding the engagement opportunities that they have organised relating to specific commissioning tasks and this, combined with the report from the CSU, provides an overview of patient and clinical engagement which is discussed at the PPI steering group.

The CCG's website provides an easily accessible wide range of information about the CCG and 'contact us' feature, as well as providing links to local health services and community groups. We also have a Facebook page and a Twitter account as part of our commitment to widen our communications and involvement.

### **2.3 Equality Analysis**

The Clinical Commissioning Group has adopted the Pre-PEAR Toolkit which provides a framework for undertaking equality analysis, privacy impact assessments and human rights screening which enables the CCG to show 'due regard' to the three aims of the general equality duty by ensuring that all requirements around equality, human rights and privacy are given advanced consideration before the CCG's Governing Body or senior managers make any policy decisions that may be affected by them. CCG commissioners have carried out a range of equality analysis and human rights screening when carrying out their duties to ensure the CCG is paying 'due regard' to the three aims of the Public Sector Equality Duty and the Human rights Act. Equality Analysis assessments carried out to date in 2014, include Dietetic Service Specification

### **3.0 Outcomes of our Equality Objectives**

North Staffordshire Clinical Commissioning Group prepared and published its Equality Objectives in April 2012 whilst in shadow form. These objectives further the aims of the general equality duty, and will be refreshed annually following the grading of the CCG against the four goals of the Equality Delivery System and revised every four years below is a table outlining progress against our equality objectives.

### 3.1 Progress made on Our Equality Objectives:

<b>Objective 1</b>	Ensure all the commissioned and contracted services deliver better outcomes for our population as a whole and those with protected characteristics in particular by including targets and key performance indicators into contracts and performance managing closely
Progress	The CCG has worked with local people and the Congress to ensure that its commissioning plans are inclusive and meet the needs of local people. The CCG has identified through engagement where they need to develop key performance indicators to ensure their providers are accessible across all universal and specialist services
<b>Objective 2</b>	Involve our patients, service users, carers, protected groups, staff and wider public in improving access to services and patient experience, ensuring that under-represented groups are heard
Progress	The CCG has worked throughout 2014 to involve local people in decision making utilising the Human Rights based approach as set out in their Equality Strategy
<b>Objective 3</b>	Perform Equality Analysis on all policies, strategies, service specifications, business plans, and incorporating findings into contracts with providers
Progress	Equality Analyses have been carried out on the development of the CCG's commissioning plans and our policies during 2014 and where required have influenced service specifications and contracts
<b>Objective 4</b>	Make North Staffordshire CCG an employer of choice, with empowered, engaged and well supported staff and a workforce that better represents the communities that we serve
Progress	The CCG has a fair and accessible recruitment process in place and monitors recruitment equality data to ensure no group is being disadvantaged in the process
<b>Objective 5</b>	Ensure inclusion leadership at all levels, with the Governing Board and Senior Leaders conducting their business so that Equality and Inclusion is advanced and robust relationships maintained with patients, staff, providers, protected groups and the wider public
Progress	All CCG staff including the Governing Board and Senior Managers undertake equality training to ensure they understand how this maps to their roles and responsibilities. Governing Board training took place on 1 <sup>st</sup>

October 2014. The Governing Board have shown clear commitment to Equality and Inclusion through the work they and the CCG staff have been undertaking in 2014.

## 4.0 Equality Delivery System (EDS)

North Staffordshire Commissioning Group adopted the Equality Delivery System (EDS2) as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector General Equality Duty.

The EDS grading process provides the Clinical Commissioning Group Governing Body with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the Clinical Commissioning Groups equality objectives to ensure improvements in the experiences of patients, carers, employees and local people.

### The four EDS goals are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

### The grades for EDS are as follows:

**Undeveloped – Red**

**Developing – Amber**

**Achieving – Green**

**Excelling – Purple**

### Public Grading 2014

It was agreed at the Commissioning Team Meeting in September 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



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

The CCGs grading by local people took place on 2nd October 2014 and the EDS 2 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

*(See Appendix 2 for Grading Outcomes and Appendix 3 for Grading Results)*

## 5.0 Performance Monitoring of Providers

CCG monitor the equality performance of their provider partners using processes which allow Equality and Inclusion Leads supporting CCG from Midlands and Lancashire CSU (Commissioning Support Unit) to provide compliance assurance to CCG.

The main provider partners have a provider monitoring template embedded within their contract annually during contract meetings. Annually providers are required to submit evidence of how they comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED). This summary evidence received by the lead commissioning organisation is scrutinised and assurance given of provider compliance. Any variances in required standards is discussed at regular contract meetings. Equality Delivery System (EDS 2) public grading and reporting also provides commissioners with evidence of provider compliance and progress against meeting the PSED requirements. EDS is about to become mandated in April 2015 for all NHS commissioning and their provider organisations, by NHS England.

CCG's larger provider organisations are shown below, with links to their equality webpage and the data they are currently displaying. Providers will display their up to date data by 31 January 2015 and after governing board approval.

Provider organisations	EDS adopted in 2014	Equality monitoring embedded into contract for 2014
UHNM ( <a href="#">University Hospitals North Midlands</a> – Acute hospital)	Yes	No, yes for 2015
<a href="#">Staffordshire &amp; Stoke Partnership Trust</a> (community services)	Yes	No, yes for 2015
<a href="#">Combined Healthcare</a> (MH Trust)	Yes	No, yes for 2015

## 6.0 Meeting statutory Human Rights requirements

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCG buys services and manages their workforce. In practice this means that we must:

- Act compatibly with the rights contained in the Human Rights Act in everything we do
- Recognise that anyone who is a ‘victim’ under the Human Rights Act can bring a claim against the CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible existing laws that the CCG as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

The CCG has through the Pre-PEAR toolkit undertaken Human Rights screening on its decision making including its commissioning and decommissioning and service redesign programmes. This is to ensure that the CCG promotes and protects the rights of people living in North Staffordshire when planning its annual commissioning intentions. All Human Rights Screening outcomes will be embedded into the Equality Analysis (EAs) and a list of EAs completed will be published on the CCGs website within the Annual Equality and Inclusion Report.

## 7.0 Findings

CCG has strengthened the Constitution and all member GP practices have been involved. The CCG Constitution is the set of written rules and agreements governing North

Staffordshire CCG, describing how it will run, the rules for membership and election, geographical boundaries and structure.

The evidence set out in this report demonstrates that the Clinical Commissioning Group has carried out an Equality Delivery System (EDS 2) public grading with trained (volunteer) local communities of interest. 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.

The EDS annual public grading report for October 2014 has set out the results of the public 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*.

Considerable progress has continued to be made on our agreed Equality Objectives, within the 4 year delivery timescale of 2012 to 2016.

Health inequalities for local protected groups, continues to be an area for scrutiny in 2015, supported by national and local research influencing the Joint Strategic Needs Assessment and close working with Public Health colleagues.

The CCG Communication and Engagement Strategy is 2 years old and work has begun on a refreshed strategy. Equality and Inclusion awareness raising sessions are planned in the CCG for early 2015.

The Equality and Inclusion Strategy will also be reviewed this year with focus on our Equality Objectives to ensure they are 'fit for purpose' as the CCG continues to develop. Equality and Inclusion will become embedded within other key CCG strategies such as the Quality Strategy during 2015.

Pre-PEAR Toolkit training has been carried out with commissioner staff at North Staffs CCG during 2014.

An Equality and Inclusion audit will take place during 2015 by the Equality and Inclusion lead, with assurances provided to CCG and reported to the Organisational Development Committee.

## 8.0 Conclusion

North Staffordshire CCG became an early adopter in 2014 of NHS England's Equality Delivery System (EDS 2). This is an NHS wide equality performance framework (launched on 4 November 2013). It covers workforce and service delivery issues across 4 Goals and 18 required Outcomes. It asks for CCG evidence which shows 'how do local people from protected groups fare, compared to people in general [in healthcare]?' EDS evidence showcases CCG's required progress in meeting the *Specific Duty* - within the broader PSED (Public Sector Equality Duty).

The CCG have adopted a transparent public approach to our equality performance using this annual public grading process for workforce and service delivery issues, leading to improvements in fair access to information, services, premises and any employment opportunities, for local protected groups. A Staff Survey was carried out in 2014, with a further Survey about to go out to staff in 2015. This survey will provide the option for CCG staff to anonymously declare their protected group profiles. Responses may then be analysed to include differential satisfaction levels across protected groups. It can however be difficult to produce significant findings with lower numbers of staff.

The CCG has also been continuing to develop and embed our processes and systems to support a robust approach to legal compliance with the Equality Act 2010; the Public Sector Equality Duty (PSED); and the Health and Social Care Act 2012. Equality Analysis is embedded using the Pre-PEAR assessment tool, and helps commissioners to give 'due regard' or early consideration to protected groups in our planning and decision making processes.

Engagement with patient and carer representative from each of the nine local protected groups has started. However, close working is encouraged during the coming year to ensure CCG reach out to protected group patient and carers to work with commissioners in shaping inclusive services which include feedback from the local patient voice. The EDS

Stakeholder group will also be invited to attend a 2015 event to raise awareness of how CCG buy services for all sections of our local communities.

## 9.0 Actions going forward

1. CCG will focus on the EDS 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.***
2. EDS Goal 3 and the 6 required Outcomes focus specifically on staff and it is advised that this grading be carried out by CCG staff in 2015. The latest Staff Survey Findings are to be utilised as evidence for ***EDS Goal 3 – A representative and supported workforce.*** By March 2015 the CCG will have available the 2015 Staff survey responses.
3. As the number of scrutinizers (EDS Stakeholder group) taking part was relatively small and not fully representative across all protected characteristics the CCG will be focussing attention on developing the Stakeholder 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 scrutinizer's particular, existing knowledge of services and/or health issues that have been addressed this time. Providing development support to the Stakeholder group is welcomed by the CCG and may also support a more objective grading in the future.

As well as addressing the issue of provision of evidence and further developing services, the EDS action plan that will be developed by 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.

4. Develop an annual 'EDS grading uplift action plan' which sets out Stakeholder group feedback to CCG from the public grading event, to improve current grading (of how local protected groups *fare* compared to people in general in healthcare services) to the next level - reasonably within 12 months from the last grading event.
5. Carry out a joint EDS public grading in 2015 with Stoke on Trent CCG – ensuring where possible, locality representation on the EDS Stakeholder group. Work closely with local Healthwatch.
6. Ensure that all equality monitoring information supports and informs the prioritising and development of our Equality Objectives. This may require a review of these Objectives to ensure they are still 'fit for purpose'. In addition a new Equality and Inclusion Strategy will be developed during 2015.
7. Scrutinise any Equality Analysis findings on all policies, strategies, service specifications, business plans. Where possible, link into Equality Objectives progress and incorporating findings into equality compliance performance contracts with providers, as appropriate.
8. Introducing provider equality monitoring template for summary equality evidence submission and scrutiny to lead commissioner, by embedding into all larger provider contracts early in 2015.
9. Complaints monitoring and scrutiny should include the option for complainants to declare their protected group profiles, with an annual summary report provided to the CCG.
10. The EDS Stakeholder group will be invited to attend a 2015 event to raise awareness of how the CCG buy services for all sections of our local communities.
11. Ensure the CCG reach out to protected group patient and carers to work with commissioners in shaping inclusive services which include feedback from the local patient voice.

12. Work in partnership with Public Health colleagues to continue to influence the Joint Strategic Needs Assessment with focus on Health Needs Assessments for local protected groups.

### **Workforce actions going forward:**

- Work is required to improve our Electronic Staff Records and inform staff of the reason for this data collection
- In addition, the CCG and Human Resources to work to improve staff confidential disclosure of equality monitoring, in preference to 'do not wish to disclose'. Information to be sent to all staff to explain the importance of recording this information and giving assurance of confidentiality of this information and in reporting on this information (both internally and publicly).
- Introduce a default standard for all Staff Surveys to include provision of the option for staff to anonymously declare their protected group profiles, to support future analysis of findings disaggregated by protected groups. Carers should also be included in such scrutiny, as if a protected group and where carer status is declared by staff.
- Focus on further decreasing the number of 'not stated' returns against our current equality monitoring of protected characteristics.
- Future recruitment should include part-time positions to allow women and men to participate equally in senior roles other than clinical positions.
- A review of CCGs Equality Objectives is undertaken at the same time as their Equality and Inclusion Strategy is developed in 2015. EDS Goal 3 required Outcomes action plan is embedded into this review re workforce issues.

Note: All actions identified will be included within the CCG Equality and Inclusion Action Plan.

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Commissioning Support Unit

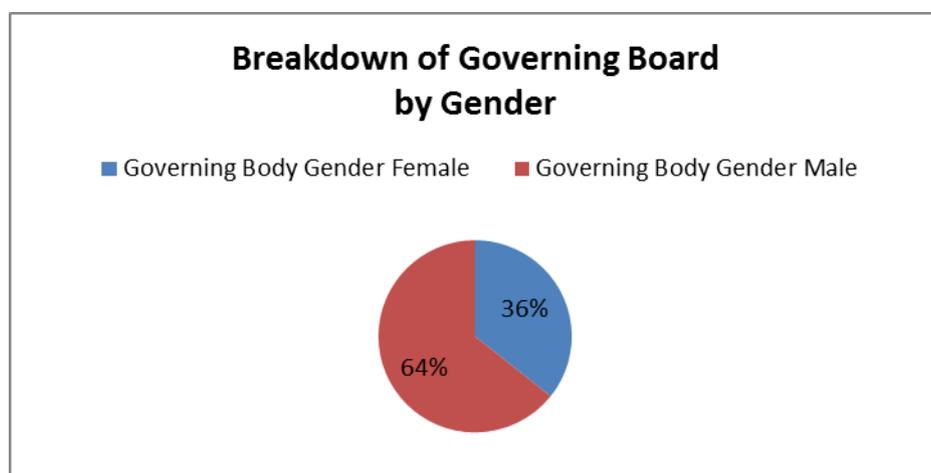
**Julia Allen**  
Equality and Inclusion Business Partner  
NHS Midlands and Lancashire  
Commissioning Support Unit

**Date: December 2014**

## Appendix 1 - CCG Workforce Profile

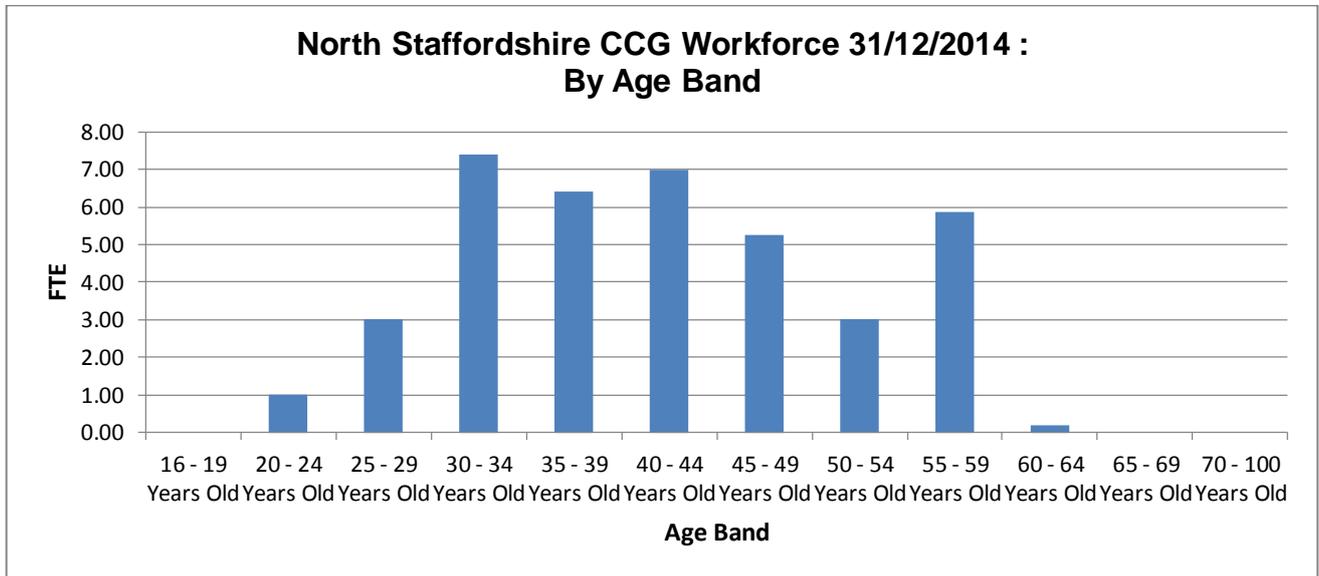
The CCG has a small workforce and as such is not required under the Specific Equality Duty to publish its workforce data, however the CCG promotes transparency in all of its work and has provided a summary of the breakdown of the CCG staff by Protected Characteristics in appendix 1 ensuring that where numbers were small (less than 10) these have not been reported separately to ensure individual staff cannot be identified from the data in line with the Data Protection Act 1998.

### Breakdown of Governing Board by Gender as at 31 December 2014

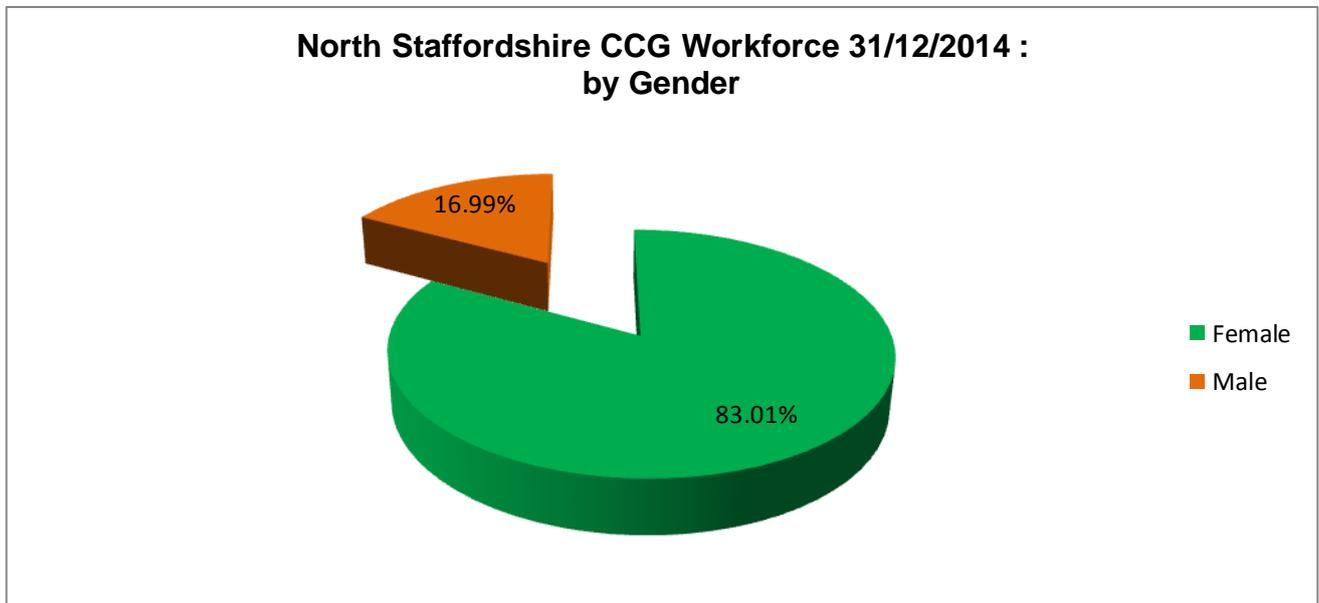


## North Staffordshire CCG Workforce : Staff in Post 31/12/2014

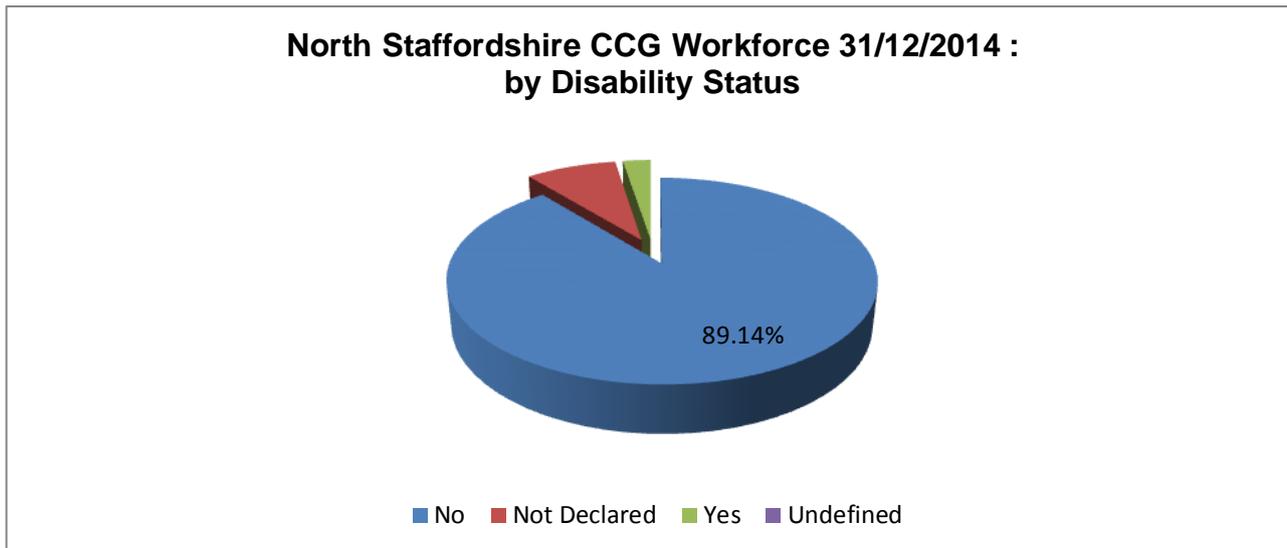
### Full Time Equivalent (FTE) by Age Band



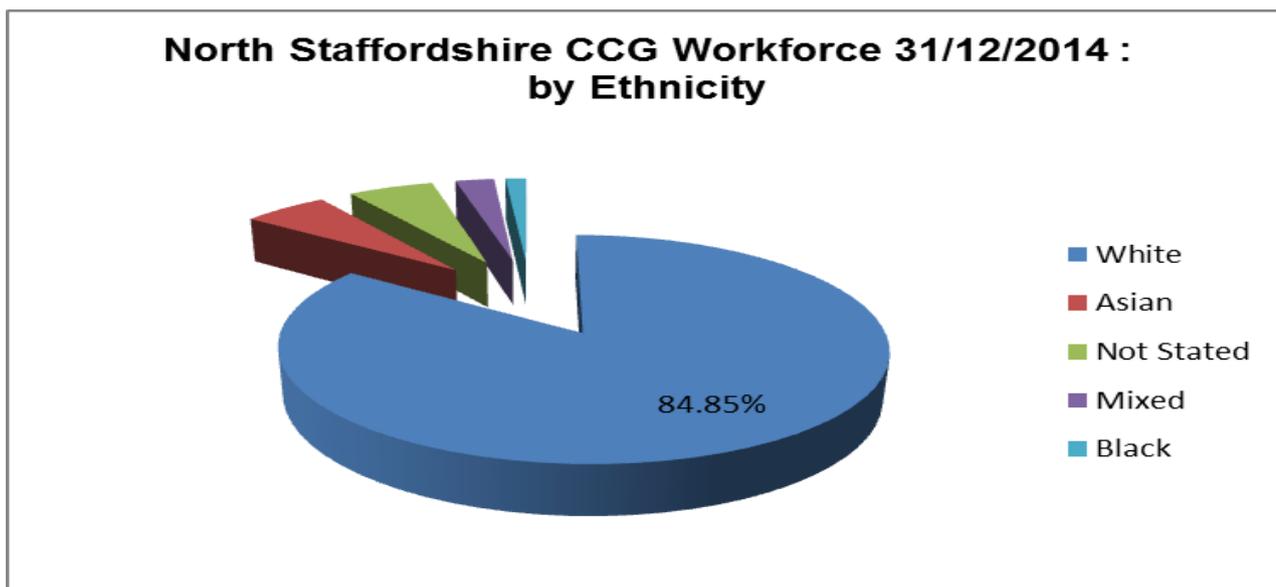
### Full Time Equivalent (FTE) by Gender



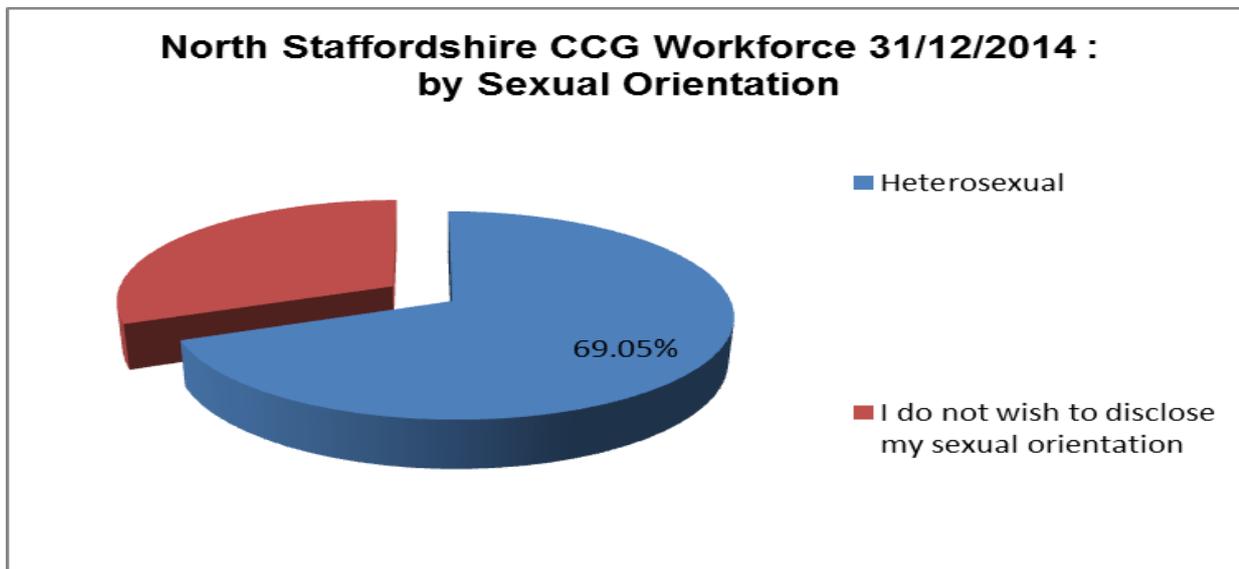
### Full Time Equivalent (FTE) by Disability Status



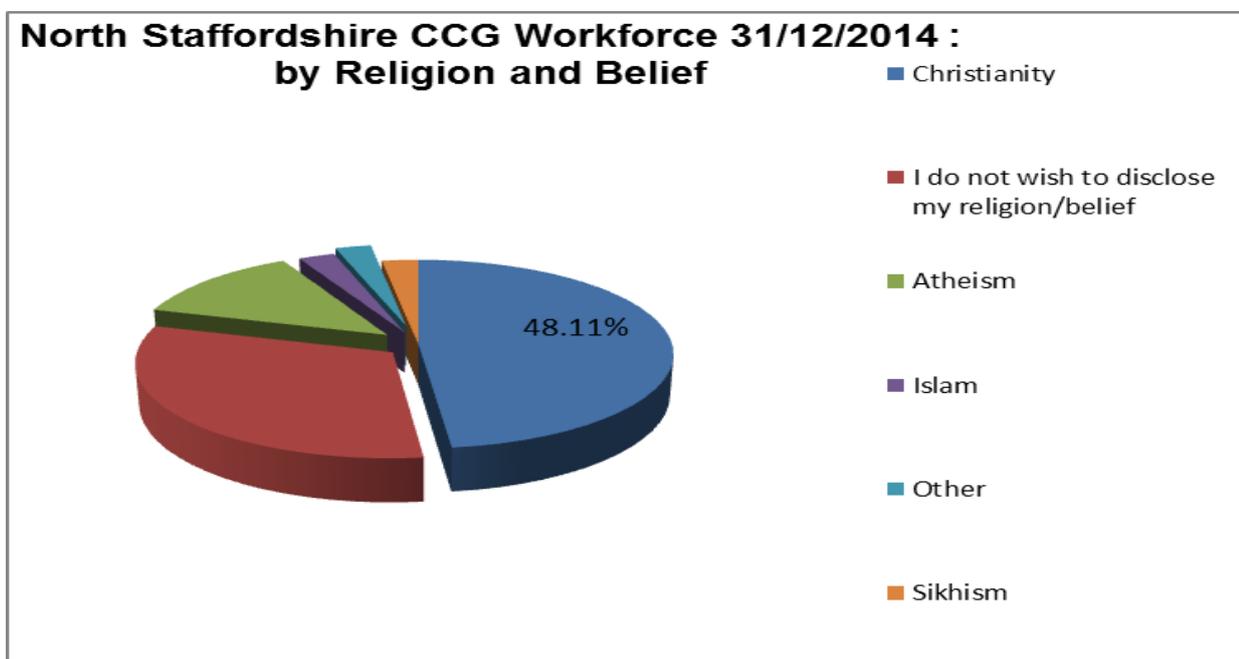
### Full Time Equivalent (FTE) by Ethnic Origin (Broad Category)



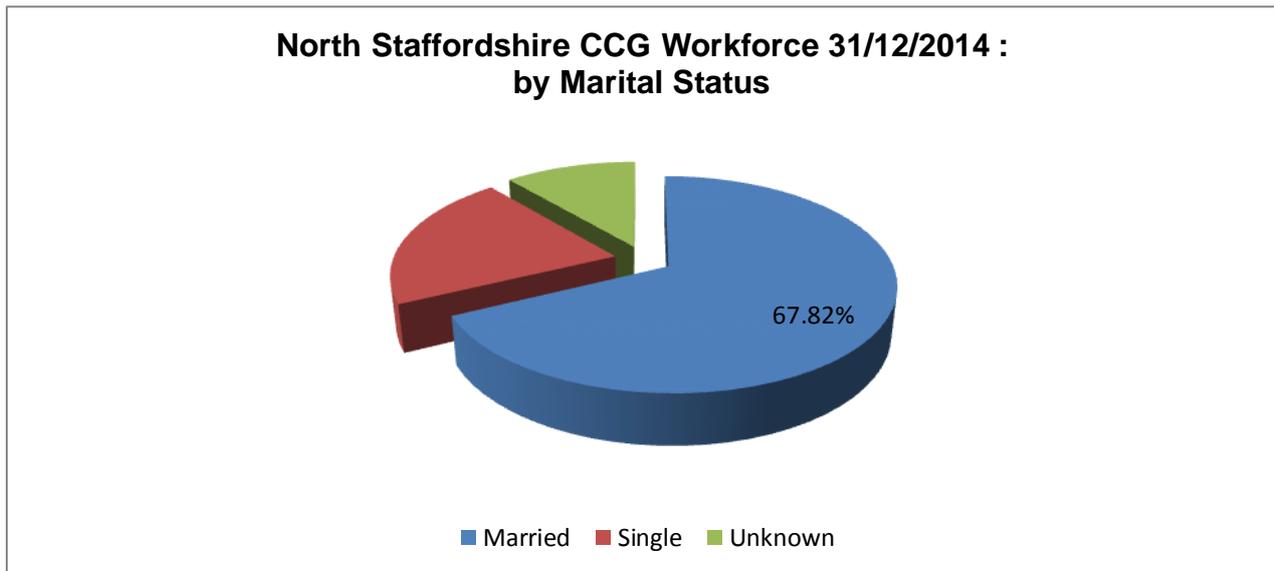
### Full Time Equivalent (FTE) by Sexual Orientation



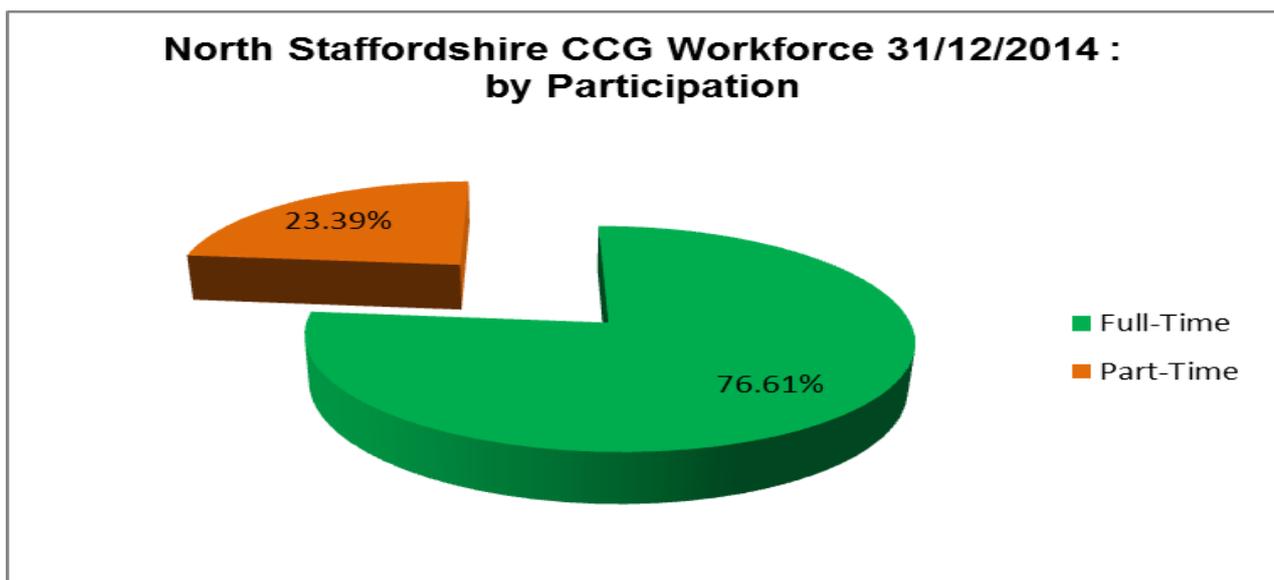
### Full time Equivalent (FTE) by Religion and Belief



### Full Time Equivalent (FTE) by Marital Status

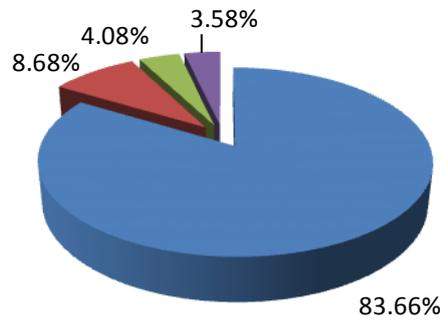


### Full Time Equivalent by Participation (Full-Time vs Part- Time)



## Full Time Equivalent (FTE) by Staff Group

North Staffordshire CCG Workforce 31/12/2014 : By Staff Group



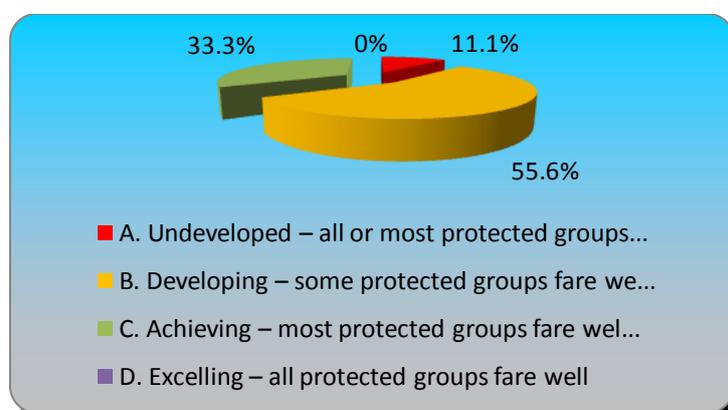
- Administrative and Clerical
- Add Prof Scientific and Technic
- Medical and Dental
- Nursing and Midwifery Registered

## Appendix 2: The Outcomes of EDS2 Grading 2014

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.

### Grading Results 2014

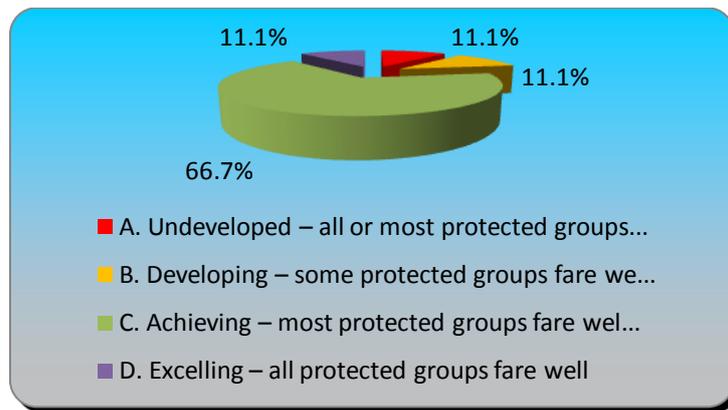
**Outcome 2.1:** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds



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

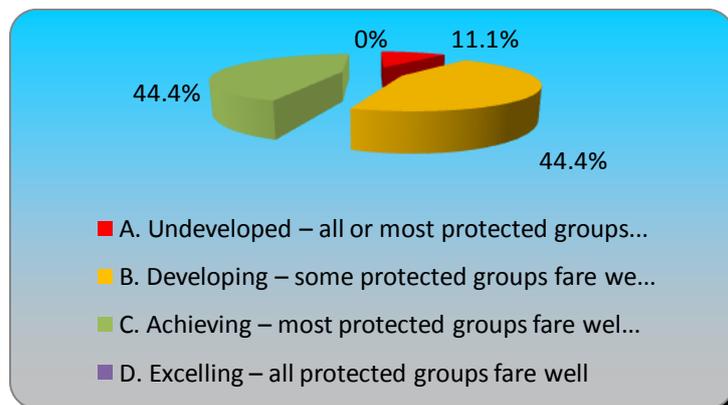
**Outcome 2.2:** People are informed and supported to be as involved as they wish to be in decisions about their care



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

### Outcome 2.3 People report positive experiences of the NHS

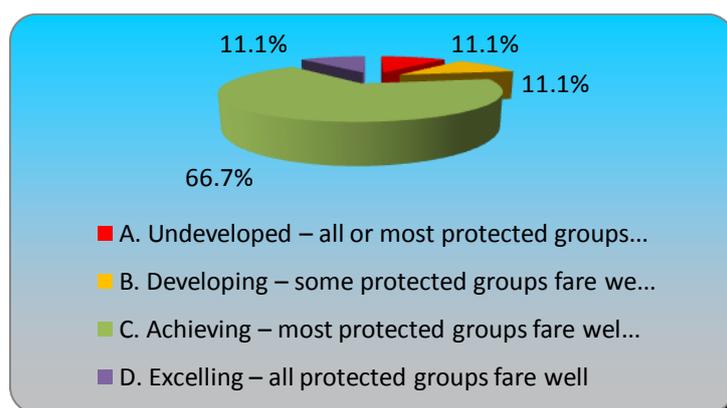


Due to the close grading on this outcome the scrutiny panel awarded a Developing Plus to reflect their decision. Once again one person felt that the evidence provided should only have achieved Undeveloped. It is unclear as to whether the same person scored Undeveloped across all the outcomes but it does 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 this demonstrates a concrete improvement from 2013 in moving from Developing. It is important however to acknowledge that 22% of the scrutinisers felt that the CCG was still developing or undeveloped, this was born out by some of the feedback where scrutinisers 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.

**Equality Delivery System 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 will be carried out by CCG staff in 2015.

## Appendix 3 – EDS Grading Outcomes Dashboard

Objective	Narrative	Outcome	2013*	2014**
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	D
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	A	D
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	U	D
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	A	Not graded in 2014
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	E	Not graded in 2014
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient 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	D	D
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	D	D
		2.3 People report positive experiences of the NHS	A	D
		2.4 People's complaints about services are handled respectfully and efficiently	A	Not graded in 2014
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	A	
		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	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	D	
		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	D	
		3.6 Staff report positive experiences of their membership of the workforce	D	
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	D	A
		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	D	
		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	

\* internal self-assessment by CCG

\*\* external public grading by EDS Stakeholder group

EDS Grading Outcomes Key: **Undeveloped** – Red **Developing** – Amber **Achieving** – Green **Excelling** – Purple