



**NHS East Staffordshire CCG  
Equality and Diversity Strategy:  
2017-2021**

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# East Staffordshire CCG: Equality and Diversity Strategy 2017-2021

## 1. Executive Summary

**1.1** This document sets out the strategy for Equality and Diversity for 2017-2021, based upon the Equality Delivery System 2 self-assessment undertaken by East Staffordshire Clinical Commissioning Group (CCG), the organisation responsible for buying services with providers on behalf of a collective of local GPs, which improve health outcomes and reduce health inequalities. This assessment highlighted potential areas for improvement and allowed the CCG to decide upon a set of objectives to expand and enrich our efforts around Equality and Diversity. An action plan to achieve these objectives is appended to this strategy and covers 2017-2018. This action plan will then be reviewed and refreshed annually (in December) to ensure it is fulfilling the requirements necessary to meet the objectives.

## 2. Introduction

**2.1** This Equality and Diversity Strategy sets out how the CCG proposes to fulfil its legal obligations as a statutory organisation under the Equality Act 2010 and the Public Sector Equality Duty for the years 2017-2021. The CCG also has multiple statutory duties to its workforce and these must also be fulfilled.

**2.2** Apart from the moral business case, the key drivers for integrating equality, diversity and human rights outcomes into all aspects of commissioning, service access and delivery, employment practice, engagement and involvement are:

- The Human Rights Act 1998
- The Equality Act 2010, which includes the nine Protected characteristics and the Public Sector Equality Duty (PSED)
- The NHS Constitution
- The Equality Delivery System2 (EDS2) framework for the NHS

**2.3** For equality purposes the following protected characteristics need to be considered when making decisions. These characteristics are set out in the Equality Act 2010:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including national or ethnic origin
- Religion or belief
- Sex
- Sexual orientation

### 3. Context

**3.1** East Staffordshire CCG is a relatively small CCG, with under fifty employees. It serves a population of approximately 140,000 people. This includes two large urban centres, Uttoxeter and Burton upon Trent, and a number of smaller villages covered by eighteen GP practices.

**3.2** The CCG is a maturing organisation, being brought into existence as a statutory organisation on the 1<sup>st</sup> of April 2013. The previous Equality and Diversity Strategy was designed to support a new organisation and the attendant requirements.

**3.3** This new strategy builds upon that work, thus the objectives have been adapted accordingly. For instance, Objective 4 is partially concerned with reviewing our existing processes and streamlining/developing them to ensure that risks around equality are considered in all necessary decisions around services which could have an effect on the members of the population accessing them.

**3.4** The objectives also integrate with improvements in other work programmes e.g. transformation around treatment pathways for certain illnesses, or supporting the continued development of the training undertaken in the organisation and feedback about that training.

**3.5** A major innovation undertaken since the last Equality and Diversity Strategy was written in 2012 has been the inception of the Improving Lives Programme. This programme covers a number of areas and thus a number of individuals who possess one or more of the 9 protected characteristics previously mentioned.

### 4. Purpose

**4.1** In 2013 East Staffordshire CCG set out four objectives from a selection presented in the original Equality and Diversity System (EDS1). The table below sets out the 2013-2017 objectives and evidence for them having been met.

Objective 2013-2017	Evidence of Achievement
Making health care services more accessible to everyone;	The Clinical Priority Action Group advises the CCG on commissioning policy following their reviews of the relevant NICE guidance. This process aims to ensure that patients have access to the services they need, using an evidenced based approach. This process is reflected in specifications where access is on the same evidence based approach. In-depth care pathway work in “improving Lives” areas, with partners, staff, patients and carers;

<p>Improving people's health regardless of their; race, gender, age, sexual orientation, religious and philosophical beliefs, gender status, disability or ability, pregnancy, maternity status or their marriage and civil partnership status;</p>	<p>Equality Impact assessment questions are incorporated into Project Initiation Documents to ensure the impact on all individuals is assessed.</p> <p>Communities are heavily involved in consultation when services such as Improving Lives are launched. Improving Lives is focused upon reducing health inequalities, including work around long term conditions- as per goal 2 of the NHS Outcomes Framework.</p> <p>Services are commissioned according to the Joint Strategic Needs Assessment as per the Health and Wellbeing Board</p> <p>Communities are heavily involved in consultation with projects such as Improving Lives.</p> <p>Work with Healthwatch in public events for STP feedback at the end of 2016.</p>
<p>Ensuring our employees are trained and supported to ensure they are able to help the CCG to meet the Equality Duties and can make decisions that are fair, objective and legal;</p>	<p>A new mandatory training website is due to go live shortly which all staff will have access to. This includes mandatory training for all employees, including middle managers and line managers includes equality related matters and is includes examples to work through of relevant scenarios.</p> <p>Employees also complete Equality Impact Assessments as part of PID documentation to ensure the impact on all individuals is taken into account.</p>
<p>Ensuring that the CCG Governing Body and leaders understand their responsibilities and accountability in meeting the PSED and make fair, equitable and objective decisions and promote best practice in everything they do.</p>	<p>Mandatory training for all employees, including middle managers and line managers includes equality related matters and is includes examples to work through of relevant scenarios.</p> <p>The CCG Governing Body, and leaders, when making relevant decisions, are presented with the appropriate documentation around Equality, including, but not limited, to Equality and Quality Impact Assessment</p>

## 5. East Staffordshire CCG Equality Objectives 2017–2021

**5.1** These objectives have been set based upon the results of a self-assessment, against a number of criteria, which the CCG has recently conducted. These criteria are from an assessment tool designed by NHS England called “Equality Delivery System 2” (EDS2) which is intended to show where there are any gaps in a CCG’s current actions around equality. The CCG also gained input from stakeholders including the patient board.

**5.2** The grading system is as follows: undeveloped, developing, achieving, excelling.

**5.3** The equality objectives the CCG has selected are based around areas where the CCG is either developing, or where it is achieving, but further work is currently being undertaken as part of the organisation’s maturation process.

**5.4** An initial assessment was performed by the colleague leading on equality, grading areas against the framework. These results were then scrutinised by senior colleagues and further feedback given. Evidence was collected to aid in the grading. Input was also sought from the Patient Board composed of patient representatives as to the selection of the objectives.

## 6. Proposed Objectives for 2017-2021:

1. Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
2. Screening, vaccination and other health promotion services reach and benefit all local communities.
3. Training and development opportunities are taken up and positively evaluated by all staff.
4. 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.

### 6.1 Objective 1:

**i) Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed**

**ii) The CCG is currently graded as “achieving” on this objective.**

Reason for Selection:

iii) Smooth transitions from one service to another is key to the comfort of patients. The CCG currently works in close conjunction with Providers and service specifications often include interdependencies with other services.

Achieving the Objective:

iv) The CCG has already done some work around this, including extensive patient engagement as part of the Improving Lives programme to ascertain the needs of the East Staffordshire population.

v) The CCG is currently achieving in this area, however, as the Improving Lives programme evolves, further work will be required to ensure that transitions between both services and providers remain smooth. Part of this will entail monitoring progress against outcomes set for the programme through patient and staff reported measures.

vi) We will be monitoring the above over the course of the next four years as this is a newly established programme and is a priority for the CCG.

How Will We Assess Success?

vii) We will monitor progress against the outcomes framework within the Improving Lives programme.

## **6.2 Objective 2:**

**i) Screening, vaccination and other health promotion services reach and benefit all local communities.**

**ii) The CCG is currently graded as “developing” on this objective.**

Reason for Selection:

iii) Improving Cancer outcomes is a clinical priority for the CCG, including an emphasis on screening uptake rates. NHS England has responsibility for screening, but the CCG will be working to influence screening rates due to its impact on the treatment pathway following diagnosis.

iv) The CCG is currently undertaking work around outcomes for cancer, as well as screening and uptake rates. Screening rates for breast cancer, in particular have decreased since 2010. Data suggests that there has been a corresponding reduction in the number of breast cancer cases being diagnosed at an early stage and survival rates. As such there appears to possibly be a causal link between these two sets of data.

v) Vaccination rates are generally good in the East Staffordshire CCG area. Health promotion work is shared between GPs, Providers, NHS England and the local Council. In the areas where the CCG has influence the organisation will continue to liaise with partner organisations to achieve the optimum levels of care.

Achieving the Objective:

vi) The CCG will seek to understand and address screening uptake in specific groups. The CCG is producing an action plan to accompany this Equality and Diversity strategy as well as undertaking a detailed programme of work to improve the cancer pathway. The action plan is designed to help reach groups who have the protected characteristics listed in the Equality Act 2010 and who statistics show have a low uptake rate for screening for several types of cancer.

vii) As the Improving Lives programme evolves, further work will be required to ensure that transitions between both services and providers remain smooth. Part of this will entail continued patient engagement to understand patient experience.

How Will We Assess Success?

viii) We will be looking for an eventual increase in screening uptake for cancers such as colorectal and breast cancer.

### **6.3 Objective 3:**

**i) Training and development opportunities are taken up and positively evaluated by all staff.**

**ii) The CCG is currently graded as “achieving” on this objective.**

Reason for Selection:

iii) Staff are provided with both mandatory training and are offered opportunities for continued development relevant to their areas of interest and work streams. A new mandatory training website has gone live in 2017 to ensure all staff have access to online training to be completed as and when is convenient for them. All staff have Personal Development Plans which reflect training and skills development needs.

iv) The CCG has also been recognised by NHS England for the quality of its Organisational Development .However, as a maturing organisation, the CCG, having completed its initial training stage, is moving on to the next phase of training programme development and evaluation. Exploratory work around what will constitute this next phase has begun.

v) Due to this work the objective has been identified as key, as training and development are essential to the successful operation of an organisation. Furthermore this is about developing the CCG to the next level, particularly in the context of national policies and programmes such as Sustainability and Transformation Partnerships. The CCG needs to work with partners across a broader footprint in a challenging financial environment and that all staff are supported to develop the necessary skills to achieve this.

Achieving the Objective:

vi) The Organisational Development Group (ODG) leads the training and development strategy for the CCG as a whole and will be responsible for implementing any new measures around training and development to meet the needs of the organisation going forward.

vii) The CCG intends to build on the success of the existing training and development programme, under the leadership of the ODG and ensure that staffs have continued access to training relevant to their areas of interest and work streams in order to ensure that as an organisation we are as effective as possible.

viii) There is a particular focus that staffs are able to give feedback on the success of training. Several methods for this are under consideration. Following a decision about the methods of feedback the new method will be implemented and reviewed after six

months to analyse how successful it has been. Any suggestions made through the feedback would have to be considered by the appropriate authority, in this case the ODG, a group led by the Accountable Officer, who is responsible for looking at the potential training and development needs of the CCG and making provisions accordingly.

How Will We Assess Success?

ix) The CCG will look at uptake rates for mandatory training using information provided by the Commissioning Support Unit. We will also assess how successfully the feedback mechanism is working via both the ODG and the usage levels/intelligence coming through said mechanism.

#### **6.4 Objective 4:**

**i) 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.**

**ii) The CCG is currently graded as “achieving” on this objective.**

Reason for Selection:

iii) Equality Impact Assessments (EIA) are good practice for any extensive redesign that comes before the Board/relevant Committees. This is to reflect that consideration has been given to the Public Sector Equality Duty and what conclusions have been reached to ensure compliance with the duty. Giving consideration to, and demonstrating consideration of, the PSED is a statutory requirement of the Equality Act 2010.

iv) Documents including Project Initiation Documents (PIDs) detail risks, including those that are equality related and any mitigation for them. These PIDs are key as they identify equality related impacts at the inception of a project or redesign programme. These PIDs are frequently presented as papers at Board and committee level. They are discussed at the Financial Recovery Programme Board. Members of the CCG Executive are present at these meetings.

v) The CCG is currently reviewing the Equality Impact Assessments process and streamlining the governance process

Achieving the Objective:

vi) In order to further develop good practice for this objective the CCG is currently tightening existing processes. To achieve this the current template for Project Initiation Documents is being amended to better reflect the requirements of the CCG. Equality Impact Assessments will be completed when a significant change to a service or policy is planned.

How Will We Assess Success?

vii) We will look to see how the streamlined Equality Impact Assessment template is performing via feedback from t said template.

## 7. Workforce:

### 7.1 WRES:

- i) The CCG includes a number of figures demonstrating the composition of the workforce in its annual Equality and Diversity report. The figures are compiled as part of the WRES initiative demonstrate how the CCG is doing across nine areas. WRES (or the Workforce Racial Equality Standard) is designed to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators, and to produce action plans accordingly.
- ii) At a minimum level commissioners of NHS services, including CCGs, are expected to have “due regard” to using the WRES in helping to improve workplace experiences and representation at all levels for their own BME staff. The key case law principles related to the term “due regard” are commonly referred to as the Brown Principles and are often used to determine whether a public body, such as a CCG, has shown “due regard” to the Equality Duty.
- iii) “Due regard” in this context refers to the CCG giving proportionality, relevance and sufficient attention to implementing the WRES.
- iv) As a CCG we implement WRES indicators as appropriate, whilst giving fair consideration to the principles of the WRES within our day-to-day activities. Stipulations around WRES reporting are also incorporated in to the standard contract between CCGs and providers of services.
- v) NHS England makes several recommendations about the implementation of WRES. Below are the recommendations and the actions the CCG will take around them:

### 7.2 Examples of Good Practice:

NHSE Recommendations	CCG Actions
1) The monitoring of information such as non-mandatory training is good practice, as it can help the organisation identify potential anomalies in the level and type of support offered to different groups within its workforce.	All CCG staff now have access to an online training platform where staff can upload all non-mandatory training and where all training undertaken via the platform is recorded. The numbers of people undertaking training can therefore be extracted from said platform by the Commissioning Support Unit, who administer the platform on behalf of the CCG. This can be accessed if it is felt to be appropriate to do so by the CCG Equality lead/Executive team. All data is anonymised.
2) Publication of workforce data in such ways can help the orga demonstrate compliance with the general duty of the public sector	Though the CCG is not obligated to publish workforce figures due to employing less than fifty people the CCG does so as part of the annual

Equality Duty.	Equality and Diversity report to provide evidence.
<b>In practice</b> , to aid due regard to the implementation of WRES, CCGs should:	
<b>NHSE Recommendations</b>	<b>CCG Actions</b>
<p><b>1) Collect data on their workforce.</b></p> <p>Data should be collected by ethnicity as well as by other characteristics given.</p>	<p>The CCG monitors the workforce across a number of characteristics and will continue to do so as part of its Annual Equality and Diversity Report. Due to the relatively small size of the CCG the organisation is not obligated to carry out a staff survey. However staffs are encouraged to provide feedback in a number of ways. As set out in Objective 3 above, methods of feedback around training are currently being reviewed.</p>
<p><b>2) Carry out data analysis</b></p> <p>In many CCGs the numbers of staff employed are small. Hence very small changes in numbers on workforce and survey metrics can result in substantial changes in percentage terms. Such changes should be treated with caution but should not be ignored since, especially where they signify a trend or indicate a concern, they may be extremely useful.</p>	<p>As a smaller organisation East Staffordshire CCG experiences the issue described above. However this is mitigated by observing general trends across a number of metrics and by looking to see whether the patterns observed for the current year are replicated across previous years. This is done annually when the data for the previous year is reported in the annual Equality and Diversity Report and will continue to be done for the 2017-2021 reports.</p>
<p><b>3) Produce an annual report and action plan.</b></p> <p>The report should show the results of their staff survey and workforce data for internal analyses. The report should indicate the steps CCGs are taking to improve their performance against the WRES indicators. The WRES Reporting template has been made available for this purpose; it should be accompanied by the organisation's WRES action plan.</p>	<p>East Staffordshire CCG publishes the workforce data and annual Equality and Diversity report both internally and externally. The report is submitted to the Joint Quality Committee for approval and is also circulated to the relevant members of the Executive body, who are made aware of any issues which need to be addressed. Steps to improve performance of WRES indicators are incorporated into the objectives set out by EDS2 and are folded into the annual action plan produced to address said objectives. The action plan for this year can be found at Appendix 1 of this document.</p>
<p><b>4) Publish the annual report and action plan</b></p> <p>CCGs will need to give consideration to how such data are published and what conclusions are drawn. Where publication by individuals might lead to the identification of individuals due to small numbers, caution may</p>	<p>East Staffordshire CCG publishes the workforce data and annual Equality and Diversity report both internally and externally. The report is submitted to the Joint Quality Committee for approval and is also circulated to the relevant members of the Executive body, who are made aware of any issues which need to be addressed. Steps to improve performance of WRES indicators</p>

<p>need to be taken and wider publication may not be appropriate.</p>	<p>are incorporated into the objectives set out by EDS2 and are folded into the annual action plan produced to address said objectives. The action plan for this year can be found at Appendix 1 of this document, which is also published on the CCG website.</p>
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### 7.3 Policies:

i) The CCG has the requisite policies pertaining to equality in place and accessible via the CCG’s website. These policies cover a number of issues relevant to people with one or more of the protected characteristics listed in the Equality Act 2010 include ones around access for member of the workforce with disabilities, flexible working and maternity/paternity leave. The policies are applied.

ii) To ensure that these policies are fulfilling their purpose and are up to date they are reviewed and, if required, amended on an annual basis and this will continue.

### 7.4 Training:

i) Equality training is mandatory for all personnel and is available to staff via the online training portal launched in April 2017. All new staff must undergo said training. Current staff receive periodic update training at regular intervals. The online platform allows the Commissioning Support Unit (CSU) to not only see the numbers undertaking training, but to send out reminders to those who require update training.

ii) At the core of this training is ensuring that staff consider equality and diversity and the needs of people with one of the nine protected characteristics when making recommendations that could impact on those people. The planned review and changes to Board papers and Project Initiation Documents will support this. The changes also require that the staff completing the documents are also thinking of ways to mitigate the risks to both staff and service users who might be affected by proposed changes.

### 7.5 Reporting:

i) As part of the CCG’s obligations under legislation the organisation releases an annual Equality and Diversity report setting out actions taken to:

- Engage with the general public
- Increase stakeholder input including people from groups with protected characteristics
- Meet the equality objectives set by the CCG under EDS2

- Provide assurance that the CCG is meeting any legal obligations to both the people of East Staffordshire and CCG employees.
- The report is published on the CCG website where it is accessible to the general public.

## 8. Governance

8.1 The CCG has set governance procedures for the approval of documents related to equality and diversity in order to ensure all proposed changes are given due consideration.

Document	Governance Process
Annual Equality and Diversity Report	Submitted to the Joint Quality Committee, a committee which is part of the formal governance process for 4 CCGs, including East Staffordshire CCG, for approval.
Equality Impact Assessments	EIAs assess what effect proposed changes will have on East Staffordshire residents. They are usually included in documents setting out risks etc. at the start of a project. They will go through the Financial Recovery Programme Board, who can recommend the EIAs are approved, and receive final approval through the Quality, Finance and Performance Committee, who will discuss all aspects of the document and then decide whether or not approve it.
“Equality Delivery System 2” (EDS2)	The EDS2 is an assessment tool designed by NHS England which is intended to show where there are any gaps in a CCG’s current actions around equality. It takes place at 3-4 yearly intervals. The assessment process is overseen by the equality lead. The lead liaises with multiple stakeholders to ensure that the CCG is assessed against all of the relevant criteria and has evidence to justify the grades given. Once the tool is fully completed the equality lead will review the grades assigned for each criterion.
Equality and Diversity Strategy	The Equality and Diversity Strategy is submitted to Governing Body of the CCG.
Contract Mapping	We routinely assess providers’ performance against their equality and diversity obligations in order to validate these and capture anything of note.

## Appendix 1: Equality and Diversity Action Plan: 2017-2018

EDS2 Objective	Specific Action/Deliverables	Who is Responsible	Timeframe	Further Information
<b>The CCG ensures that the General and Specific Duties (Equality Act 2010) are embedded into core business activity</b>	The CCG publishes its annual Equality information in respect of the work force (WRES) as part of the annual Equality Report.	Accountable Officer (legal responsibility)  Equality Lead	April 2018	Report published annually to show how the CCG is working towards meeting its equality objectives.
	The CCG publishes its Equality and Diversity Strategy for 2017-2021. Strategy goes to Governing Body for approval to ensure it fulfils the required standards.	Equality Lead	October 2017 for publishing on website following approval from Governing Body.	Refresh in April 2021 (legal requirement to update Equality Objectives every four).
	The CCG has a suitable Equality Impact Assessment process for relevant commissioning and new project implementation documents and EIA template has been fine tuned.	Head of Transformation and Commissioning /Commissioning Project Manager Recommendation for Approval as part of Project Implementation Documents by the Financial Recovery Programme Board. Final approval by the QIPP, Finance and Performance Committee	To be completed by end September 2017.	The process is currently being reviewed to see how it could be streamlined /ensure thoroughness.
	CCG Equality and Diversity Action Plan for 2017-2018 to be reviewed/refreshed in December 2017 for	Equality Lead Governing Body	December 2017 Q4 17/18.	

	approval by Governing Body in Q4 of 2017/18.			
<b>Agreed Main Equality Objective 1: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</b>	Objective to inform pathway review and be considered in future commissioning etc.	Commissioning programme leads, equality lead  FRP Board and QF&P Committee for approval	Ongoing	
	Training around e-referrals has been completed. E-referrals enable a smoother transition between primary care services and other providers. Practice visits are being utilised to drive uptake. Information from NHS Digital shows uptake rates.	Programme lead NHS Digital	Paperless referrals are to be achieved by March 2018 as per national targets.	
	Objective to be considered as part of cancer pathway review.	Input from patient board and cancer workshop	July 25th 2017	
<b>Agreed Main Equality Objective 2: Screening, vaccination and other health promotion services reach and benefit all local communities.</b>  <b>NB Vaccination rates are generally hitting targets.</b>	Cancer pathway review to include input from patients around how screening can be promoted better (BME Groups etc.)	Cancer Programme lead Right Care lead Communications lead	August 2017	
	Discussion with Patient Board around work with hard to reach groups a... ning and p... care. Arrangements to be discussed with	Programme lead Communications lead Patient Board representatives	June-December 2017 Review in 2018	

	communications lead.			
	Analysis of data from GP practices to inform about groups who are not attending cancer screening.	Programme lead	April-June 2017	
	Liaising with stakeholders, including NHS England at planned cancer pathway review workshop to inform the cancer pathway for all groups.	Programme lead	July-August 2017	
	Cancer pathway review and action plan.	Programme lead	Plan to be completed by end of September. Implementation to begin in months subsequent to this.	
<b>Agreed Main Equality Objective 3: Training and development opportunities are taken up and positively evaluated by all staff.</b>	Feedback to Organisational Development Group (ODG) over new equality objective to inform next phase.	Organisational Development Group Equality Lead	October 2017	
	Organisational Development Group to develop next phase of training.	Organisational Development Group Performance and Governance Manager Equality Lead	To continue as per work programme planned by Organisational Development Group	
	Line managers have a responsibility to ensure that all staff are undertaking training and development opportunities through Individual Development Plans (PDPs) and annual appraisals.	CCG Line managers	Continuing work throughout the year as staff have annual appraisals and PDPs.	

	<p>Online mandatory training platform being rolled out- staff are undertaking training via this and can give feedback. Website is accessible to all staff. The Introduction pack is to include reference to this so all new staff are aware of training. CSU review training records and feed back to relevant line managers when training has not been undertaken. Line managers then make employees aware and work with them to ensure training is complete.</p>	CSU	May 2017 onwards	
	<p>Analysis of posited feedback methods for training to ensure that they are a) accessible to all b) easy to use. Review proposed methods.</p>	Equality Lead Organisational Development Group	October 2017	
	<p>Trial of proposed feedback method. Analysis of success to be fed back to relevant executive lead after 6 months of trialling new method. Suggestions via new method to fed back to ODG for discussion.</p>	Equality Lead	October 2017	Timeline envisaged to be 8 months from implementation to review presentation.
<b>Objective 4: Papers that come before the Board and other major</b>	<p>Establish current templates for papers such as Project Initiation</p>	Equality Lead Head of Transformation and Commissioning	November 2017	

<b>Committees identify equality-related impacts including risks, and say how these risks are to be managed</b>	Documents take into account risks around equality: Review currently being undertaken of papers.			
	Creation of business checklist to ensure that identified equality areas are being considered. To be sent to FRP/QF&P for information and assurance.	Equality Lead Head of Transformation and Commissioning	First draft to go to FRP for review in October 2017.	
	Review of Equality Impact Assessment governance process, as part of inter CCG co-operation- monthly meetings with quality colleagues sharing learning and ideas.	Equality Lead	Meetings scheduled to be reconvened in October 2017. Situation to be reviewed in December 2017 to assess whether methods are appropriate for East Staffordshire CCG.	

## Appendix 2: Results of EDS2 Assessment

	Outcome	Grade	Reason for Rating
Better Health Outcomes	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	<ul style="list-style-type: none"> <li>• Services are commissioned according to the Joint Strategic Needs Assessment as per the Health and Wellbeing Board</li> <li>• Communities are heavily involved in consultation with projects such as Improving Lives.</li> <li>• Improving Lives is focused on improving outcomes and reducing health inequalities in people with long term conditions and the frail elderly.</li> <li>• Work with Healthwatch in public events for STP feedback at the end of 2016.</li> </ul>
	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	<ul style="list-style-type: none"> <li>• All service specifications include reference to the NHS Constitution.</li> <li>• Patient board representatives and relevant stakeholders are involved in feedback sessions regarding services.</li> </ul>
	<b>Transitions from one service to another, for people on care pathways, are made</b>	Achieving	<ul style="list-style-type: none"> <li>• The CCG works in close conjunction with Providers and service specifications include interdependencies with other services.</li> </ul>

	<b>smoothly with everyone well-informed</b>		<ul style="list-style-type: none"> <li>• ESCCG has commissioned VCSL as its Prime Contractor, who has a responsibility to manage, integrate and transform services both within and outside of its supply chain. Progress will be monitored against the outcomes within the Contract through patient and staff reported measures.</li> </ul>
	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving	<ul style="list-style-type: none"> <li>• The NHS Standard Contract, which must be adhered to by Providers, is used for all services and includes constitutional quality, access and performance standards and local standards. Providers are expected to meet these standards and are performance managed against them through the Contracts.</li> <li>• The CCG also has a Quality Team that investigates serious clinical incidents and near misses.</li> </ul>
	<b>Screening, vaccination and other health promotion services reach and benefit all local communities</b>	Developing	<ul style="list-style-type: none"> <li>• Improving Cancer outcomes is a clinical priority for the CCG, including an emphasis on screening uptake rates. NHS England has responsibility for screening, but the CCG will be working to influence screening rates due to its impact on the treatment pathway following diagnosis. The CCG will seek to understand and address uptake in specific groups.</li> <li>• The CCG has recently instituted the Improving Lives programme. As part of this Virgin Care, the Prime Contractor for this programme has done a great deal of consultation with both the general public with other stakeholders representing protected and vulnerable groups. This is an area still coming to maturity.</li> </ul>

Improved patient access and experience	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving	<ul style="list-style-type: none"> <li>• The Clinical Priority Action Group advises the CCG on commissioning policy following their reviews of the relevant NICE guidance. This process aims to ensure that patients have access to the services they need, using an evidenced based approach.</li> <li>• Patient transport has zero complaints and new contracts have just been implemented. Facilities run by Providers must have appropriate facilities for patients.</li> <li>• Where possible specifications include the need to have facilities near adequate transport services and provide parking.</li> </ul>
	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	<ul style="list-style-type: none"> <li>• East Staffordshire CCG works with Providers to try to ensure that those accessing services are involved in decisions</li> </ul>
	People report positive experiences of the NHS	Achieving	<ul style="list-style-type: none"> <li>• The CCG has an established complaints procedure, complaints numbers are generally relatively low.</li> <li>• Established procedures for both complaints and soft intelligence.</li> <li>• The CCG monitors performance of providers against the national friends and family test.</li> </ul>

	People's complaints about services are handled respectfully and efficiently	Achieving	<ul style="list-style-type: none"> <li>• The CCG has an established complaints procedure and complaints numbers are generally relatively low.</li> <li>• Where issues are reported the quality team/ relevant scheme leads will liaise with providers and PALS to try and resolve the issue.</li> <li>• Complaints are also passed to the Chief Accountable Officer and all complaints are responded to.</li> </ul>
<b>A representative and supported workforce</b>	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	<ul style="list-style-type: none"> <li>• The WRES report for 2016/2017 and workforce figures for 2015/2016 indicate that the workforce is broadly representative of the ethnic diversity present within East Staffordshire.</li> <li>• Staff members with limited mobility/declared disabilities have accommodations made should they wish them to be.</li> <li>• Women are well represented within the workforce.</li> <li>• Due to the size of the organisation not all figures can be released for reasons of data protection.</li> <li>• The CCG has a publically available policy on this issue "CCG Recruitment and Selection".</li> </ul>

	<p>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</p>	<p>Achieving</p>	<ul style="list-style-type: none"> <li>• New roles are banded/evaluated under Agenda for Change (A4C).</li> <li>• Agency staff wages are compared and in line with A4C bandings.</li> <li>• The CCG publishes workforce pay bands and the numbers employed under each band on an annual basis- these are accessible to the public.</li> </ul>
	<p><b>Training and development opportunities are taken up and positively evaluated by all staff</b></p>	<p>Achieving</p>	<ul style="list-style-type: none"> <li>• Staff are provided with mandatory training and are offered opportunities for continued development relevant to their areas of interest and work streams.</li> <li>• Training and development are key to the successful operation of an organisation. As a maturing organisation the CCG has completed its initial training stage and is moving on to the next phase of training programme development and evaluation. Exploratory work around this has begun</li> <li>• Due to this work the objective has been identified as key.</li> <li>• Recently staff have attended RightCare workshops, an open session on fraud prevention, as part of the CCGs Lunch and Learn initiative which are open to all and provide key information for any interested parties and QSIR training.</li> <li>• A new mandatory training website went live in May 2017.</li> </ul>

			<ul style="list-style-type: none"> <li>• The Organisational Development Group leads the training strategy for the CCG as a whole.</li> <li>• Staff have Personal Development Plans which reflect training and skills development needs.</li> <li>• Team meetings are run according to principles laid down in the Aston team feedback session.</li> </ul>
	When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	<ul style="list-style-type: none"> <li>• The CCG has clearly drawn procedures for dealing with harassment, abuse and bullying. These are outlined in policies on the CCG website including the Dignity and Respect at Work Policy and the CCG Disciplinary Policy.</li> <li>• Workforce data for 2015 and 2016 indicates there were no reports of bullying, harassment or violence by anyone in the CCG's workforce.</li> </ul>
	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving	<ul style="list-style-type: none"> <li>• Careful workforce planning and established leave procedures ensure that there is sufficient coverage for the functions of the CCG.</li> <li>• Staff are encouraged to work flexibly and job sharing/part time working is available for several roles. The CCG has several policies covering this area including a CCG Flexible Working Policy and a Paternity and Maternity Leave Policy.</li> </ul>

			<ul style="list-style-type: none"> <li>• Staff are permitted to work from home where required.</li> </ul>
	Staff report positive experiences of their membership of the workforce	Achieving	<ul style="list-style-type: none"> <li>• Workforce information indicates that staff have a positive experience as employees of the CCG.</li> <li>• Appraisals and one to one sessions occur regularly, providing staff with the opportunity to feed back on their experiences.</li> <li>• Workforce data indicates no complaints regarding bullying or harassment.</li> </ul>
Inclusive leadership	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	<ul style="list-style-type: none"> <li>• Executive members attend patient engagement meetings to receive feedback from stakeholders, including people who are covered by one or more of the protected characteristics.</li> <li>• Board and senior leaders receive regular updates on quality and equality as part of monthly committee meetings etc.</li> <li>• The Joint Quality Committee is concerned with matters including equality and has formal oversight of the process.</li> </ul>
	<b>Papers that come before the Board and of Committees identify equality-related</b>	Achieving	<ul style="list-style-type: none"> <li>• Equality Impact Assessments are good practice for any extensive redesign that comes before the Board/relevant Committees.</li> </ul>

	<p><b>impacts including risks, and say how these risks are to be managed</b></p>		<ul style="list-style-type: none"> <li>• Documents including Project Initiation Documents (PIDs) detail risks, including those that are equality related and any mitigation for them. These PIDs are key as they identify equality related impacts at the inception of a project or redesign programme. These PIDs are frequently presented as papers at Board and committee level. They are discussed at the FRP Consultancy and FRP Committees. Members of the CCG Executive are present at these meetings.</li> <li>• The CCG is currently reviewing the Equality Impact Assessments process and streamlining the governance process.</li> </ul>
	<p>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>	<p>Achieving</p>	<ul style="list-style-type: none"> <li>• Middle managers are given relevant training in matters of equality.</li> <li>• The CCG has policies on harassment, bullying and discrimination which are incorporated by managers into operational matters.</li> </ul>