

Sharing the Learning – Implementing the Equality Delivery System for the NHS – EDS/EDS2

Your details	
Organisation: <i>Name and type of organisation</i>	NHS Midlands and Lancashire CSU & East Lancashire CCG
Job titles:	1) Head of Corporate Affairs East Lancashire CCG 2) Senior Operating Officer EL CCG 3) Head of Equality & Inclusion
Contact details: <i>Name, telephone, email</i>	1) Angela Brown 01282 644684 , angela.brown@eastlancscg.nhs.uk 2) Cath Randal 01282 644910 Cath.Randall@eastlancscg.nhs.uk 3) Jules Wall – 01772 214095 julie.wall@lancashirecsu.nhs.uk
What are your organisation's Equality Objectives? If published, please include the web link:	Objective 1: Improving lives of local people and patients Objective 2: Inclusive leadership and represented and supported workforce http://www.eastlancscg.nhs.uk/about-us/equality-diversity/

Title of Case Study:	
EDS2 is Everybody's Business	
Which EDS Goal does your case study relate to? <i>Please tick all that apply</i>	Which protected characteristic(s) are covered by your case study? <i>Please tick all that apply</i>
<input checked="" type="checkbox"/> Better health outcomes <input checked="" type="checkbox"/> Improved patient access and experience <input type="checkbox"/> A representative and supported workforce <input type="checkbox"/> Inclusive leadership	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input type="checkbox"/> Religion or belief <input type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation
Background information about EDS activity in your organisation:	
<i>Include a brief summary of how EDS/EDS2 is implemented in your organisation,</i>	

including positives and challenges, e.g. joint grading with local interests etc.

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

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

The grading for goals one and two in 2014 focused on the outcomes that were graded as developing in 2013 to allow the Clinical Commissioning Group to demonstrate how it had taken on board feedback from the 2013 grading and had progressed over the twelve months. This grading was carried out with the involvement of local people some of whom were involved in the grading in 2013 and staff representatives. All of local people graders and staff members received training to support them in their role as EDS2 graders.

The Clinical Commissioning Group graded at all outcomes in goals three and four which focused on staff and leadership as there had been a significant change in personnel in the organisation since grading took place in 2013.

The grading for goal three was carried out by staff representatives in August and the local people representatives were involved in grading outcome 4.1 *Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations* and outcome 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.*

Grading of goals 1 and 2 took place in September 2014 and the results showed clear improvements across a number of outcomes. The grading was fully supported by staff across the CCG including the leaders and key commissioners.

- A number of local interest groups and organisations attended the grading event including representation from across the 9 protected characteristic groups.

Positives:

- Taking a pathway approach was helpful for the local interest graders and allowed CCG staff to be able to present evidence e.g. video of Maternity project
- Using the electronic grading pads this allowed everyone in the room to actively have their vote registered with opportunity for individuals to make comments either verbal or written re the grading process, evidence presented or other recommendations which were captured by the facilitators.
- Having grader consistency from 2013 – 2014

The challenges were around:

1. Ensuring the evidence was presented in simple English and in alternative formats e.g. large font, audio etc.
2. Ensuring graders were able to look across all protected groups rather than just the ones they were representing.
3. The grading panel proposed to become a reference group which was been welcomed by the CCG and plans will be developed in order to take this forward.

What are you proud of and how has this benefited patients and/or staff?

Include any outcomes for patients, communities or staff.

Maternity Service Liaison Committee – which is a service user forum

How was this achieved?

Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.

The Maternity Liaison Committee which is a service user feedback forum. This forum reviewed the provision of antenatal education – ‘prepare to parenthood classes’. Which in east Lancashire are called ‘Births, Bumps and Beyond’.

There had been negative feedback from service users and poor numbers of people attending the classes.

The forum used a model of appreciative enquiry to explore the reasons for this poor uptake and negative feedback. The forum looked at the positive things that were being delivered already and where they wanted to build on this. The forum worked with multiagency partners, midwives, health visitors, children’s centres, health improvement partnership/public health voluntary and private sector e.g. National Child Birth Trust over three workshops.

Some of the changes were as a direct result of service user feedback e.g. they did not want to hear about baby stair gates and contraceptive services in the antenatal stage therefore the delivery model and content of the classes were changed to reflect this with a ‘reunion’ session taking place post nataly for service users to hear those messages when they felt ready and prepared to.

Midwives and Health Visitors had feedback re their concerns of delivering sessions to large groups of service users and therefore they received appropriate training to support them.

The other area the work focused on were the protected characteristics (awareness came through undertaking EDS in 2013 and E&I Training with the Commissioning Leads over 2013/14). The forum took into consideration of comments received from single sex couples who suggested the language of the classes were inappropriate e.g. talking about mum and dad. So the forum worked with people in same sex couples to ensure a more appropriate language set for the classes which promotes inclusion and equality.

Challenges:

- Getting people together do the work as it multiagency approach e.g. getting engagement with clinical staff and leadership in organisations and agreeing how to take the work forward
- Having to do the video for EDS2 grading, it took time to do the video and I had to think about how I presented the information of the project to the graders as I could not be there on the day. The video link is not yet operational but can be provided.

Top tips:

What learning could other organisations take from your example above?

The video presentation for EDS2 was a good way of delivering the evidence to the

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graders on the day

Ensuring that the project was service user led rather than agency led really pain dividends.