

Equality Delivery System: Scoring and Equality Objectives

1. Introduction

A paper was presented to the CCG in January describing the Equality Delivery System (EDS) and the process for scoring our progress against the EDS outcomes. In summary, the EDS is a toolkit which provides NHS organisations with a framework to assess performance against specific Equality & Diversity goals and objectives. The four goals are:

- Goal 1: Better health outcomes for all
- Goal 2: Improved patient access and experience
- Goal 3: Empowered, engaged and well-supported staff
- Goal 4: Inclusive leadership at all levels.

The EDS is focussed on Equality and Diversity and therefore scoring against each outcome does not reflect a general score for how the organisation is performing overall in this area. Instead, it specifically indicates whether we have evidence to demonstrate that we are actively reducing inequalities in this area. It is clear that across the NHS, organisations have difficulty in providing this evidence as data collection for the protected characteristics is usually sparse.

We have developed specific outcomes in relation to the EDS goals which are outlined with the scores (below). The EDS process also supports the organisation meeting its requirements under the Public Sector Duty of the Equality Act 2010 (our evidence for meeting the Equalities Act has been published on the NHS South West London website: <http://www.southwestlondon.nhs.uk/About/Equality>).

This paper outlines our proposed scores against the EDS and suggests some Equality Objectives to focus on throughout 2012/13. We recognise that whilst this process is relatively high level and cannot take into account all views and evidence, it has helped to highlight some areas for development during this period of transition in the NHS. The CCG will take on responsibility for Equality and Diversity and will therefore lead on identifying priorities and making improvements in this area.

2. Scoring process

According to the EDS guidance, we are to agree with community partners one of four grades for each outcome, based on the evidence available. The DH have indicated that they expect NHS organisations to be Developing or Underdeveloped for all the outcomes.



In order to arrive at our scores, we have undertaken a process of evidence collection and consultation with our community partners through the Thinking Partners Group. Evidence collection has included:

- A staff Survey was circulated to all staff to assess progress against Goal 3
- A drop-in workshop to engage staff (EDAY) was held so that staff could provide examples of their work which they felt demonstrated how they were able to meet goals 1 & 2
- Our Thinking Partners Group gathered specific evidence with a Carers group, people with long-term conditions (through the Expert Patient Programme) and an Older People’s Group.
- An analysis of the evidence was undertaken and provisional scores were proposed.
- A subset of the Thinking Partners Group met to approve our provisional scores and agree Equality objectives which are described below.

The provisional grades for our performance in equalities are set out below. Appendix 2 lists the evidence we collected to support each score.

Within each goal we have considered the extent to which we address the needs of the nine protected characteristics (Equality Act 2010), and what some of the gaps are and actions we might take. Although the scoring for Goals 3 & 4¹ will be undertaken across South West London and overall objectives for SWL will be agreed, we also decided to assess our progress against Goal 3 as it relates to our staff.

3. Scoring Results

GOAL 1: Better Health Outcomes for All

Goal 1 – Better Health Outcomes for All	Undeveloped	Developing	Achieving	Excelling
EDS Outcome 1.1“Services are commissioned, designed and procured				

¹ South West London Sector are responsible for HR, finance, IT and other shared services and have agreed to develop outcomes across these two goals.

to meet the health needs of local communities, promote well-being, and reduce health inequalities”				
EDS Outcome 1.2 “Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways”				
EDS Outcome 1.3 “Changes across services for individual patients are discussed with them, and transitions are made smoothly”				
EDS Outcome 1.4 “The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all”				
EDS Outcome 1.5 “Public health, vaccination and screening programmes reach and benefit all local communities and groups”				
OVERALL GRADING: DEVELOPING				

Commentary for Goal 1:

For Goal 1, we are graded as DEVELOPING. We have made significant progress to improve health outcomes for all. The evidence listed in appendix 1 shows how much work we have done and continue to do. Through this exercise we note the difficulty we have in determining the impact of our services on some protected characteristics. There are some services which target and address the specific needs of BME, disabled, older people, young people, men and women, pregnant women specifically. We cannot always assess the impact on religion/belief, sexual orientation, gender identity, transgender community.

Gaps and actions we need to take: we regularly undertake equality impact assessments but do need to engrain these better into the culture of the organisation, and to focus on the protected groups identified above. We cannot assume that all our services reach or meet the needs of all protected groups; particular attention needs to be paid to monitoring of services, plans, decisions to help determine the impact on all protected characteristics. We also have to get better at gathering information and intelligence on how our services and plans affect the different protected groups. We also need to intensify our consultation and engagement activities into the protected groups we have identified above.

GOAL 2: Improved Patient Access and Experience

EDS Goal 2 – Improved Patient Access and Experience	Undeveloped	Developing	Achieving	Excelling
EDS Outcome 2.1 “Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds”				
EDS Outcome 2.2 “Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment”				
EDS Outcome 2.3 “Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised”				
EDS Outcome 2.4 “Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently”				
OVERALL GRADING: DEVELOPING				

Commentary for Goal 2:

For Goal 2, we are graded as DEVELOPING. Again significant progress made to ensure the patients have improved access to services and a positive experience when using our services. There are however gaps in monitoring as outlined above. There is also the need to improve monitoring by the different protected groups. Some very specific issues relating to patient experience were raised during community and patient consultations, as outlined below:

- a) Poor customer care within some front services in GP practices
- b) Appointments systems and phone services need to be improved
- c) Transportation for the elderly not always provided or easily accessed
- d) Patients and carers do not always feel they have been treated with dignity and respect
- e) Language and interpreting services need to be improved
- f) BME, non English speaking patients and those with learning disabilities raised issues with attitude from front-line staff.

GOAL 3 – Empowered, engaged and well supported staff

Goal 3. - Empowered, engaged and well supported staff	Undeveloped	Developing	Achieving	Excelling
EDS Outcome 3.1 “Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grade”				
EDS Outcome 3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay”				
EDS Outcome 3.3 “Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately”				
EDS Outcome 3.4 “Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all”				
EDS Outcome 3.5 “Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives”				
EDS Outcome 3.6 “The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population”				
OVERALL GRADING: DEVELOPING				

Commentary for Goal 3:

For Goal 3, we are graded as DEVELOPING. The results of the staff survey show that the organisation’s internal culture and management practice is to support and empower staff to deliver high quality services to patients. There is a great emphasis on promoting good team

work and sharing learning across different teams. The organisation also has fair recruitment, training and development processes which staff value. There are gaps however in how staff are managed and supported, in flexible working opportunities, in managing stress and promoting health and well being. Particular attention needs to be paid to the latter, particularly during the period of organisational change.

Gaps and areas for further development:

- Induction for new staff
- Staff and well-being programme – emphasis on managing stress and reducing high work loads
- Ensuring there is consistency in how flexible working policies and other HR policies are communicated and applied across the organisation
- Restructuring and organisational changes to be equality impact assessed to ensure no groups are disadvantaged
- Better monitoring information on staff needs to be collected

Some comments from staff from the survey:

- a) 'PCT policies on flexible working and other entitlement not widely and easily available. New staff do not have any induction to help them know what is expected of them and what they should expect of the organisation'
- b) 'I would like to see an Equalities policy that addresses the development of new structures in the organisation due to reorganisation and redundancy to ensure that selection processes are fair and transparent and based on competence to do the job'
- c) 'I feel that the current scenario of CCG is proving to be a positive force and making the workplace an interesting place to be, but there is far too much work for us and I worry that policies to support staff are getting left behind.'
- d) 'I really enjoy my role within the PCT and feel valued. Through the flexibility I have in my working life I feel very fortunate to have a good balance between career and personal life.'

4. Proposed Equality Objectives

The Department of Health have recommended that organisations set one high-level objective for each Goal. The findings from the evidence collections were discussed by the Thinking Partners Group and Wandsworth-specific objectives for Goals 1 and 2 have been proposed. Scoring will be completed across SW London for Goals 3 and 4, and some shared objectives will be agreed, however the CCG has set some specific objectives for these two goals to ensure we maintain a local focus. In particular, effective working for Goal 4 relates closely to one of the CCG's domains of authorization – having great leaders who individually and collectively can make a real difference.

The objectives described below are supported by a number of specific actions which will be implemented through 2012/13 with leadership from the CCG. The Thinking Partners Group will continue to be the lead group monitoring progress against the EDS objectives, and will monitor our progress against the objectives. Progress will be reported regularly to the CCG Board.

Proposed objectives and actions

Objective 1: Develop a systematic approach to Equality Analysis across South West London				
<i>E(i)A = Equality Analysis or Equality Impact Assessment</i>				
Action	Task(s) associated	Timescale	Lead	Any relevant comment
Review best practice for Equality Analysis	Meet and discuss with SW leads best approach to EA.	April 2012	CS	Date set. All work around E(i)A design will be in conjunction with South West London E&D Leads
	Agree principles for best practice	April 2012	CS	
Redesign E(i)A template	Agree a simplified template	May 2012	CS	Although bulk of work will take place at April meeting, final template design needs to be tested
	Agree guidance notes to accompany them	May 2012	CS	
	Test out locally with staff and refine as appropriate	May 2012	CS	
	Ensure any patient safety concerns can be flagged up through EA process	May 2012	CS	
Identify those staff who require E(i)A training	Write to all staff to complete audit of staff EIA training	April 2012	CS	80% of relevant staff to be appropriately trained by date (funding permitting)
	ADs to discuss and identify their staff who require training	May 2012	SI	
Develop training course for E(i)A and advertise	Discuss with Solutions training provider any changes to template which will need to be reflected in training including patient safety Set date for next E&D training	May 2012	CS	
		June 2012	CS	
CCG Board to act as gatekeeper to ensure no projects or QIPP programmes move forward without E(i)A decision attached	CCG Chair to agree final E&D Objectives CCG Chair to re-state compliance to E(i)A protocol to staff	May 2012	NJ	Staff to be reminded that no project moves through CCG until EA completed.
		May 2012	NJ	
Develop process for collating and reviewing E(i)As	Remind all staff to deliver completed E(i)As to Performance and PPI Ensure EAs logged Provide quarterly report of themes from collated EAs to MT	April 2012 Ongoing	CS/SI SC SI	Remind staff that all programmes within QIPP need E(i)As - CS/via RE

Objective 2: Increase input from representatives of the protected characteristics in the commissioning process				
Action	Task(s) associated	Timescale	Lead	Any relevant comment
Expand membership of Thinking Partners (TP)	Review membership to identify gaps	May 2012	SI	
Develop Small grants scheme to encourage communities to send representatives to TP	Work with Link on wording of grants scheme	May 2012	CS	Dependent on Small grants scheme being funded
Invite all successful grant holders to TP induction session	Arrange meeting	CS/SI/DB		
Ensure Public Health JSNA lead invited to TP meetings	Write to PH lead with dates of TP meetings	MAY 2012	SI	LG to be invited or AN Other
Invite Council E&D lead to participate in TPG	Write to WBC- E&D lead with dates of TP meetings	May 2012	CS	
PPI Clinical lead to establish links with Seldom heard groups	Arrange programme of visits to Seldom heard communities	Ongoing from July 2012	SJ	
LCG clinical leads to establish links with Seldom heard communities	Identify PPI/LCG leads Arrange programme of visits to Seldom heard communities	Ongoing from July 2012	Locality clinical leads Clinical leads / SJ /CS	

Objective 3: Improve staff management and support during this next stage of transition				
Action	Task(s) associated	Timescale	Lead	Any relevant comment
Complete EA on Organisational change	Identify policies on Organisation change that have immediate impact on staff	June 2012	AM / GM	
	Complete EA alongside identifying actions	July 2012	AM / GM	
Ensure 1:2:1s taking place across teams and that staff understand relevant policies	Reiterate at 1:2:1s flexible working policies	July 2012	ADs and Managers	
Develop in-house induction programme	Develop Induction programme for all new or existing staff for transition into CCG	October 2012	SI / CS /SA	

Objective 4: CCG leadership: Communicate the CCG leadership to all communities across Wandsworth				
Action	Task(s) associated	Timescale	Lead	Any relevant comment
CCG Board membership	Identify executive or non-executive to act as E&D lead at CCG Board level	July 2012	NJ/GM	
CCG Visibility in Community	(See objective 2)Arrange programme of visits to Seldom heard communities Identify PPI/LCG leads Advertise all CCG meetings in PPI newsletter CCG to develop Communications plan to engage Communities	July 2012 July 2012 and ongoing From April 2012 Sept 2012	SJ SJ/CS CS NJ/GM	Discussion needs to take place

Appendix 1: Summary of evidence collected

Goal 1: Better Health Outcomes for all

<ul style="list-style-type: none"> Older People's presentation, Roehampton 	<ul style="list-style-type: none"> Anti-coagulant Local Enhanced Scheme
<ul style="list-style-type: none"> Community Dentist Procurement 	<ul style="list-style-type: none"> Drug and Alcohol re-procurement
<ul style="list-style-type: none"> Primary Contracts - community contracts 	<ul style="list-style-type: none"> Physical Activity Clinics
<ul style="list-style-type: none"> OOH Contracts - tender - user group consultations 	<ul style="list-style-type: none"> Pharmaceutical needs Assessment
<ul style="list-style-type: none"> Rapid Diagnostic Packages (RDPs) of Queen Mary's Hospital (QMH) 	<ul style="list-style-type: none"> Footsteps referral (Physical activity)
<ul style="list-style-type: none"> Winter deaths needs assessment 	<ul style="list-style-type: none"> Care homes needs assessments
<ul style="list-style-type: none"> 24hr ECG 	<ul style="list-style-type: none"> Annual drugs and alcohol needs assessment
<ul style="list-style-type: none"> Phlebotomy Local Enhanced Services (LES) 	<ul style="list-style-type: none"> Directed Enhance Service (DES) for Learning Difficulties, Health Checks (HC) checks, registers
<ul style="list-style-type: none"> Enhanced services through GPs and Local Enhanced Services (LES) 	<ul style="list-style-type: none"> Breast screening patient engagement
<ul style="list-style-type: none"> Obesity Strategy 	<ul style="list-style-type: none"> Diabetes Patient Group meeting and set up
<ul style="list-style-type: none"> Staff relocation - Access for People with Disabilities 	<ul style="list-style-type: none"> Lay user group meetings
<ul style="list-style-type: none"> Children's awareness raising - injuries 	<ul style="list-style-type: none"> Wandle Patient group
<ul style="list-style-type: none"> Quality, Innovation, Productivity and Prevention (QIPP) user engagement 	<ul style="list-style-type: none"> Patient Engagement on FURs Bid
<ul style="list-style-type: none"> Mental Health and Community Services Wandsworth (CSW) investments in new services 	<ul style="list-style-type: none"> Health Visitor redesign - Child and Adolescent Mental health Service (CAHMS)
<ul style="list-style-type: none"> Joint Intermediate Care Strategy 	<ul style="list-style-type: none"> Mental Health and Learning Disabilities (LD) transitions protocols
<ul style="list-style-type: none"> Physical activity Clinics/Exercise referrals 	<ul style="list-style-type: none"> Mixed sex wards Data
<ul style="list-style-type: none"> Older Adults service model 	<ul style="list-style-type: none"> Safeguarding (Adults and children) contract framework
<ul style="list-style-type: none"> COPD Pathway 	<ul style="list-style-type: none"> Safeguarding and equalities training of health trainers
<ul style="list-style-type: none"> Patient engagement around bone health 	<ul style="list-style-type: none"> Blood Bourne Virus services and needle Exchange
<ul style="list-style-type: none"> Local delivery plans 	<ul style="list-style-type: none"> Harm reduction clinic pilot
<ul style="list-style-type: none"> Health trainer service spec 	<ul style="list-style-type: none"> Health and Well Being Boards
<ul style="list-style-type: none"> Health trainers 121s 	<ul style="list-style-type: none"> Primary and Comm. Immunisation programme
<ul style="list-style-type: none"> Older peoples projects in Roehampton 	<ul style="list-style-type: none"> Childhood immunisation plans
<ul style="list-style-type: none"> Wandsworth Carers Centre service specification 	<ul style="list-style-type: none"> Better access to Sexual Health screening and immunization

<ul style="list-style-type: none"> NHS Health checks marketed to carers via carer support organisations 	<ul style="list-style-type: none"> Vaccination DVD project
<ul style="list-style-type: none"> Cardiovascular Disease (CVD) - heart failure transport audit 	<ul style="list-style-type: none"> Hard to reach groups vaccinations
<ul style="list-style-type: none"> Any Qualified Provider (AQP) consultation 	<ul style="list-style-type: none"> Sexual Health testing on site
<ul style="list-style-type: none"> Commissioning Quality and Innovation (CQUINs) for South West London and St Georges 	

Goal 2: Improved Patient Access and Experience

Evidence to Support Grading

<ul style="list-style-type: none"> CSP- Commissioning Strategy Plan 	<ul style="list-style-type: none"> Falls and bone health
<ul style="list-style-type: none"> JSNA – Joint Strategic Needs Assessment 	<ul style="list-style-type: none"> Older adults mental health
<ul style="list-style-type: none"> PPI – Patient and Public Involvement Strategy 	<ul style="list-style-type: none"> Referral Screening
<ul style="list-style-type: none"> PALS (Patient Advice and Liaison Service) and complaints policy 	<ul style="list-style-type: none"> Child and Adolescent Mental health Service (CAMHS) needs Assessment and service spec. and patient survey
<ul style="list-style-type: none"> Experts Patients Programme 	<ul style="list-style-type: none"> Referral Management Programme
<ul style="list-style-type: none"> Equalities Strategy 	<ul style="list-style-type: none"> Methotrexate
<ul style="list-style-type: none"> Wandsworth Lay User Group 	<ul style="list-style-type: none"> Health and Well Being Boards
<ul style="list-style-type: none"> You're Welcome Accreditation 	<ul style="list-style-type: none"> Waiting times data
<ul style="list-style-type: none"> EDS Day with Thinking Partners Group(TPG) 	<ul style="list-style-type: none"> Requests for equipment/ Freed Up Resources
<ul style="list-style-type: none"> Stonewall Workplace Assessment 	<ul style="list-style-type: none"> BME communities recruited to programmes
<ul style="list-style-type: none"> Work with the Wandsworth Lesbian, Gay, Bisexual and Transgender (LGBT) group 	<ul style="list-style-type: none"> Shoulder pathways developed
<ul style="list-style-type: none"> Involvement and engagement log 	<ul style="list-style-type: none"> Queen Mary's Hospital (QMH) Rapid Diagnostic Pathways
<ul style="list-style-type: none"> Wandsworth health jury for young people 	<ul style="list-style-type: none"> Comms. Plan for health trainers
<ul style="list-style-type: none"> Out of hours procurement 	<ul style="list-style-type: none"> GP Led health Centre
<ul style="list-style-type: none"> Redesign and procurement of Drug and Alcohol Team(DAAT) Services 	<ul style="list-style-type: none"> Out of Hours (OOH) Referral
<ul style="list-style-type: none"> Obesity procurement and quality 	<ul style="list-style-type: none"> Bowel Screening Focus groups
<ul style="list-style-type: none"> Breastfeeding strategy 	<ul style="list-style-type: none"> Intermediate care specification/stakeholder involvement

Goal 3: Empowered, engaged and well supported staff: Evidence to support Grading

<ul style="list-style-type: none"> Staff survey carried out as part of EDS activities 	<ul style="list-style-type: none"> Stonewall Workplace Assessment
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