

# EVIDENCE SUBMISSION TEMPLATE

## Goal 4

Move beyond legal compliance to initiating best practice.

<b>PCT name:</b>	<b>NHS Tameside and Glossop March 2011</b>
<b>Provider trusts where you are the lead commissioner:</b>	

**OR**

<b>Provider trust name:</b>	
-----------------------------	--

## Goal 4

Move beyond legal compliance to initiating best practice.

### Deliverable 4.1

Develop single equality schemes that are in line with existing and forthcoming legislation which are evidence based and outcome focused and where commissioner and provider schemes are reflective of each other's outcomes.

Performance level	Guidance
<ul style="list-style-type: none"><li><b>Developing</b></li></ul> <p>An equality scheme that addresses all strands is developed in conjunction with PCT and community stakeholders. The board is committed to exceeding current statutory requirements.</p>	<ol style="list-style-type: none"><li>1. Do you have a single equality scheme in place which addresses all the equality strands, particularly disability, race and gender? Has the scheme been updated in accordance with the statutory timetables for refreshing plans every three years?</li><li>2. How is your board involved in ensuring that the whole organisation owns the scheme? What governance arrangements are in place to regularly monitor the delivery of the action plan and effectiveness of the single equality scheme?</li><li>3. What systems do you have in place to enable the continuous engagement, involvement and evaluation of the single equality scheme by stakeholders including staff and equality target groups?</li><li>4. How are you working with providers to ensure they can fulfil their part of delivering the goals of the scheme?</li><li>5. How do you continually communicate the single equality scheme and its ongoing process? Is it on your web site? Do you issue news releases or blog about action milestones being achieved?</li></ol>

#### Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

#### General response across all equality strands

Race  
 Disability  
 Gender  
 Trans  
 Age  
 Sexual Orientation  
 Religion and Belief

Performance level	Guidance
<p><b>• Achieving</b></p> <p>An evidence based and outcome focussed equality scheme is in place and is an enabler of key strategies.</p>	<ol style="list-style-type: none"> <li>1. What steps have been taken to ensure that your scheme is fully evidence based? Has the single equality scheme action plan been developed using disaggregated population, health needs, service access and workforce data, as well outcomes of equality impact assessments of key strategies / plans (e.g. workforce strategy, commissioning strategic plans)?</li> <li>2. Does the action plan reflect priorities for all of the equality strands as well as any local additional strands e.g. carers, deprivation, travellers and new migrants? What proportion of the actions in your plan are directly focused on specific and measurable actions for particular groups?</li> <li>3. What specific measureable health and quality outcomes are you achieving internally and with your providers through delivery of the action plan?</li> <li>4. How is your equality scheme informing key strategies and plans?</li> </ol>

**Submit Evidence Below**

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

**General response across all equality strands**

We launched public patient, staff and stakeholder consultation in 2009 on developing a new Single Equality Scheme or SES (2009-12) with 3 year action plan. Our website and SES summarised our consultation programme across Tameside and Glossop.

[http://www.tamesideandglossop.nhs.uk/templates/Page\\_\\_\\_\\_4159.aspx](http://www.tamesideandglossop.nhs.uk/templates/Page____4159.aspx)

However, we were keen from the outset to ensure stakeholders continue to feedback to ourselves on the key priorities in terms of need

across the protected characteristic group. In 2009 we also included sexual orientation and carers are separate groups and began exploring with these groups how we could be more inclusive. We welcome the building of very productive relationships with the LGB Foundation Manchester and Derbyshire Vision for Gender Variance feedback on inclusive practices. Our work this year has focussed on monitoring in terms of patient satisfaction levels by protected groups, the option to declare personal and sensitive data within anonymous protected group surveys, and whether any discriminatory element was experienced through services.

Our SES is fully evidence based and was updated in line with ongoing consultation with patient representatives within our new Consumer Advisory Panel from Sept 2010, legislation changes and TCS restructures at the PCT taking effect in April 2011.



NHS TG SES Dec Board front sheet  
2010 update.pdf Single Equality Scl

#### What Will Be Different By 2012? – Five Steps to Equality

Building on our learning to date, we have consulted with patients, stakeholders and staff to identify five equality objectives to achieve by 2012:

**Objective 1: Tackling inequality, disadvantage and discrimination**

**Objective 2: Consideration of people whose circumstances make them vulnerable**

**Objective 3: Make our organisation more representative of the local communities we serve**

**Objective 4: Ensure all protected characteristic groups have opportunity to influence service design**

**Objective 5: Our approach to Commissioning and Providing Clinical services will be fair and accessible to the PCGs**

The Single Equality Scheme Action Plan sets out how these objectives will be met - including the outcomes the Trust is aiming to achieve, the activities required to meet the outcomes, and the measures that will be used to assess progress. It also shows how each activity relates to the current **equality general duties** by cross referring to each duty numbered below.

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

This attached SES pdf shows Appendices 1 to 6 (page 33 onwards) of our earlier DRAFT version.



NHS TG SES v3  
(2) (4).pdf

Our SES has both informed through key stakeholder priorities and links firmly to our updated EDHR Strategy now 2009-12 and the following Objectives:

[http://www.tamesideandglossop.nhs.uk/templates/Page\\_\\_\\_\\_4160.aspx](http://www.tamesideandglossop.nhs.uk/templates/Page____4160.aspx)



Pillars.docx

In December and June 2010 an Achievements Report was submitted to our strategic governance Group EDMA (Equality Diversity Monitoring Advisory).



EDHR

Achievements Ref



EDHR

Achievements Jun

The Consumer Advisory Panel provides scrutiny of our decision around key changes such as Out of Hours A&E service, Minor Hand Surgery, Ashton & Glossop Primary Care Centre Operational Reviews etc. They are presented with mini case studies which are summarised Analysis of the Effects and they give us feedback on how we can introduce more inclusive practices.

**How the Consumer Advisory Panel can make a difference to services**

Members will have opportunities to influence your local NHS on behalf of the people they represent such as older people, disabled people, people from the lesbian and gay community and other protected groups

23

Provide transparent scrutiny to ensure patients can access services fairly

Members can provide feedback by any of the following methods: e-mailing us, attending meetings, by telephone (we phone you), by summary text, attend Focus Groups, reply to surveys

We are keen to provide a range of flexible membership options.

**What can this new Panel achieve?**

An opportunity for Members to have their say on changes and improvements in local services

Helps to translate local need into service improvements

Put across Members’ opinions on experiences of services

Providing a sounding board to bridge the gap between service delivery and how patients experience those services

Scrutinise key changes and alert NHS Tameside and Glossop to any

discriminatory practice which impacts negatively on any of the local protected groups.

Testimonials have been provided by Panel members about the value of this Panel.



Consumer  
Advisory Panel.doc

We have recently drafted a 'lean' Inclusive Commissioning Mini Handbook which is currently being finalised. This handbook includes summarised outcomes from Consumer Panel feedback, which can be used by commissioners as guidance on designing even more inclusive service specifications.



Inclusive  
Commissioning Handbook.doc

Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> <li><b>Excellent</b></li> </ul> <p>Measurable health and workforce outcomes have been achieved as a result of the equality scheme.</p>	<ol style="list-style-type: none"> <li>1. What positive health and workforce outcomes have been achieved by you and/or your providers as a result of the single equality scheme? How are these broken down by equality target group?</li> <li>2. Can staff and community stakeholders identify any improved outcomes?</li> <li>3. What exceptional and innovative methods have you employed to ensure that your equality scheme is a key enabler of all activity and that it delivers measurable health and workforce outcomes? What best practice can you share with other PCTs?</li> </ol>

## Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

<b>General response across all equality strands</b>	
<b>Race</b>	
<b>Disability</b>	
<b>Gender</b>	
<b>Trans</b>	
<b>Age</b>	
<b>Sexual Orientation</b>	

### Consider this deliverable in conjunction with:

- Equality legislation
- Equality Framework for Local Government: place shaping, leadership, partnership and organisational commitment
- Care Quality Commission Criteria for assessing core standards in 2009/10
- Department of Health: 10 Steps to Your SES: A Guide to Developing a Single Equality Scheme (DH).

## Goal 4

Move beyond legal compliance to initiating best practice.

### Deliverable 4.2

Ensure all strategies, plans and activities are subjected to equality impact assessments in accordance with national directives and equalities legislation.

Performance level	Guidance
<ul style="list-style-type: none"><li><b>Developing</b></li></ul> <p>Effective processes are in place to systematically carry out quality and evidence based equality impact assessments across all business functions.</p>	<ol style="list-style-type: none"><li>1. How do you and your providers ensure that equality impact assessments are carried out consistently across all organisational business? Is there a protocol in place to assure that key policies and plans are only signed off with an accompanying equality impact assessment?</li><li>2. Is there an action plan of functions and priorities which sets out which equality impact assessments will be undertaken and by when?</li><li>3. What systems are in place to monitor the action plans?</li><li>4. How is the capability and capacity of staff carrying out equality impact assessments developed in your PCT and in your provider organisations?</li><li>5. How are the equality impact assessments quality assured? How are equality stakeholders involved in the equality impact assessment process? What evidence base is used to support equality impact assessments?</li><li>6. How do you continually communicate equality impact assessments, related action plans and the progress made?</li></ol>

## Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

**General response across all equality strands**

**Race**

**Disability**

**Gender**

**Trans**

**Age**

**Sexual Orientation**

Performance level	Guidance
<ul style="list-style-type: none"><li><b>Achieving</b></li></ul> <p>Evidence identified through equality impact assessments is actively informing all strategic and operational plans and priorities to address differential impact for both service users and the workforce.</p>	<ol style="list-style-type: none"><li>1. How are the results of your equality impact assessments informing strategic and operational plans and priorities for both service users and the workforce?</li><li>2. Are equality impact assessments undertaken when procuring or commissioning services? Are the outcomes reflected in the specifications for the service, in the procurement process and in contract monitoring?</li><li>3. What systems do you have in place to ensure that issues identified through the equality impact assessment process are addressed appropriately?</li><li>4. How are equality impact assessments contributing to the organisation's evidence base?</li></ol>

## Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

### General response across all equality strands

We have firmly embedded the requirement to carry out Analysis of the Effects within Commissioning requirements within service specifications.

A rolling programme of EIAs has this year been carried out by Provider and Commissioners.



Equality Impact Assessment



EIA PER



Contract

Management 2010



EIA programme Health and Wellbe

Our process has been reviewed following Equality Act 2010 directives. Analysis of Effects Toolkit shown below.



Relevance\_Screening\_Tool.doc



Analysis of Effects Toolkit.doc

Working with contracting & Performance colleagues, E&D have developed the following monitoring documents which have been embedded within all provider contracts, regardless of contract size from March 2011.



Template for EDHR annual reporequired



Provider partner required EDHR staprocedure



NHS TG EDHR in procurement guide: (pdf is a draft doc only at this stage)



KPIs NHS TG Feb 2011.doc

This final KPI list has been developed in joint working with Consumer Advisory Panel members and outcomes of their own scrutiny for inclusion recommendations to Commissioners (via service specs).

EIAs have contributed a great deal to our organisation's evidence base, as shown above. We have also moved to embed this approach with provider partner contracts and subsequent monitoring of annual electronic evidence.

All issues evidenced via EIAs are subsequently reported to EDMA for overseeing and scrutiny of outcomes via half yearly Achievements Reports (see reports attached).



EDHR

Achievements Rep



EDHR

Achievements Rep

Our DEWG (operational governance group for EDHR has developed a succinct business plan which they have delivered on this year.



DEWG Business  
Plan 2010 - final v

## Race



BME Network  
Report March 201



BME network  
annual report 200

Our BME Staff Support Network have also carried out an effective scrutiny role for race inclusion across a range of EIAs this year and have received training from our E&D Manager on how to scrutinise for inclusion.

Annual Progress Report is attached March 2011



BME Network  
Report March 201

Our E&D Manager also trains EIA Lead staff through monthly EIA Master Class sessions. Training is also provided in terms of carrying out a scrutiny role, to BME Staff Support Group members.

Our latest Inclusive Commissioning Handbook sets out how EIAs or mini Case Studies presented by PCT Leads to Consumer Advisory Panel members, are informing commissioning of services in terms of the protected characteristic groups.



Inclusive  
Commissioning H

<b>Disability</b>	
<b>Gender</b>	
<b>Trans</b>	
<b>Age</b>	
<b>Sexual Orientation</b>	

<b>Performance level</b>	<b>Guidance</b>
--------------------------	-----------------

<p><b>• Excellent</b></p> <p>Measurable improvements in health and workforce outcomes are achieved through effective equality impact assessments.</p>	<ol style="list-style-type: none"> <li>1. How have equality impact assessments been used to improve the quality of and access to services, as well as to improving the working lives of staff? What measurable improvements in health and workforce outcomes have been achieved? Can staff and community stakeholders identify any improved outcomes?</li> <li>2. What exceptional and innovative methods have you and your providers employed to ensure that your equality impact assessments result in measurable improvements to health and workforce outcomes? What best practice can you share with other PCTs?</li> </ol>
---	---

**Submit Evidence Below**

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

<p><b>General response across all equality strands</b></p>	<p>A new patient representative Consumer Advisory Panel was established in September 2010, with clusters of members encouraged through flexible membership approaches across each of the protected groups (including carers).</p> <p>Mini Case studies are brought to the Panel by PCT Lead staff focusing on key change areas such as TCS, service (re) designs, and policy / strategy reviews. Areas covered include: Minor hand surgery, Pharmaceutical Needs Assessment, Out of hours A&amp;E service, Glossop Dental Access service (re-design). Panel members scrutinise our changes for any adverse or differential impact on any of the protected groups. As we don't know what we don't know, this is an essential engagement tool for PCT Commissioners and Providers. Feedback is tracked on an Issues Matrix. We are keen to ensure outcomes are embedded into practice for</p>
--	---

practical patient improvements.  
The average time for practical patient outcomes to be agreed has been 3 to 6 months to date.

See attached:

- Issues Matrix (see outcomes column)
- Panel Testimonials from Panel members
- Benefits of membership.



Consumer Panel  
Issues Matrix v2.p



Consumer  
Advisory Panel.do



Membership  
Benefits of joining

The Consumer Panel is supporting the E&D Lead in compiling a lean Inclusive Commissioning Handbook, based on Panel discussions and outcomes achieved to date.

Draft Handbook attached



Inclusive  
Commissioning He

A new Accessibility Statement developed by the Consumer Advisory Panel following scrutiny of mini Case Studies (EIAs), is available from our home page of the website.



Accessibility  
Statement Nov 20

Our (Consumer Advisory Panel) Issues Matrix tracks key change issues raise by commissioning or Provider lead staff such as A&E Out of Hours Service, Minor Hand Surgery, Pulmonary Rehab, Stroke (is due to be discussed April 2011). Our Inclusive Commissioning Handbook (in draft) takes the outcomes arising from scrutiny by external stakeholder patient reps and ensures they are embedded into day to day practice by Commissioners developing service specifications.

See above document.

Race

Disability

Gender

Trans

Age

Sexual Orientation

**Consider this deliverable in conjunction with:**

- Equality legislation

NOT FOR CIRCULATION

- Equality Framework for Local Government: place shaping, leadership, partnership and organisational commitment
- Care Quality Commission Criteria for assessing core standards in 2009/10

## Goal 4

Develop the right services: targeted, useful, useable, and used.

### Deliverable 4.3

Develop robust contracts that make equality and diversity activities and responsibilities explicit for providers.

Performance level	Guidance
<p><b>• Developing</b></p> <p>Equality and diversity requirements, as identified through equality impact assessments, are embedded into the commissioning and procurement processes.</p>	<ol style="list-style-type: none"> <li>1. How do commissioning and procurement processes take account of equality issues? Is there corporate guidance on the equality and diversity requirements for the procurement and commissioning process? Are there standard equality clauses for contracts? How do specifications take account of the different needs of users?</li> <li>2. How is your local evidence base, as developed through equality impact assessments, being used to inform and determine the commissioning and procurement process? Do service specifications set measurable standards?</li> <li>3. How can you demonstrate through scoring and weighting in the short-listing process that equality key performance indicators are given due regard?</li> <li>4. How are you developing the capability of procurement, contracting and commissioning personnel in terms of equality and diversity requirements?</li> </ol>
<p><b>Submit Evidence Below</b></p> <p>Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.</p> <p>Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.</p>	
<p><b>General response across all equality strands</b></p>	
<p><b>Race</b></p>	
<p><b>Disability</b></p>	
<p><b>Gender</b></p>	

<b>Trans</b>	
<b>Age</b>	
<b>Sexual Orientation</b>	

<b>Performance level</b>	<b>Guidance</b>
<p>• <b>Achieving</b></p> <p>Robust performance monitoring of contracts ensures that providers are addressing the gaps identified by equality impact assessments as well as delivering their statutory equality and diversity responsibilities.</p>	<ol style="list-style-type: none"> <li>1. What systems are in place to performance manage providers in delivering their responsibilities in terms of equality and diversity? e.g. <ul style="list-style-type: none"> <li>• specification of suitable equality outcome key performance indicators in service contracts</li> <li>• collection of good quality equality target group data for both workforce and service users</li> <li>• development of a diverse and culturally competent workforce at all levels</li> <li>• meeting their own legal obligations with regards to the equality duties</li> </ul> </li> <li>2. Is there evidence that service provision is being monitored using quantitative and qualitative analysis, and the results considered and analysed by both provider and commissioner?</li> <li>3. How do your procurement arrangements address the action /outcome requirements set out in your equality scheme/s? How is the contract managed over time to support good practice and continuing service improvement?</li> <li>4. How are you engaging with equality target groups to provide evidence that effective delivery of equality and diversity responsibilities are being achieved? For example, Do you involve equality target group stakeholders in “secret shopper” arrangements?</li> </ol>

**Submit Evidence Below**

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

<b>General response across all equality strands</b>	Provider partner contracts have equality and diversity performance measures embedded ie
---	---



Template for  
EDHR annual repo

## EDHR Schedule



Provider partner  
required EDHR sta

## Set of minimum service standards

## KPI List 2011



KPIs NHS TG Feb  
2011.doc

A new patient representative Consumer Advisory Panel was established in September 2010, with clusters of members encouraged through flexible membership approaches across each of the protected groups (including carers).

Mini Case studies are brought to the Panel by PCT Lead staff focusing on key change areas such as TCS, service (re) designs, and policy / strategy reviews. Areas covered include: Minor hand surgery, Pharmaceutical Needs Assessment, Out of hours A&E service, Glossop Dental Access service (re-design). Panel members scrutinise our changes for any adverse or differential impact on any of the protected groups. As we don't know what we don't know, this is an essential engagement tool for PCT Commissioners and Providers. Feedback is tracked on an Issues Matrix. We are keen to ensure outcomes are embedded into practice for practical patient improvements.

The average time for practical patient outcomes to be agreed has been 3 to 6 months to date.

### See attached:

- Issues Matrix (see outcomes column)
- Panel Testimonials from Panel members
- Benefits of membership.



Consumer Panel  
Issues Matrix v2.p








Consumer  
Advisory Panel.do



Membership  
Benefits of joining

The Consumer Panel is supporting the E&D Lead in compiling a lean Inclusive Commissioning Handbook, based on Panel discussions and outcomes achieved to date.

Draft Handbook attached

	 <p>Inclusive Commissioning He</p>  <p>Carer Overview Report (draft) Jun</p> <p>Our Carer Lead developed a Carer overview Report for EDMA members' consideration in inclusive practices. This links to our EDHR Strategy Objectives (2009-12). At NHS T&amp;G we made a strategic decision to include Carers as a protected characteristic group – in terms of scrutiny for inclusion.</p>
<b>Race</b>	
<b>Disability</b>	 <p>Briefing for Julia Allen - Mental We</p> <p>A Mental Well-being Impact Assessment is being embedded within our analysis of effects process (and AoEs Leads training) via our EDMA strategic governance group in 2011.</p>
<b>Gender</b>	
<b>Trans</b>	
<b>Age</b>	
<b>Sexual Orientation</b>	 <p>Derbyshire main 2 LGBT His Month</p>  <p>improving_sexual_orientation_moni</p>

Performance level	Guidance
<ul style="list-style-type: none"> <li><b>Excellent</b></li> </ul> <p>Measurable improvements in health outcomes are achieved through robust contract monitoring.</p>	<ol style="list-style-type: none"> <li>1. What improved outcomes across equality target groups have been achieved?</li> <li>2. What exceptional and innovative methods have you employed to ensure that measurable improvements in health outcomes for equality target groups are delivered through the commissioning and procurement process? What best practice can you share with other PCTs?</li> </ol>

## Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

<b>General response across all equality strands</b>	
<b>Race</b>	
<b>Disability</b>	
<b>Gender</b>	
<b>Trans</b>	
<b>Age</b>	
<b>Sexual Orientation</b>	

### Consider this deliverable in conjunction with:

- Equality legislation
- Equality Framework for Local Government: place shaping, leadership, partnership and organisational commitment
- Care Quality Commission Criteria for assessing core standards in 2009/10
- NHS North West: Recommendations on equality and diversity elements of NHS contract for community services
- Mosaic: NHS procurement and equality portal
- Race for Health: A guide to policy and good practice for commissioning services