

Equalities Information

(v5, 30 January 2014)

This Equalities Information document remains work in progress and the CCG will aim to review the content on a quarterly basis to include updated information.

Areas to demonstrate compliance with Public Sector Duty of Equality	Summary of East Leicestershire and Rutland Clinical Commissioning Group activity	Documentary evidence available to support narrative
<p>1: Better health outcomes for all</p> <p>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote wellbeing and reduce health inequalities</p>	<p>NHS East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG or the CCG) has a diverse population made up of many different groups and communities. People have differing health needs which need tailored commissioning, communication and engagement. We believe that patients are at the centre of the way we design and commission our services. Our Integrated Plan 2012 – 2015 (commissioning strategy) and Annual Plan 2013 – 2014 are designed to respect and reflect the needs of all communities and groups in order to deliver first class health services to all. This is most apparent in our commitment to delivering equitable health services in line with equality legislation and policy. This is supported by our approach to tailoring our communication, engagement and consultation to meet the needs of our different communities.</p> <p>The demographics of the population, along with existing health equalities, are a key consideration when developing our annual commissioning intentions and strategic and operating commissioning plans. The commissioning of local NHS services involves the CCG working with public health, providers, partners and local communities, to identify and understand patients’ needs and design services to meet those needs. This is done by working within a structured and planned process called the ‘commissioning cycle’. This process is continuous to ensure that services are developed and improved based on provider performance, patient experience and current local need. The commissioners of services lead the process for deciding how best to provide services and for making this happen.</p> <p>In 2013 – 2014 the CCG aimed to achieve its vision through delivery of the following aims:</p> <ul style="list-style-type: none"> • Transforming services and enhancing quality of life for people with long-term conditions – focusing on respiratory disease, diabetes, heart failure, dementia and mental health • Improving the quality of care – clinical effectiveness, safety and patient experience 	<p>CCG 3 year commissioning strategy is set out in the Integrated Plan 2012 – 2015, which is available at http://www.eastleicestershireandrutlandccg.nhs.uk/images/pdfs/ELR_CCG_Integrated_Plan_2012-2015.pdf .</p> <p>The Annual Plan 2013 – 2014 outlining details of work we would undertake in 2013 – 2014 underpins the Integrated Plan and can be found at the following http://www.eastleicestershireandrutlandccg.nhs.uk/images/pdfs/Annual%20plan%2020132014%20-%20FINAL%20-%20Apr%202013%20with%20appendices.pdf</p> <p>Your health is our priority: our plans for 2013 – 2014 is a summary of the Annual Plan for the public: http://www.eastleicestershireandrutlandccg.nhs.uk/images/pdfs/ELR%20CCG%20-%20Prospectus.pdf .</p>

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	<ul style="list-style-type: none"> • Reducing inequalities in access to healthcare – targeting areas and population groups with the greatest need • Improving integration of local services – between health and social care, and secondary, primary and community care • Listening to our patients and the public – acting on what they tell us • Living within our means – and using public money effectively <p>The CCG is committed to providing equality and respect to the whole of the community as well as patients, CCG employees and potential employees (as outlined in the CCG’s Equality and Diversity Strategy 2012 – 2015). ELR CCG is committed to treating everyone who it comes into contact with fairly and not discriminate against anyone because of their age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation or whether they are married or in a civil partnership.</p> <p>The CCG takes equality and diversity into account during all of its work and its commissioning arrangements, including in the production of reports and policies (see example of report front sheets for Governing Board papers). One of the ways that this is achieved is by carrying out an equality analysis at appropriate times to look at who is or could be affected by a decision and to check whether we are meeting the three equality aims. Examples of this are provided later in this document, for instance, as described under the Minor Injuries Services, Involving and Informing Strategy etc.</p> <p>Equalities analysis is undertaken in the review of our policies and systems; commissioning, design and procurement of services, a couple of examples provided below:</p> <ol style="list-style-type: none"> i. Involving and Informing Strategy: our approach to 	<p>The CCG Equality and Diversity Strategy 2012 – 2015 is available on the Equality, Diversity and Human Rights page on the CCG website.</p> <p>Front sheets for reports to the Governing Body require authors to document whether an equality analysis has been undertaken in the consideration of the content of their report. Examples of this are available within reports to the Governing Body e.g. Reports on the Minor Injuries Services and the Involving and Informing Strategy:</p> <ul style="list-style-type: none"> • MIU Review (Paper H, 9th July 2013 Governing Body papers – includes equality analysis on front sheet http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/July%202013%20-

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	<p>Communications and Engagement (September 2013) – due regard has been undertaken in the development of this strategy as detailed in front sheet of the Governing Body report In July 2013, the Governing Body received a draft of the CCG’s refreshed Involving and Informing Strategy. The document was subsequently updated based on comments received and approved in September 2013 which strengthen the CCG’s plans for public and patient involvement.</p> <p>The refreshed strategy outlines the CCG’s approach to communications and engagement and sets challenging objectives for the CCG to ensure patients and the public, stakeholders, clinicians and staff are fully and effectively involved in commissioning decisions.</p> <p>This report also highlights achievements, challenges and activities on the horizon, to provide information and assurance to the Governing Body regarding the CCG’s communications and engagement activity.</p> <p>The covering paper for Governing Body reports requires authors to confirm whether an equalities analysis has been undertaken giving due regard to the public duty of equality. This report is an example where consideration has been given to the public duty and incorporated into the Involving and Informing Strategy.</p> <p>ii. Minor Injuries Services (MIS) across the CCG are currently delivered within a variety of settings (including both Minor Injury and Minor Illness (MIAMI) Units and primary care), at different hours of the day and days of week, and through multiple service models. The MIS review has been undertaken to ensure that ELR CCG commissions safe, timely, effective and value for money minor injuries services that meet the needs of local people. It is set in the context of supporting the CCG’s priorities in relation to emergency and urgent care, particularly by:</p> <ul style="list-style-type: none"> Improving access to more appropriate settings of care for 	<p>%20Governing%20body%20papers.pdf</p> <p>Involving and Informing Strategy: our approach to Communications and Engagement, September 2013 (Paper J, 10th September 2013 Governing Body papers. Front sheet and content makes outlines equality analysis undertaken.</p> <p>http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/September%202013%20-%20Governing%20body%20papers.pdf</p> <p>Minor Injuries Services Review (Paper H, 9 July 2013 Governing Body papers – includes equality analysis on front sheet and detail in report). http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/July%202013%20-%20Governing%20body%20papers.pdf</p>

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	<p>people with emergency and urgent care needs;</p> <ul style="list-style-type: none"> • Improving quality of care by reducing variation in primary care, developing more responsive community based services and improving the quality of patient services and experience; and, • Reflecting the Leicester, Leicestershire and Rutland (LLR) Emergency Care Network left shift strategy by ensuring that patients access the right care in the right place, by those with the right skills, the first time. <p>The review has also coincided with plans to improve out of hours services for the CCG and the review's recommendations are aligned to these plans.</p> <p>Initial patient engagement was undertaken in Spring 2012 to assist the CCG to identify the services local people want delivered from their local community hospitals and MIUs. Responses indicated:</p> <ul style="list-style-type: none"> • Support for the provision of minor injury services; • 52% said they would be willing to travel a reasonable distance (maximum 15 miles) to access community health services including the MIU service; • 48% said they would prefer to have community health services including the MIU service provided from one site; and, • Some felt it was not necessary to have MIU at a hospital; it could be in GP practices or community hospitals. <p>The review has also benefited from the involvement of Healthwatch representatives (formerly LINKs) and the results of the patient engagement have informed the development of the potential options. Further detailed engagement/consultation is planned as detailed in section 5 of this report ensuring that consultation takes place including across a number of protected characteristic groups.</p> <p>iii. The NHS 111 Equality Analysis provides an example of where</p>	<p>NHS 111 Due Regard Assessment http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docindex&task=download&id=252</p>

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		<p>due regard has been taken into consideration when procuring a service.</p> <p>iv. Procurement of Community Based Elective Care via an alliance model – please see training presentation and the equality analysis undertaken in December 2013.</p>	<p>Due Regard – Alliance Contract Presentation http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docincluder&task=download&id=254 EIHR Notes for Community Based Elective Care (Alliance Contract) http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docincluder&task=download&id=253</p>
	<p>1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways</p>	<p>Examples provided below where patients' health needs are assessed, and resulting services are aimed to be provided in appropriate and effective ways.</p> <p>i. Maternity Services Review The Maternity Services Review 2012/13 was commissioned by all three CCGs (Leicester City, East Leicestershire and Rutland and West Leicestershire) and carried out independently, following recognition of a number of issues facing maternity services, including complex demographics and issues around capacity.</p> <p>The review found that maternity services are safe and are providing good standards of care across Leicester, Leicestershire and Rutland. However, the review also found that despite the hospital redeploying staff and directing mothers to other labour wards when needed, services at Leicester Royal Infirmary and Leicester General Hospital can become over-stretched during busy periods and recommends reviewing the number of midwives, doctors, support staff and bed capacity.</p> <p>A total of 49 recommendations were identified by the review, most of which relate to operational issues to be addressed by University Hospitals of Leicester's (UHL). It also identified four key priority recommendations that the hospitals and Clinical Commissioning Groups (CCGs) need to address jointly. These are:</p>	<p>Maternity Services Review report (Paper F, June 2013 Governing Body meeting) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/June%202013%20-%20Governing%20body%20papers.pdf</p>

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	<ul style="list-style-type: none"> • A review of the services in the Melton area including the services provided at St Mary's Birthing Centre • Revisiting plans for a new single-site maternity hospital • Increasing the number of midwives • Improving training and support for the obstetrics team <p>Specific recommendation for ELR CCG: St Mary's Birthing Centre in Melton Mowbray (Recommendation 3)</p> <p>The report suggested that St Mary's Birthing Centre in Melton Mowbray may not be sustainable due to low number of births that occur there and its geographical location. The birthing unit is much valued by those women who use it and the CCGs will not be proposing any changes until we have explored the issues raised in the review and taken into account the views of patients and the public.</p> <p>At the June 2013 meeting of the Governing Body, it was agreed that the CCG would lead a piece of work to look at the issues raised in the review regarding St Mary's Birthing Centre.</p> <p>A multi-agency meeting with representatives from all three CCGs, UHL (including midwives), Healthwatch, and the East Midlands Maternity and Children Network took place. The group, led by ELR CCG, discussed the scope for this piece of work. Proposals for the scope and timescales, including how patients and the public will be involved, was put before the Commissioning Collaborative Board (of all three CCGs) for approval with an update and detail to be brought back to Governing Body meetings. An equality analysis and further patient engagement would be undertaken in respect of the review of the St Mary's Birthing Centre, a more detailed equality analysis will be undertaken if the outcome of the review highlights any changes in services that may be required.</p> <p>ii. Intensive Community Support</p> <p>The pressures in the urgent and emergency care system in autumn 2013 meant it was imperative that additional discharge options were made</p>	<p>Please see Intensive Community</p>

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		<p>available for patients and as such the Intensive Community Support (ICS) proposal was presented for approval. The pressures noted through the urgent and emergency care system were compounded by discharge capacity, specifically into discharge destinations relating to community services. Moving these patients into appropriate community services will improve the quality of care for this cohort of patient whilst releasing valuable acute capacity.</p> <p>The ICS service business case sets out the service model for the care of frail older people who are currently in crisis (requiring step down care). Most of these patients have historically remained in an acute hospital or been admitted or transferred to a community hospital. The model provides an opportunity to develop an integrated model of care along the Frail Older Persons Pathway. The purpose of the service is, in the first instance, to provide a “step down” service for patients who have either been in-patients in the community beds or who have attended or been admitted to the Emergency Department or Elderly Frailty Unit for assessment and diagnostic evaluation and are now ready to have their required treatment and follow up at home under the care of the Intensive Community Support service. The service is provided by Advanced Nurse Practitioners, and other staff including nurses, healthcare assistants and therapists.</p>	<p>Support report to the CCG’s Strategy, Planning and Commissioning Committee (January 2014), business case and the equality analysis undertaken. ICS Older People Business Case service v2 http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docindegxer&task=download&id=250</p> <p>ISC ELR CCG Board Front Sheet v6 http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docindegxer&task=download&id=251</p> <p>ICS Quality Impact Assessment & EIA http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docindegxer&task=download&id=249</p>
	<p>1.3 Changes across services are informed by engagement of patients and local communities, and transitions are made smoothly</p>	<p>ELR CCG is committed to involving people in our work to ensure our decisions are based on feedback from patients, the public, our clinicians, staff and stakeholders. Involving and informing people is a critical part of delivering the CCG vision and as a result has been identified as one of our core organisational values. We aim to see our patients, partners and stakeholders, staff and clinicians truly involved and informed when it comes to local healthcare and this strategy sets out how we will achieve this. The CCG website, for instance, promotes and encourages patients and the public to provide feedback to the CCG to help inform our commissioning decisions and improve health services. A weblink is provided to the CCG website page “Get Involved” where patients and members of the public can find out about the different ways they can get involved including details</p>	<p>“Get Involved” page on the CCG website http://www.eastleicestershireandrutlandccg</p>

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	<p>of our latest consultations and engagement activities.</p> <p>The refreshed Involving and Informing Strategy (September 2013) strengthens this commitment in line with our statutory duties and our organisational vision and strategic aims.</p> <p>Where they want to be, people will be actively involved in the activities of the local NHS as a matter of course. As far as possible patient and public involvement programmes will be more proactive and ongoing rather than reactive. They will be undertaken in accordance with legislative requirements. This strategy outlines our legal duties and how our organisation's governance arrangements will ensure we meet our legal obligations.</p> <p>Converting patient experience and feedback to insights that influence our decision making is also a key part of our work. Integrating methods for seeking and acting on what our patients tell us about their experiences, forms an important part of this strategy.</p> <p>Key local partnerships and collaboration are fundamental to successful commissioning that meets the needs of local people and helps us to develop high-quality and efficient healthcare services. ELR CCG is working in partnership with our two Local Authorities and local Health and Wellbeing Boards in Leicestershire and Rutland to assess and respond to local needs and to lead and influence collaborative service redesign by sharing knowledge of clinical effectiveness and risk. We are also committed to developing our relationships with Leicestershire Healthwatch and Rutland Healthwatch ensuring involvement from these key groups at Governing Body level and in support of individual projects (e.g. the Community Based Elective Care procurement).</p> <p>The involvement of our constituent GP practices and their staff is imperative to help shape our plans and decision making. Formal arrangements are set out in ELR CCG's Constitution and are supported by effective two-way dialogue and clinical engagement through channels such as locality meetings, newsletters and regular practice visits.</p>	<p>g.nhs.uk/get-involved</p> <p>Involving and Informing: Approach to Communication and Engagement 2013 http://www.eastleicestershireandrutlandccg.nhs.uk/images/pdfs/Involving_informing_refresh_Sept2013.pdf</p> <p>Document will be uploaded shortly.</p>

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	<p>We will continue to work in conjunction with local partners such as our neighbouring CCGs, our providers, Leicestershire County Council, Rutland County Council, our local District and Borough Councils and the voluntary sector – to create and maximise shared opportunities for communication and engagement– enabling a whole system approach to tackling health issues and also social and economic issues which impact on health.</p> <p>Patient and Public Engagement Group - one of the key changes proposed under the refreshed Involving and Informing Strategy is the establishment of a patient group, hosted by the CCG. The group will advise the CCG on matters relating to public and patient engagement and assist the CCG in promoting opportunities to be involved in shaping local health services.</p> <p>Some key highlights of our efforts to involve and inform people include:</p> <ul style="list-style-type: none"> • Publication of ‘Your health is our priority’ – a patient guide to the CCG which outlines our plans for 2013/14 • Patient version of our ‘plan on a page’ produced to aid public understanding of our plans • Ensuring patient representation via Healthwatch Leicestershire and Healthwatch Rutland at key programme and project meetings e.g. Minor Injury and Illness Review and NHS 111 • Continued close work with Healthwatch Leicestershire and Healthwatch Rutland including attendance by Healthwatch representatives at our Governing Body • Achieved 85% positive media coverage generated through 10 proactive press releases and effective handling of 27 media enquiries • Over 5,300 unique visitors to the CCG website • NHS 111 public engagement events with feedback used to inform service development • Patient survey on the CCG’s Medicine’s Management and 	<p>Terms of reference for the Patient and Public Engagement Group approved by the Governing Body (Paper C, 10th September 2013 Governing Body papers) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/September%202013%20-%20Governing%20body%20papers.pdf</p> <p>Some examples of evidence below:</p> <p>Your health is our priority: our plans for 2013 – 2014 is a summary of the Annual Plan for the public: http://www.eastleicestershireandrutlandccg.nhs.uk/images/pdfs/ELR%20CCG%20-%20Prospectus.pdf .</p> <p>See Governing Body papers, Leicestershire and Rutland HealthWatch are both represented and in attendance at the CCG’s Governing Body meetings. http://www.eastleicestershireandrutlandccg.nhs.uk/board-papers</p>

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	<p>Prescribing strategy which led to changes based on patient feedback</p> <ul style="list-style-type: none"> • Patient experience survey (Patient Participation Group and Patient Reference Group Members) which will be used to improve local health services • Roll out of new information governance patient leaflets to all GP practices • Quarterly Patient Participation Group and Patient Reference Group Chairs' Network meetings • Quarterly public membership magazine 'be healthy, be heard' distributed electronically (or in hard copy for those requesting it) to 4,364 public members • Monthly Governing Body updates and clinical engagement through locality meetings • Ten stakeholder briefings published to update our stakeholders on key developments such as NHS 111 and the findings of the Maternity Services Review • Launch of Deciding Right Guide - to help patients consider what care and treatment they might like to receive if they should become seriously ill, disabled or unable to make decisions for themselves in the future • Monthly CCG staff briefings featuring updates on key work streams • Staff survey on improving internal communications • Public invited to Governing Body meetings which are held at venues across our area • Protected Learning Time events for GPs, Practice Nurses, Health Care Assistants, Practice Managers and Practice Administrators with training to assist in delivering improved services to patients and to share knowledge and best practice • staff engagement programme on our CCG vision and values, highlighting key CCG responsibilities from the Francis Report. • Clinical engagement on our commissioning intentions took place autumn 2013 through a programme of practice visits and existing locality meetings. 	<p>CCG's Medicines Management Strategy approved following patient engagement and feedback (Paper E, 14th May 2013 Governing Body papers) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/May%202013%20-%20Governing%20body%20papers.pdf</p> <p>Be Healthy Be Heard Winter 2013 http://issuu.com/herculesdm/docs/bhbh_east-winter13_singles</p> <p>GP Locality reports presented at each public meeting of the Governing Body, see Governing Body papers http://www.eastleicestershireandrutlandccg.nhs.uk/board-papers</p> <p>Governing Body papers http://www.eastleicestershireandrutlandccg.nhs.uk/board-papers</p> <p>Staff engagement programme on CCG vision and values update (Paper D, 10 December 2013 Governing Body papers) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/December%202013%20-%20Governing%20body%20papers.pdf</p>

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	<p>Activities on the horizon</p> <p>The CCG has a busy programme of work over the coming months with numerous patient and public engagement activities planned. These include:</p> <ul style="list-style-type: none"> • Inaugural meeting of Patient and Public Engagement Group • Patient and public engagement programme on our commissioning intentions for 2014/15 • Public consultation on improving minor injury and illness services in East Leicestershire and Rutland • Review and further development of the CCG's public membership scheme • Patient and public engagement programme on the NHS Call to Action – (via Better Care Together) • Patient and public engagement programme on the CCG's Equalities Objectives • PPG and PRG Chairs' Network meeting • Based on feedback already received from GP practices, we will also be reintroducing a newsletter and making improvements to the existing locality updates from the Governing Body. • There will also be additions to the existing communications channels used by the CCG with the launch of Facebook and Twitter profiles. Further development of the CCG website and search engine optimisation is also planned. <p>These activities include a mixture of surveys, face to face meetings with seldom heard groups, attendance at existing community forums and CCG-led public meetings. All activities will be promoted via traditional and social media. Feedback will be analysed and used to help shape our plans, improve services and to ensure patient and public views are influencing our decision making.</p>	
1.4 The safety of patients is	ELR CCG is committed to improving patient experience and fully recognises the importance of gathering and acting on patient experience data. The	

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	<p>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.</p>	<p>proactive capture, analysis and interpretation of information about the experience of patients and carers will be used to inform all planning and commissioning decisions.</p> <p>All provider quality schedules, as included within their contracts, include indicators relating to Patient Safety, Safeguarding (Adults and Children) and Patient Experience.</p> <p>All providers are expected to report regularly on patient safety incidents and serious incidents, Safeguarding compliance and the results and subsequent actions from patient experience surveys, through the submission of evidence. These reports are submitted in line with the agreed reported frequencies in the contract. Compliance is reported through the quality review groups to the CCG's Quality and Clinical Governance Committee.</p> <p>Compliance is verified via the commissioner led quality contracting meetings, and providers are challenged where there is no evidence of compliance with any indicators. A summary is then presented to the Quality and Clinical Governance Committee of the CCG.</p> <p>In response to the findings of the Francis Inquiry and Winterbourne View Hospital report; and as part of our commitment to improving the quality of local health services, we have developed a Patient Experience Plan. Through the plan, and its integration with the wider work we are undertaking to involve people in our CCG's work, we are actively seeking means for people to provide their patient experience feedback through a variety of channels.</p> <p>We will integrate patient experience data within our engagement cycle to ensure we are listening to and acting on what our patients tell us about the services we are commissioning on their behalf at every stage of the commissioning process.</p> <p>This will be achieved through combining commissioning and provider data with patient safety data and patient and carer feedback (including complaints, patient participation/reference groups and engagement events)</p>	<p>Copy of quality schedule for our acute mental health and community provider available at following link: http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docindex&task=download&id=255</p> <p>Quality and Clinical Governance Committee reports presented to the Governing Body include updates in respect of review of quality indicators across provider, see example Paper E, 10 September 2013 Governing Body papers and Paper E, 11 June 2013. Report is presented to each meeting of the Governing Body. http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/September%202013%20-%20Governing%20body%20papers.pdf and http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/June%202013%20-%20Governing%20body%20papers.pdf</p> <p>Report into events at Winterbourne View Hospital (Paper F April 2013 Governing Body) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/April%202013%20-%20Governing%20body%20papers.pdf</p>

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	<p>to identify areas requiring improvement and ensuring this data is used in the development of all CCG plans.</p> <p>It is our intention to extend our capabilities around the collection of patient experience feedback, to ensure that the data being reviewed is well rounded and from a diverse range of clinical areas.</p> <p>Francis report - the CCG produced a response to the Francis Report. From March 2013 each of the Leicester, Leicestershire and Rutland health organisations have spent time listening to staff, patients and stakeholders views. The initial proposed joint areas have been considered and expanded and as a consequence, six common themes have emerged on what the priorities should be to improve our services and to safeguard against the issues highlighted in Mid Staffordshire.</p> <p>These 6 areas are:</p> <ul style="list-style-type: none"> • Transparency - Candour, openness and whistle blowing: a wide ranging set of actions that involve public Boards, Quality Accounts, patient and public engagement as well as responsibilities on individuals and between organisations. • Listening: all organisations have recognised and recommitted to the principles of listening to patients, staff and other stakeholders who have the critical role of “telling it as it is”. • Walking the floors: Providers, and commissioners, have recognised the need to spend more time in face to face observation of wards, departments and surgeries. This intelligence will play a vital role in supplementing the variety of metrics that are in place to measure quality and provide an early warning if care is or has the potential to be unsafe or of a poor standard. • Saving more lives: by working together to redesign care pathways and by providing better care out of hours and at weekends we will save more lives. • Safe Staffing levels: all providers are reassessing staffing levels in critical areas to ensure that they are safe. 	<p>Leicester, Leicestershire and Rutland Response to Francis Report (Paper F, 9 July 2013 Board papers) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/July%202013%20-%20Governing%20body%20papers.pdf</p>

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	<ul style="list-style-type: none"> • Targeted improvement: where areas are found to be struggling to sustain standards of care, support will be given, improvement plans made clear and progress monitored <p>These 6 areas of focus do not represent the entirety of the local NHS response to the Francis Report; they are the broad crosscutting themes that have emerged from all organisations.</p> <p>In addition the actions related to other organisations e.g. the role of Healthwatch locally is paramount in strengthening the influence of the patient's voice.</p> <p>The Leicester, Leicestershire and Rutland (LLR) NHS chief officers asked for those areas where working in partnership was a priority and the following areas were identified:</p> <ul style="list-style-type: none"> • "Duty of Candour", to establish a common definition and what it means as an LLR wide community in the way we work together. • In light of the above, a refresh and reaffirmation of our shared values and how these will be enacted. • The development of models for clinical leadership across LLR <p>Organisation specific priorities - Each health organisation across Leicester, Leicestershire and Rutland (i.e. the acute provider, mental health and community provider as well as the 3 CCGs across Leicester, Leicestershire and Rutland, which includes East Leicestershire and Rutland CCG) has produced their own individual work programmes linked to the Francis recommendations. East Leicestershire and Rutland CCG has prioritised a refresh of the Involvement and Engagement Strategy and development of a patients forum; a GP champion to lead a work programme to raise concerns and provide feedback from primary care (a re-launch of the system currently in place but inconsistently used); review and strengthening of all provider contracts including out of county providers; review of the structure and focus of quality visits; and setting up a professional forum for practice nurses.</p>	<p>GP Champion for this work programme is Dr Graham Johnson (a member of the CCG Governing Body).</p> <p>Mid Staffordshire Foundation Trust Public Inquiry (The Francis report): East Leicestershire</p>

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	<p>In September 2013 an update was provided against the CCG's action plan to implement the recommendations from the Francis report: patient experience dashboards have been developed for local and out of county acute providers. The dashboards provide commissioners with an 'at a glance' view of the key patient experience and patient safety indicators as well as an early warning system when considering themes and trends. The dashboards provide ELR CCG with a high level overview of the quality of care experienced by patients at a number of local Trusts. The CCG has taken into consideration work plans with providers, service users and communities of interest to ensure if any issues relating to equality of service are identified and addressed.</p> <p>At the inaugural East Leicestershire and Rutland CCG Protected Learning Time (PLT) event in June 2013, the Nursing and Quality Team introduced the Department of Health three year vision for Nursing, Midwifery and Care staff; Compassion in Practice. The "6Cs" of Care, Compassion, Courage, Commitment, Competence and Communication were developed by the Department of Health as a response to the Francis Inquiry findings. The 6Cs vision is to rebalance the culture of care in the NHS and ensure compassion is at the heart of the NHS. By introducing and outlining the importance of the 6Cs to Practice Nurses and health care staff, ELRCCG can be confident that the 6Cs message is being shared across our health community.</p> <p>During the 2013/14 contract negotiations, the Quality Team and Contracting Teams worked to ensure all quality schedules were updated following the recommendations of the Francis Report. The Duty of Candour has been included in all contracts with providers, and will be monitored in conjunction with the Patient Safety and Contracts Teams.</p> <p>A new system of conducting Quality Visits has been developed. Visits to the main acute, mental health and community providers now take place more frequently with a desktop review of all available contract monitoring, patient safety and performance information with a range of stakeholders from across LLR CCGs. This information is collated to identify any wards or areas where there may be a risk to patient safety or quality which then form part of</p>	<p>and Rutland CCG's Actions (Paper E, 11 June 2013 and Paper H, 10 September 2013 reports to the Governing Body) http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/June%202013%20-%20Governing%20body%20papers.pdf and http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/September%202013%20-%20Governing%20body%20papers.pdf</p>

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		the quality visit programme.	
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	<p>Joint Health and Wellbeing Strategy has been developed with the local authorities (for instance with Rutland County Council). This has been a collaborative and jointly owned document which was welcomed as a practical and realistic plan for improving the health for people in Rutland. This strategy was linked closely with discussion on the Annual Plan presented by ELR CCG, which was discussed at length; there was particular praise for the “Plan on a page”.</p> <p>The CCG has met with the health leads from Harborough District Council, Melton Borough Council, Oadby and Wigston Borough Council and Blaby District Council to determine how we can work together to improve the links between health and district councils for the benefit of local people. This resulted in the establishment of formal links between each district council health lead and CCG locality lead to share ideas and signpost health related council services to our member practices; regular CCG representation and updates at district council health forums; networking opportunities for councillors and GPs before CCG locality and sub locality meetings held at district council offices; and the development of a presentation to be delivered at council health meetings to detail how collaborative working between health and councils can benefit local people. It is anticipated that these positive steps in strengthening relationships will benefit patients, the CCG and councils, through a more cohesive and holistic approach to public and health services.</p>	<p>Joint Health and Wellbeing Strategy developed with Rutland County Council can be found at the following: http://www.rutland.gov.uk/pdf/HWS_Final%20version_August%202013.pdf</p> <p>further information will be uploaded soon.</p>
2: Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.	<p>All provider quality schedules include indicators relating to Patient Experience, reporting and monitoring complaints and incidents.</p> <p>All providers are expected to report regularly on patient safety incidents and serious incidents, complaints and the results and subsequent actions from patient experience surveys, through the submission of evidence. These reports are submitted in line with the agreed reported frequencies in the contract. Compliance is reported through the Quality review groups to the CCG’s Quality and Clinical Governance Committee.</p>	<p>Copy of quality schedule for our acute mental health and community provider available at following link: http://www.eastleicestershireandrutlandccg.nhs.uk/index.php?option=com_docindex&task=download&id=255</p> <p>Quality and Clinical Governance Committee reports presented to the</p>

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		<p>Compliance is verified via the commissioner led quality contracting meetings, and providers are challenged where there is no evidence of compliance with any indicators. A summary is then presented to the Quality and Governance Committee of the CCG.</p>	<p>Governing Body include updates in respect of review of quality indicators across provider, see example Paper E, 10 September 2013 Governing Body papers and Paper E, 11 June 2013. Report is presented to each meeting of the Governing Body.</p> <p>http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/September%202013%20-%20Governing%20body%20papers.pdf and</p> <p>http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/June%202013%20-%20Governing%20body%20papers.pdf</p>
	<p>2.2 Patients are informed and supported to be involved in decisions about their care, and to exercise choice about type and place of treatment</p>	<p>The national CQC Patient Survey includes a question on whether patients feel they have been involved in decisions about their care. This is monitored by the Quality Schedule and CQUIN schemes for the main provider contracts.</p> <p>This is an annual survey. Results are published on the CQC website in the Spring. Providers are expected to submit an action plan where improvements are necessary, monitored via the Quality Review meetings.</p> <p>All providers must abide by the duty of candour, which means that providers needs to be open and honest where things have gone wrong, and the patient must be included in the investigation. This is monitored through the quality schedule.</p> <p>Also see information provided under 1.3 above in respect of involving patients and the public in decisions.</p>	<p>Please see section 1.3 above.</p>
	<p>2.3 Patients and carers report positive</p>	<p>Please see overview in respect of action plan in response to the Francis Inquiry at 1.4 above and 1.3 in respect of involving and informing patients.</p>	<p>Please see action plan in response to the Francis Inquiry at 1.4 above and 1.3 in respect of involving and</p>

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<p>experiences of the their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised</p>	<p>Providers submit regular reports on complaints data through the quality contracting meetings.</p> <p>The national CQC Patient Survey includes a question on whether patients feel they have been treated with privacy and dignity. All providers must also report on the Friends and Family Test, this gives real time feedback of patient experience. This is monitored by the Quality Schedule and CQUIN schemes for the main provider contracts.</p> <p>The privacy and dignity of patients is a key part of the assessment of quality in the commissioner led quality visits to providers. This is an annual survey. Results are published on the CQC website in the Spring. Providers are expected to submit an action plan where improvements are necessary, monitored via the Quality Review meetings.</p>	<p>informing patients</p>
<p>2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently</p>	<p>Please see overview in respect of action plan in response to the Francis Inquiry at 1.4 above and 1.3 in respect of involving and informing patients.</p> <p>CCG Complaints - the CCG has in place a complaints policy (as adopted from the PCT) and principles applied in the review and investigation of complaints are as set out in the NHS England's guidance on complaints. In the main the CCG handles complaints about providers that the CCG commissions services from or the commissioning decisions of the CCG. As at end December 2013 the CCG has received 54 complaints which relate to predecessor organisation's commissioning decisions which have been transferred to the CCG and complaints about the services provided by the providers that the CCG commissions services from.</p> <p>The CCG will be compiling a regular quarterly report for monitoring number of complaints, themes and trends, which would include a review of complaints related to specific protected characteristics. Going forward in 2014 – 2015 the CCG will also be introducing an equality monitoring form to be rolled out and sent to every complainant. Responses will be logged and protected characteristics reported on for further analysis and consideration</p>	<p>Please see action plan in response to the Francis Inquiry at 1.4 above and 1.3 in respect of involving and informing patients</p> <p>The CCG Complaints Policy is being developed at present and we will be consulting with both the Leicestershire and Rutland Healthwatch representatives on reviewing and improving our processes.</p>

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	<p>(equality monitoring form will help to gain a better understanding of issues raised across protected characteristics; will also assist with monitoring access to making a complaint – that everyone has a fair opportunity to make a complaint).</p> <p>Complainants are advised of advocacy services who can provide help and support in making a complaint.</p>	