

# **The Equality Delivery System**

**NHS Derby and  
Derbyshire CCG**

**2021-2022**

## **Equality Delivery System for the NHS**

### **EDS Report**

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents.

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains; services, workforces and leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	NHS Derby and Derbyshire Clinical Commissioning Group	<b>Organisation Board Sponsor/Lead</b>
<b>Name of Integrated Care System</b>	Joined Up Care Derbyshire	Helen Dillistone Executive Director of Corporate Strategy and Delivery

<b>EDS Lead</b>	Beverley Smith		
<b>*List organisations</b>			
<b>EDS engagement date(s)</b>	Diversity and Inclusion Network 09.02.2022 Senior Leadership Team 18.02.2022 Governance Committee 24.03.2022 Joined Up Care Derbyshire Engagement Committee 15.03.2022	<b>Individual organisation Partnership* (two or more organisations)</b>	NHS Derby and Derbyshire Clinical Commissioning Group
		<b>Integrated Care System-wide*</b>	

<b>Date completed</b>	04.03.2022	<b>Month and year published</b>	March 2022
<b>Date authorised</b>	16.03.2022	<b>Revision date</b>	

Completed actions from previous year	
Action/activity	Related equality objectives
<p>In Derby and Derbyshire, we have five Urgent Treatment Centres. Our Urgent Treatment Centres are located within the following:</p> <ul style="list-style-type: none"> <li>• Ripley Hospital</li> <li>• Buxton Hospital</li> <li>• Ilkeston Hospital</li> <li>• Whitworth Hospital</li> <li>• Derby Urgent Treatment Centre.</li> </ul> <p>Like many other areas across the Country, we need to plan the future of our Urgent Treatment Centres to make sure we are providing the best possible service and we need to know:</p> <ul style="list-style-type: none"> <li>• Who uses our Urgent Treatment Centres?</li> <li>• How our Urgent Treatment Centres are used?</li> <li>• What matters most to people who use Urgent Treatment Centres?</li> </ul> <p>This is very much the start and we will continue to speak to people throughout this work and report back the findings throughout the process. You can keep up to date on this work and get involved by <a href="#">visiting our online engagement platform</a>.</p> <p>Specific work is being undertaken to profile seldom heard communities and individuals to ensure they have the opportunity to engage in this work.</p> <p>This first stage of engagement will run until 28 February when the feedback will be analysed and a report published.</p>	<p><b>Urgent Care Review:</b> To review the existing urgent care offer across Derby and Derbyshire, working with members of the public and users of the service to understand current behaviours in accessing services. To review information gathered to form possible options for future services and launch a formal consultation ensuring that there is reasonable effort to consult with a true representation of the Derby and Derbyshire Community.</p>
<p>The COVID-19 pandemic has had an unprecedented effect on NHS services including but not limited to outpatient services. Across the Joined Up Care Derbyshire footprint</p>	<p><b>Outpatient modernisation programme:</b> To review and redesign outpatient services</p>

<p>there has been robust joint working across the health and social care system to understand how best to meet the needs of the population. Unfortunately, as with the rest of the country this has meant that some planned appointments have been delayed due to safety and staffing issues. It is for this reason that the outpatient modernisation programme has been paused to allow staff to concentrate on ensuring essential services continue to run and where they can't that regular reviews take place to ensure that patients remain prioritised appropriately.</p> <p>The engagement team are in the process of talking to the programme leads for this piece of work and looking at developing robust engagement plans. This work, when designed will include profiling seldom heard groups and ensuring they have an opportunity to engage.</p> <p>One somewhat positive impact of the pandemic has been the increased use of technological solutions for healthcare such as online appointments. Whilst the feedback received to date from Healthwatch Derbyshire has been broadly negative, it has been trialled.</p> <p>A copy of the report can be found <a href="#">here</a>.</p> <p>There are lessons to be learned and further engagement and feedback required to understand fully the experience of our population as well as lessons for staff delivering digital appointments.</p>	<p>making use of technology. Ensure that demographic information about current and projected usage is gathered and that engagement includes reasonable representation. To also seek out seldom heard groups to ensure that they are given the opportunity to have their voice heard. This will include but not be limited to the Deaf Community and LGBT+ Derbyshire.</p>
<p>The process around Quality and Equality Impact assessments (QEIA) are now embedded in the organisation. Each proposed change to services has to have a</p>	<p><b>Governance and Processes:</b> To ensure that governance and processes for equality</p>

completed QEIA form which outlines any risks and mitigations to the proposed change. This information is then included in the cover sheet on all of the decision making committees to ensure that risks and mitigations are understood and robust decisions can be made.

Where the panel have queries or feel additional information is needed then the QEIA is updated and reviewed again. An updated version of the QEIA is reviewed as per the needs of the project.

An example of this can be seen in the [Governing Body papers](#).

In addition to the QEIA process the CCG Engagement Committee receives a monthly update on the completed S14Z2 forms which supports the assessment of legal duties around patient engagement or consultation. We believe by working with the assessment form and the Engagement Committee that projects with significant changes proposed can be identified and assurance can be given appropriate steps around engagement or consultation are in place or planned.

With the embedding of the processes around the QEIA and S14z2 forms there is now additional development work on the Equality Impact assessment. This is looking at mirroring the Quality Impact assessment two stage process to understand, assess and where appropriate mitigate any inequity for the 9 protected characteristics. The development work is looking at how any impacts on seldom heard groups reaching beyond the 9 protected characteristics can be better understood. This includes but is not limited to a commitment to reflect on deprived areas in recognition of the diverse nature of the Derby and Derbyshire population and digital exclusion.

Terms of reference of all CCG committees to include responsibility to respond to equality, diversity & inclusion considerations. Cover sheets of decision making committees will be updated to capture information relating to equality, diversity and inclusion

As this work is still in progress it is not yet available to publish online but the whole process will be once the developments are agreed.

For further information in the interim please contact [Claire.haynes2@nhs.net](mailto:Claire.haynes2@nhs.net)

and engagement are embedded within the organisation. This includes but is not limited to S14z2 form, QEIA process and Engagement Committee.

## EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

**Undeveloped activity** – organisations score out of 0 for each outcome

**Developing activity** – organisations score out of 1 for each outcome

**Achieving activity** – organisations score out of 2 for each outcome

**Excelling activity** – organisations score out of 3 for each outcome

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>The impact of the COVID-19 pandemic over the past two years on society and the NHS cannot be underestimated. From November 2020 the vaccination programme became one of the biggest priorities for the NHS.</p> <p>Derbyshire's COVID-19 Vaccination Programme commenced on 8th December 2020, with the Government's JCVI priority group one – those aged 80 and over. By mid-January, following the receipt of one month's data it was clear to see that certain community groups and those in deprived communities were not accessing vaccinations to the same level which was attributed to vaccine inequality or hesitancy.</p> <p>A paper was written to explain the approach taken in Derbyshire to explore and understand hesitancy and find ways to support people to have equitable access to information and vaccination.</p> <p><b>The vaccine hesitancy document can be found <a href="#">here</a>.</b></p> <p>A strategy was written to detail and agree the approach to be taken across Joined Up Care Derbyshire (JUCD) in its ambition to reach equity of access for the Derby and Derbyshire population in Phase 3 of the COVID-19 vaccination programme (the booster programme) and the 2021/22 influenza programme.</p> <p>Phases 1 and 2 of the COVID-19 vaccination programme took place during 2021 and during this time a significant response to inequality has taken place. The strategy for Phase 3 builds on this work and aims to provide a planned approach across each of the inclusion groups for the booster programme.</p> <p>All actions of the vaccine inequality programme are overseen by the Vaccine Inequalities Group (VIG). This group is chaired by a Public</p>	2- achieving  Whilst there are areas that Derby and Derbyshire are very proud of with the vaccine inequality/hesitancy work there us a recognition that in these times of pandemic regular access to services is not possible and therefore scoring anything above achieving would not be possible.	Zara Jones Executive Director of Commissioning Operations

		<p>Health representative, coordinated by the JUCD System Vaccination Operation Centre (SVOC) and has membership from across the JUCD system. The group is held to account by its members and also via a robust reporting structure, scrutiny is welcomed, listened to and acted upon.</p> <p>Further information can be found in <a href="#">this paper</a>.</p> <p>To ensure that the strategy is delivering the ambitions it sets out a strategy stocktake was undertaken in January 2022. It is recognised that</p> <p>'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage' (Marmot, 2010).</p> <p>Often services are either universal with no specific focus on inequality, or they are solely targeted. To provide a universal offer that is accessible to all, a proportionate focus across the social gradient is needed.</p> <p>This stocktake highlighted a number of immediate actions needed and the next steps.</p> <p>A copy of the stocktake and associated documents can be found <a href="#">here</a>.</p> <p>In addition to the approach to the vaccine programme there is also a PowerPoint presentation to illustrate engagement and communication supporting local communities to understand information about and opportunities to best access vaccinations.</p> <p><b>PowerPoint presentation can be found <a href="#">here</a>.</b></p>		
	<p>1B: Individual patients (service</p>	<p>The Joined Up Care Derbyshire system procures services with the support of the NHS Arden and Greater East Midlands Commissioning Support Unit (CSU). Over time a standard set of questions to be used</p>	<p>2- achieving Whilst there are</p>	<p>Steve Lloyd</p>

	<p>users) health needs are met</p>	<p>during the procurement process has been developed which includes questions around Equality and Human Rights.</p> <p>For each procurement the equality specialist works with the procurement lead and the CSU to review the standard set of questions to check that they meet the needs of the procurement. For example, if the service is for children and young people specific questions would be asked about experience with that age group.</p> <p>As these questions are part of a legal contracting process it is not possible to share them.</p> <p><b>Robust processes for decisions on medicines</b></p> <p>Derbyshire has a well-established Joint Area Prescribing Committee (JAPC) which makes Derbyshire wide decisions on the Clinical Effectiveness of medicines available to describe in Derbyshire. This committee has the responsibility to make decisions on what medications that the Derbyshire CCGs will fund. Due to the nature of how medications are developed and purchased there is a constant review of drugs, costings and effectiveness. The JAPC has a number of responsibilities including when a drug comes off license suitable alternatives are reviewed and also a review of new medications.</p> <p>All submissions to both the Joint Area Prescribing Group (JAPC) and the Guidelines Group require the author to complete a front sheet which asks specifically has equality and diversity been considered. In addition, there is check list for anyone requiring a decision about stopping provision of any medications to consider the impact on anyone with protected characteristics where no alternative treatment exists. This is especially important in considering the difference in medication responses across any protected characteristic group or where reasonable adjustments needs to be made e.g. medication with no animal products such as gelatine.</p> <p>New members of the JAPC are asked to read guidance on the Equality Act as education and to ensure that they understand what considerations need to be made and the reasoning around a</p>	<p>good robust processes already in place for ensuring individual patients health needs are met and there are established groups supporting our understanding of individual health needs from seldom heard groups there is a recognition that further developments are needed before this evidence can be seen as excelling.</p>	
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reasonable adjustment. For existing members of the JAPC the Conflict-of-Interest form that needs to be signed also asks them to again familiarise themselves with it.

This process ensures that decisions are taking with the understanding of any Equality considerations. Examples include gelatine free medication as a reasonable adjustment and considerations of the impact of medications across different protected characteristics where there may be a different prevalence of a condition or a different reaction to medications. Socio-economic status is also considered when talking about medication available on NHS prescription.

Link to the [Terms of Reference for JAPC](#).

**Personalised Maternity Care and Support Plans (PCSPs)**

To fulfil recommendations from the Ockenden Report (2020) and the CNST Maternity Safety Incentive action 7, Personalised Care and Support Plans are being implemented across Derbyshire and additional funding secured to recruit Personalised Care Champion Midwives to promote the initiative and support with clinical education. PCSPs are a tool enabling pregnant people to participate equally and to make informed choices about their care alongside risk assessment at each contact. Women from BAME and the most disadvantaged groups particularly supported to use the PCSP to ensure they are heard, and referrals made as appropriate to support their choices. Additional funding has been ringfenced to develop additional formats to suit various more complex needs, and translation in the top 5 languages. You can find a copy of the PCSP [here](#).

**Derbyshire Maternity and Neonatal Voices (DMNV) Partnership**

Maternity Voice Partnerships are independent multi-disciplinary advisory and action forums with service users at the centre. The original Derbyshire Maternity Voices folded in September 2020 and a new model was devised to better meet the needs of the providers and improve co-design and coproduction with service users who reflect the local community including BAME and vulnerable groups. Derbyshire Maternity and Neonatal Voices was established in April 2021 and works

with providers to coproduce services; represent service users; work in partnership with clinical staff, voluntary organisations, public health and volunteer service users. In addition to considering the committee's own profile and how it can ensure it is representative of the local community, the partnership offers an inclusive culture and addressing inequalities is a key part of the annual workplan.

A link to the DMNV Facebook page can be found [here](#).

**Engagement processes**

To ensure that the voices of individuals and wider communities are considered a range of meetings have been set up to ensure the voice of those who are often seldom heard is listened to. Examples of these groups includes:

**Community COVID Forum**

A weekly and more latterly a fortnightly meeting has been established with the COVID community champions supported by system partners where a range of community based workers, advocates and supporters have the opportunity to ask questions of system partners and advise of any community issues. These meetings have been invaluable in understanding community views and allowing the flow of information and for the system to be responsive to needs. Examples of how the system has been responsive include insight from the community champions directly leading to updating the COVID information to meet the needs of communities on the Joined Up Care Derbyshire website, developing a 'train the trainer' session about the vaccination programme for those working in the community and also exploring reasons for vaccine hesitancy.

This is an informal meeting where notes are not taken. However, a copy of an email can be found [here](#) to illustrate who sits links in with the forum and how information is shared across public health, health and the voluntary sector.

**Black, Asian and Minority Ethnic (BAME) Partnership**

We are working in partnership with Derbyshire County Council and Links CVS, to build relationships with the BAME Partnership that currently exists in the County. The BAME partnership is a sustained and coordinated engagement mechanism, which provides an infrastructure to enable the BAME community to be actively engaged with all manner of decisions being made about Derbyshire County Council services. Participants in the partnership are supported to give feedback on policy and service development, via a two-way communication channel, which aids better understanding and response to the needs of BAME communities. Participants are supported to plan and conduct engagement with their communities and raise issues on their behalf via the partnership. There are currently 10 groups represented in the partnership and work is taking place to identify and empower new and emerging BAME communities to take part. We are working with DCC and Links CVS to look at how we can broaden the conversations of the partnership to support the work of the Integrated Care System. This work has already begun around the covid-19 vaccine roll out, particularly in regard to addressing vaccine hesitancy in BAME communities.

More information can be found [here](#).

**Good Health Group**

This group is for people with Learning Disabilities, their family/carers, and the professionals who work with them. Participants can bring issues to the meeting that are health and care related, and the aim of the group is to try and resolve these within the partnership.

The group was under threat due to the pandemic and the retirement of the co-ordinator who was employed by Derbyshire Healthcare.

We have done some work to stabilise the group and produce easy read digital platform guides to support people with LD and their carers/family to continue to engage, including a 30 minute session prior to the

		<p>meeting to support people with LD to feel comfortable using the platform before the meeting starts.</p> <p>Agenda items so far have included the covid-19 vaccine roll out, and experiences of using 999 and 111.</p> <p>An example of the minutes from this group is <a href="#">here</a>.</p> <p><b>Mental Health Together</b>          The CCG commissions Mental Health Together to give mental health service receivers and carers a greater say in the services they access; ensuring they are listened to and that their experiences are at the heart of service design and delivery.</p> <p>More information can be found <a href="#">here</a>.</p> <p><b>Citizens Panel</b>          Our citizens' panel has approximately 1,000 members and is growing every day. The panel aims to hold <b>a representative cohort</b> of people that mirror the population of Derbyshire by age, gender, ethnicity, and district. The only restriction to membership is that people need to be 16 and over and live in Derbyshire. The panel can be used to get a quick population 'temperature check' on a particular topic and check out insight from less rigorous methods, such as focus groups to see if it's reflective of the population. We strive to continually promote and improve on the diversity of the panel, which can be sorted in lots of different ways, including membership by GP practice, district, and area of interest. The panel was showcased at the NHS Health and Care Expo in Manchester in 2019.</p> <p>The citizens panel is contacted regularly to keep them updated regarding service change and opportunities to influence decision making. Recently members have been involved in a focus group to support the early thinking around a review of MSK physio services in Derbyshire.</p>		
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		<p>More information can be found <a href="#">here</a>.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b>What is harm?</b></p> <p>The definitions of harm in health are classified as:</p> <p><b>Low-</b> Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving NHS-funded care.</p> <p><b>Moderate-</b> Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.</p> <p><b>Severe-</b> Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.</p> <p><b>Death-</b> Any unexpected or unintended incident that directly resulted in the death of one or more persons.</p> <p>The Collins English Dictionary defines harm as:</p> <ul style="list-style-type: none"> <li>• <b>Harm</b> is physical injury to a person or an animal which is usually caused on purpose.</li> <li>• To <b>harm</b> a thing, or <a href="#">sometimes</a> a person, means to damage them or make them less <a href="#">effective</a> or <a href="#">successful</a> than they were.</li> <li>• <b>Harm</b> is the damage to something which is caused by a particular <a href="#">course</a> of action.</li> </ul> <p>As a healthcare organisation assurances about healthcare harm including safeguarding are needed and these are discussed in evidence 1 (b)</p> <p>This document explores how harm is avoided by assessing service change or development for impacts rather than basing decisions on assumptions.</p>	<p>2- achieving.</p> <p>The impact of the pandemic has meant that normal ways of working have not been possible.</p> <p>Whilst there is confidence that process currently in place are meeting requirements it has not been possible to move beyond that to excelling.</p>	<p>Brigid Stacey</p>

**Understanding the impact of service change- Quality and Equality**

Derby and Derbyshire CCG take an insights approach to understanding the impact of service change on our communities. Each service review, development or procurement undergoes assessment to understand what impact proposed changes would have on those who are current or possible future service users.

Impact Assessments are developed to understand what the perceived impact on individuals and communities could be. This is done through the Quality and Equality Impact Assessments (QEIA) process.

Each project lead completes a QEIA assessment and this is then discussed at a health system QEIA panel with expert representatives for both Quality and Equality elements. These assessments work through a series of consistent questions to understand impacts on service receivers, potential receivers, the local healthcare system and individual members of staff. By undertaking these assessments it highlights if there will be any impacts which according to the definition on Collins English Dictionary through making a service user less effective or successful than they were.

**An example of a QEIA form is available [here](#).**

Following discussion at panel there is an agreed risk score, discussion and approval of any mitigations. Projects return through the QEIA process according to risk level with the higher risk projects returning more frequently than those with less risk.

Any project or service change where there is a concern that the risk is not properly assessed or where the mitigations are not adequately identified then it is not approved, further work is done and it returns again for review.

For those continued high risk projects or service changes there is also the ability to refer to the health system Quality and Performance Committee.

**Understanding the impact of service change- Engagement**

NHS organisations have a duty under Section 14Z2 of the Health and

Social Care Act 2012 and Section 242 NHS Act 2006 to 'make arrangements' to inform, involve and consult with the public. In Derby and Derbyshire a Patient and Public Involvement Assessment and Planning Form is completed to ensure an appropriate and proportionate way to discharge legal duties is agreed. Engagement is designed to meet the needs of those affected with multiple options to engage and working with and via partners in the voluntary and community sector. Whilst this work is often project specific the existing channels are used as a firm starting point and we seek out any additional engagement as required always taking the opportunity to ensure that this is continuous engagement through linking in with groups or people joining our citizens panel.

Completed forms are assessed by the Engagement Team, logged and presented to the Joined Up Care Derbyshire Engagement committee, which is a sub-committee of the Joined Up Care Derbyshire board, for approval.

**A copy of the Patient and Public Involvement Assessment and Planning Form can be found [here](#).**

DDCCG have a responsibility to gain assurance that the services that they commission have effective safeguarding children and adults arrangements in place. The CCG needs to ensure that they have the Designated professionals in post for both children, looked after children and adults who can provide expert clinical decision making views / advice to the organisation and to our providers and partners.

Designated professionals / leads are required to play an integral part in the commissioning, procurement and quality assurance of services so that services that are commissioned provide safe and effective services.

The Health providers the CCG commissions are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. Providers must be able to demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.

		<p>As a safeguarding children, looked after children and adults team there is a yearly process in place that gains assurance from providers in regard to their Section 11 Children Act and Adult Care Act safeguarding arrangements / responsibilities and as a team raise/ escalate any care or contract issues with the CCG Nursing and Quality team and Contracts team. Ref: safeguarding Children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework(2019).</p> <p>The safeguarding team gain safeguarding arrangements and assurance from our commissioned services by asking our providers to complete one of the relevant listed self-assessment tools – Section 11, SAFF, JSAF, Independent Providers Check list / self-assessment or Markers of Good practice.</p> <p>A copy of the small independent provider checklist can be found <a href="#">here</a>.</p> <p>It is important to highlight that the Impact of Covid 19 is still very significant for children, young people &amp; families and for both health and social care services who are working relentlessly in trying to keep children and adults safe from harm and neglect. There are still, even now, a number of uncertainties, so it is essential that the services that we commission protect and support their workforce so that they can effectively work with children, young people and adults during these unprecedented challenging times. As a CCG safeguarding Children, Looked after children and adults team have and will continue to support providers during these extremely difficult times.</p> <p>A copy of the safeguarding self assessment form is here <a href="#">here</a>.</p>		
	<p>1D: Patients (service users) report positive</p>	<p>The Derby and Derbyshire patient experience function has been stood down in response to the COVID pandemic and staff deployed to support other areas of the system. This means that the usual range of bespoke patient experience projects have not been undertaken in the past financial year. However, the CCG continues to receive assurance</p>	<p>2- achieving It is recognised that whilst there is confidence that this</p>	<p>Brigid Stacey</p>

	<p>experiences of the service</p>	<p>that commissioned providers monitor and act on the experience of those using their services and that complaints are managed in line with the NHS Complaints Regulations (2009).</p> <p><b>Experience of virtual appointments</b></p> <p>There has been a large shift towards virtual appointments over the last 18 months and there has been a significant amount of work both locally and nationally that looks at the experiences of virtual and on-line consultations in primary and secondary care and within mental health services. This has included engagement with patients, parents (including Special Educational Need and Disabilities- SEND) and clinicians regarding their experiences of telephone, email and video appointments.</p> <p>Evaluations focused on the following</p> <ul style="list-style-type: none"> <li>• Digital literacy</li> <li>• Availability of technology</li> <li>• Confidentiality</li> <li>• Safeguarding</li> <li>• Red flags</li> <li>• Quality of conversations</li> <li>• Communication issues and barriers</li> <li>• Preparedness for the appointment</li> <li>• Supporting information and guidance availability</li> <li>• Appropriateness</li> <li>• General evaluation of the experience</li> </ul> <p>At lot of this work involved pulling together what had already been gathered through organisations across Derbyshire but also liaising directly with organisations supporting parents of Young People and parents with SEND through telephone conversations about their experiences of virtual appointments. This included what had worked for them, what the challenges are and the changes and developments needed to improve this process for them. In the most part experiences were positive as parents particularly welcomed having appointments from their own home (in the most part) as it was easier that travelling to an appointment and the</p>	<p>section is achieving requirements it can not score above that with the patient experience team currently being stood down.</p>	
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additional stress encountered. However some Young People engaging with services such as Child and Adolescent Mental Health Services (CAMHS) did struggle with telephone appointments, especially those on the Autism Spectrum.

As a result of this work there has been a Derbyshire wide digital strategy and a checklist for clinicians engaging with patients and parents using virtual methods has been developed.

A copy of the checklist can be found [here](#).

**Patient Experience strategy and processes.-**

We have reviewed our patient experience project planning and documentation to ensure work looks across pathways and systems, is inclusive and that follow up activities ensure actions have been implemented and documented. This is to ensure we work within the Kings Fund guidelines (July 2021).

The strategy is still in the process of being approved by a copy of the project planning document can be found [here](#).

**Clinical Treatment Reviews and LEAPs-**

As part of the CTR and LEAP process Chairs complete paperwork identifying if any specific part of the health, social care or education service and system has contributed to the patient's situation in a negative way. This is fed back into the commissioning teams so that changes can be made in an individual level for that person at that time and also to influence future service developments and provision.

A copy of the assurance template can be found [here](#).

A copy of the thematic review form can be found [here](#).

In addition, a number of specific reports are received by the CCG for assurance and information and are used to inform key lines of commissioning activity. An example is outlined below:

		<p>Healthwatch reporting on experience of using COVID 19 National Vaccination Services. Feedback is overwhelmingly positive. Reports are collated and analysed by the CCG and suggestions for improvement have been acted on in a timely and responsive manner by the provider. This has resulted in initiatives such as changes to queuing systems and increased signage both inside and outside vaccination centre buildings</p> <p>A copy of this report is available <a href="#">here</a>.</p> <p>Another example of the collaborative working with Healthwatch organisations is the JUCD/Healthwatch survey BAME Women's Maternity Experiences During Covid-19. An action plan has been developed to respond to this feedback, overseen by the Local Maternity and Neonatal System (LMNS) Board.</p> <p>A copy of this report is available <a href="#">here</a>.</p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			8	

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Staff health &amp; well-being is an integral part of management within the CCG.</p> <p>When staff commence employment with the CCG, the new starter checklist has a section on Health &amp; Wellbeing where staff are required to complete a <a href="#">Staff Wellbeing Checklist</a> and risk assessment form if not working wholly from home.</p> <p>A copy of the staff wellbeing checklist can be found <a href="#">here</a>.</p> <p>They are informed about Occupational Health and Confidential Care, our employee assistance provider Staff are also provided with links to further health and wellbeing resources on the <a href="#">Joined Up Careers website</a>. The staff wellbeing checklist provides for individual wellness plans and focuses on general wellbeing as well as physical and mental wellbeing.</p> <p>A link to Joined Up Care Derbyshire careers website can be found <a href="#">here</a>.</p> <p>The <a href="#">Mid-year review conversation</a> was specifically designed to focus on employee wellbeing.</p> <p>A copy of the form can be found <a href="#">here</a>.</p> <p>The CCG has a Flexible Working Policy and Flexi-time Policy, which enable flexibility with working hours for staff to manage health conditions and achieve a work life balance.</p> <p>A copy of the policy can be found <a href="#">.here</a>.</p> <p>The new operating model introduced by the CCG further supports this flexibility by enabling staff to work from home and/or office with the emphasis being on the work output as opposed to fixed</p>	2-achieving	Beverley Smith Director of Corporate Strategy and Development

		<p>working hours. This has been reinforced in messages from the SLT and HR Teams – see <a href="#">People Matter</a> (almost every edition has HWB) and also the <a href="#">staff wellbeing intranet page</a>.</p> <p>A copy of the people matter newsletter from January 2022 can be found <a href="#">here</a>.</p> <p>As part of the H&amp;WB survey conducted, a number of staff responded that the flexibility of working from home enabled them to better manage their health conditions.</p> <p>The HR team working with the Diversity &amp; Inclusion Network have developed a Disability and Reasonable Adjustment Passport Policy to support individuals with long term health conditions and disabilities. This pending consideration by the Senior Leadership Team.</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Low numbers of bullying &amp; harassment cases within the CCG (1 Dignity at work investigation within the past 12 months).</p> <p>The CCG <a href="#">values and behaviours</a> promote professionalism, respect and dignity and compassion and are assessed via the annual review conversation (appraisal) process.</p> <p>The 2020 staff survey results for providing a safe environment – bullying and harassment of 9.2 (top rated CCG) and safe environment – violence of 10 (top rated CCG). The staff survey did identify that our colleagues from under-represented groups were more likely to experience bullying &amp; harassment.</p> <p>The CCG implemented Freedom to Speak Up Ambassadors to support staff to feel able to speak up and receive support if experiencing any difficulties (in addition to HR and line manager).</p> <p>You can learn more about the CCG values and behaviours on the <a href="#">CCG website</a>.</p>	<p>2-achieving</p>	<p>Beverley Smith Director of Corporate Strategy and Development</p>

<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Staff have access to independent support via:</p> <ul style="list-style-type: none"> <li>• <a href="#">Mental Health First Aiders</a></li> <li>• <a href="#">Confidential Care</a></li> <li>• <a href="#">Occupational Health</a></li> <li>• <a href="#">Freedom to speak up Ambassadors</a></li> <li>• HR</li> </ul>	<p>2-achieving</p>	<p>Beverley Smith Director of Corporate Strategy and Development</p>																																																										
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>There was a significant improvement in the 2020 staff survey</p> <table border="1" data-bbox="622 655 1565 1082"> <thead> <tr> <th colspan="3"></th> <th>LOCALITY1</th> <th>Comparator (Organisation Overall - 2019)</th> <th>Organisation Overall - 2020</th> </tr> <tr> <th>Section</th> <th>Q</th> <th>Description</th> <th>n = 368</th> <th>n = 393</th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="9">Your Organisation</td> <td>Q18a</td> <td>Care of patients/service users is organisation's top priority</td> <td>52%</td> <td>76%</td> <td></td> </tr> <tr> <td>Q18b</td> <td>Organisation acts on concerns raised by patients/service users</td> <td>58%</td> <td>75%</td> <td></td> </tr> <tr> <td>Q18c</td> <td>Would recommend organisation as place to work</td> <td>49%</td> <td>73%</td> <td></td> </tr> <tr> <td>Q18d</td> <td>If friend/relative needed treatment would be happy with standard of care provided by organisation</td> <td>47%</td> <td>66%</td> <td></td> </tr> <tr> <td>Q18e</td> <td>Feel safe in my work.</td> <td>·</td> <td>93%</td> <td></td> </tr> <tr> <td>Q18f</td> <td>Feel safe to speak up about anything that concerns me in this organisation.</td> <td>·</td> <td>78%</td> <td></td> </tr> <tr> <td>Q19a</td> <td>I don't often think about leaving this organisation</td> <td>41%</td> <td>51%</td> <td></td> </tr> <tr> <td>Q19b</td> <td>I am unlikely to look for a job at a new organisation in the next 12 months</td> <td>42%</td> <td>49%</td> <td></td> </tr> <tr> <td>Q19c</td> <td>I am not planning on leaving this organisation.</td> <td>53%</td> <td>63%</td> <td></td> </tr> </tbody> </table>				LOCALITY1	Comparator (Organisation Overall - 2019)	Organisation Overall - 2020	Section	Q	Description	n = 368	n = 393		Your Organisation	Q18a	Care of patients/service users is organisation's top priority	52%	76%		Q18b	Organisation acts on concerns raised by patients/service users	58%	75%		Q18c	Would recommend organisation as place to work	49%	73%		Q18d	If friend/relative needed treatment would be happy with standard of care provided by organisation	47%	66%		Q18e	Feel safe in my work.	·	93%		Q18f	Feel safe to speak up about anything that concerns me in this organisation.	·	78%		Q19a	I don't often think about leaving this organisation	41%	51%		Q19b	I am unlikely to look for a job at a new organisation in the next 12 months	42%	49%		Q19c	I am not planning on leaving this organisation.	53%	63%		<p>2-achieving</p>	<p>Beverley Smith Director of Corporate Strategy and Development</p>
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### Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders(Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>The CCG takes a proactive approach to meeting the requirements of the Public Sector Equality Duty through the use of the NHS Equality Delivery System 2. The CCG's equality objectives can be found <a href="#">here</a>.</p> <p>We are committed to designing and implementing policies and procedures and commissioning services that meet the diverse needs of our population and workforce, ensuring that none are placed at a disadvantage over others. We always consider current UK legislative requirements and best practice. These include the Equality Act 2010, Human Rights Act 1998, Gender Recognition Act 2004, the NHS Constitution, the Public Sector Equality Duty and guidelines on best practice from the Equality and Human Rights Commission and the Department of Health. We are committed to promoting Equality, Inclusion and Human Rights to ensure that our activities ensure no-one receives less favourable treatment due to their personal circumstances. This includes, but is not limited to, the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity status.</p> <p>The CCG is committed to meeting the Public Sector Equality Duty and we do this in a number of ways including:</p> <ul style="list-style-type: none"> <li>ensuring all staff understand their duties around equality – this is included in the job descriptions of all staff;</li> <li>reporting progress through the Equality Delivery System 2 template every year;</li> </ul>	2-achieving	Helen Dillistone Executive Director of Corporate Strategy and Delivery

- developing equality objectives and reporting progress against delivery;
- ensuring that equality is considered at every committee through robust cover sheets with key considerations highlighted;
- ensuring due regard is taken in all decision-making through an Equality Impact Assessment (EIA);
- supporting staff to understand equality and how to complete an EIA through one-to-one and group discussion sessions;
- linking equality and quality impacts through a joint panel approval process;
- ensuring all decisions include a reasonable adjustment statement as there is an understanding that there are always exceptions; and
- ensuring that feedback from protected characteristic groups is actively sought and understood so that any inequalities can be highlighted and dealt with.

An equality commitment statement is embedded in all CCG policy developments and implementations, while also providing a framework to support CCG decisions through equality analysis and due regard. In carrying out its function, the CCG must have 'due regard' to the Public Sector Equality Duty. This applies to all activities for which the CCG is responsible, including policy development, review and implementation.

The CCG adopts a robust model of Equality Analysis and 'due regard' which it has embedded within its decision-making process. This is evidenced in the design of policies, service specifications and contracts. Such evidence is reviewed as part of the decision-making process and summarised in all Governing Body and Corporate Committee cover-sheets. (See section 3B)

The CCG has 'due regard' for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the characteristics protected by the Equality Act (2010). These are age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, Trade Union membership or any other personal characteristic.

**NHS Workforce Race Equality Standard**

With the publication of the NHS Workforce Race Equality Standard (WRES), the CCG reviewed the submissions by the main NHS providers in Derbyshire and identified both their compliance with the standard, their current position in terms of ethnic minority staff experience and the actions they intend to take. The CCG is required to demonstrate progress against a number of indicators of workforce equality as detailed in the WRES. The CCG reviewed the requirements of the WRES and has taken 'due regard' to them in its own activities, and reviews and monitors its WRES Action Plan.

The CCG introduced a Staff Diversity and Inclusion Network, which is inclusive of all staff/protected characteristics, including ethnic minority colleagues. The network is run by staff for staff and brings together people from across the CCG that identify with a particular protected characteristic. The network meets monthly to discuss and consider issues that they feel need addressing/considering by the CCG and work with us to improve staff experience on specific issues, including race and religion.

In response to Black Lives Matters, the Chief Executive Officer (CEO) on 12 June 2020 published a statement that

we do not tolerate racism or hate crime in NHS Derby and Derbyshire CCG and we want all our staff to feel safe, protected and listened to.

The CEO made a personal commitment to inclusivity and understanding the lived experiences of our under-represented staff, including those of ethnic minority, and communicated this in the all-staff briefings and staff bulletin. The CEO along with the majority of the Senior Leadership Team are participating in reverse mentoring with junior colleagues to better understand the lived experiences of our staff who are from a protected characteristic that is underrepresented within the CCG.

The following actions from the NHS People Plan to improve workforce equality and diversity are being progressed by the CCG:

- overhauling recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets;
- discussing equality, diversity and inclusion as part of the health and wellbeing conversations.

### **NHS Workforce Disability Equality Standard**

The Workforce Disability Equality Standard (WDES) is a set of 10 specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES also enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for disabled people working and seeking employment in the NHS. Completion of the WDES is mandatory for NHS trusts and the metrics data is used to develop and publish an action plan, which the CCG reviews and monitors. Although not compulsory for the CCG, we collate the metrics data for the WDES to help us better understand the experiences of our disabled staff and developed an action plan.

### Disability Confident

The CCG is committed to employing, supporting and promoting disabled people in our workplace. In 2019/20 we received certification for another three years as a 'Disability Confident' employer. This means that we:

- have undertaken and successfully completed the Disability Confident self-assessment;
- are taking all the core actions to be a Disability Confident employer; and
- are offering at least one activity to get the right people for our business and at least one activity to keep and develop our people.

The CCG's commitment to action is to help staff understand various types of disabilities, including those which are hidden or invisible and offer work experience opportunities once normal service resume, that allows for a meaningful experience for an individual.

We actively look to attract and recruit disabled people by providing a fully inclusive and accessible recruitment process, as outlined in the CCG's Recruitment and

Selection Policy.

Our recruitment process is fair, transparent and free from bias and our vacancies are accessible and available to the widest population possible.

Once appointed, and throughout an employee's employment, where necessary the CCG's Occupational Health service will be consulted to advise on any reasonable adjustments which need to be made. This may include changes to working patterns, adaptations to premises or equipment and provision of support packages to ensure disabled workers are not disadvantaged when applying for and doing their jobs. We are also happy to work in partnership with outside support agencies, such as Access to Work, where necessary.

We have also signed up to the Mindful Employer Charter to demonstrate our commitment to increasing the awareness of mental health, providing strong support networks and information, and making it healthier for our employees to talk about mental ill health without fear of rejection or prejudice.

**Mental Health First Aiders**

As part of our commitment to support the mental health of our staff, the CCG has nine trained Mental Health First Aiders working within the CCG. Mental Health First Aiders are trained by Mental Health First Aid England and act as a point of contact if an employee, or someone they are concerned about, is experiencing a mental health issue or emotional distress. They are not therapists or psychiatrists but they can provide initial support and signpost to appropriate help if required.

### Human Resources Policies

We are committed to ensuring equal opportunities in employment and have appropriate Human Resources (HR) policies in place to ensure they are compliant with the relevant employment law as appropriate. Over the course of the year new policies have been introduced, including the Homeworking (during Covid-19) Policy and Grievance Policy, and other policies have been reviewed and updated, including Raising Concerns at Work (Whistleblowing), Pay Protection, Close Personal Relationships, Disciplinary, and Maternity, Paternity, Shared Parental and Parental Leave. The Governance Committee is responsible for approving the HR Policies and they are made available to staff on the CCG's Intranet. In November 2020 the CCG Governing Body demonstrated their focus and support to the importance of flexible working by approving, in accordance with the NHS People Plan, the processes for flexible working arrangements, recruitment, inductions and appraisals, and line management development. All our HR policies are developed to ensure due regard to the Equality Act 2010 duties and include an Equality Commitment Statement which is designed to ensure that through the implementation of these policies no person is treated less favourably.

Where necessary, throughout an employee's employment our Occupational Health service is available to advise on any reasonable adjustments which need to be made to ensure the wellbeing of our staff. This may include changes to working patterns, adaptations to premises or equipment and provision of support packages to ensure disabled workers are not disadvantaged when applying for and doing their jobs. We are also happy to work in partnership with outside support agencies, such as Access to Work, where necessary.

The CCG has signed the Dying to Work Charter which is part of the Trades Union Congress's wider Dying to Work campaign. This helps members of staff who have a terminal diagnosis to receive support, protection and guidance to continue their employment as a therapeutic activity and help maintain dignity.

### Staff Network

As a CCG we aim to address health inequalities and provide an inclusive working environment where everyone is treated fairly with dignity and respect. We are committed to creating a more diverse and inclusive organisation, where difference is embraced and people feel able to bring their whole self to work.

We have a staff diversity and inclusion network, which is an open forum run by staff and for staff to provide a safe and supportive environment in which to discuss issues relating to their protected characteristics to support equality and diversity by ensuring that the various protected characteristics have vision and impact.

The Network recognises that people have a number of identities and can face challenges associated with their gender, ethnicity, disability, religion and age alongside their sexual orientation. The Network has been set up to welcome people from a diversity of backgrounds.

The Network is run by people from protected characteristics that are under-represented within the CCG and is supported by Human Resources. The Network has a key role in making diversity and inclusion part of our DNA.

Key initiatives have included:

- celebrating and promoting key dates in the inclusion calendar;

- introducing a programme of reverse mentoring with senior directors;
- raising awareness of the lived experiences of under-represented staff;
- learning and development: hidden disabilities, and unconscious bias.

### Organisation Effectiveness and Improvement Group

In line with Government guidance and to help reduce the transmission of Covid-19 the large majority of CCG staff have been working remotely from home over the last 12 months. This has necessitated a change in how we engage with and involve our staff in shaping the work we deliver and the culture of the organisation.

The purpose of the Organisation Effectiveness and Improvement Group (OEIG) is to give all staff the opportunity to contribute to and influence positive change in the CCG. It plays a vital role in helping to shape our organisational approaches, strategies and policies in different ways. OEIG have informed our approach to health and wellbeing, working differently and in helping make the CCG a better place for us all. Examples of the types of initiative that have already been instigated by OEIG are:

Social Connectivity	Maintaining social connections whilst working remotely, including social 'buddies', virtual interest groups, virtual coffee breaks
Think Green	Introducing various initiatives to make it easier to 'go green' and

	also raise awareness of the wider sustainability agenda in the NHS
Mental Health First Aiders	The CCG has nine qualified employees

The OEIG also helped to shape the CCG’s organisational values, which are newly embedded into the CCG Annual Review Conversation (appraisal) process.



Figure 5 – Our Values and Behaviours

Our weekly ‘Team Talks’ have enabled the Chief Executive Officer and Executive Directors to share key messages and updates via Microsoft Teams and also provide staff with an opportunity to ask questions. Through ‘Our Big Conversations’ we are engaging with staff on issues that affect them at work and using the feedback to inform our approach and decision-making. There were a number of ways in which staff could offer feedback, including via email, a staff Facebook page, intranet discussion, Microsoft Teams discussion groups and manager briefings.

We have conducted a number of ‘health and wellbeing’ surveys to help us to understand how staff were feeling and also identify what further interventions, actions and support they would find most helpful. On the back of the survey, we have introduced a number of measures aimed at improving

		<p>the physical and mental wellbeing of our staff whilst working remotely, including wellbeing checks, Covid-19 individual risk assessments and access to advice/support.</p>		
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p><b>Equality considerations for corporate committees</b></p> <p>The CCG Governing and all of our Corporate Committees have a cover sheet included in all papers that requires a statement of assurance from the senior project lead about the assessment of equality considerations before a decision will be made. There is either assurance that an EIA has been completed and/or that discussion has taken place at the Quality Impact Assessment Panel or, on occasion and where appropriate, a different process has been followed to challenge and confirm equality considerations. Identified risks and mitigations are defined in the corporate coversheet and reports to aid and support decision making.</p> <p>This can be evidenced through Board paper packs. <a href="#">This link</a> is to the February papers and pages 2-3 show the cover sheet with Quality and Equality considerations requested.</p>	<p>2-achieving</p>	<p>Helen Dillistone Executive Director of Corporate Strategy and Delivery</p>
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Board Members and System leaders ensure that levers are in place to manage performance and monitor progress with staff by ensuring all staff understand their duties around equality – this is included in the job descriptions of all staff and through the annual appraisal review process. The CCG values and objectives are integral to the values based annual review process. Equality Training is mandatory for all employees and 100% completion of mandatory training is monitored at the annual appraisal conversation. Quarterly and mid year reviews are also undertaken by senior</p>	<p>2-achieving</p>	<p>Helen Dillistone Executive Director of Corporate Strategy and Delivery</p>

		<p>leaders. The Governing Body members are updated at the public Governing Body of staff performance and mandatory training through the responsibility and duties of the Governance Committee.</p> <p>Board Members and System leaders ensure that levers are in place to manage performance and monitor progress with patients through the functions of their responsibilities as Governing Body members and the responsibilities of the Quality and Performance Committee and Clinical and Lay Commissioning Committee.</p>		
<b>Domain 3: Inclusive leadership overall rating</b>			6	

EDS Organisation Rating (overall rating): 22- Achieving	
Organisation name(s): NHS Derby and Derbyshire CCG	
Domain 3 rating and review	
Trade Union Rep(s):	Independent Evaluator(s)/Peer Reviewer(s): Engagement Committee Diversity and Inclusion Network
<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p> <p>Those who score <b>between 8 and 21</b>, adding all outcome scores in all domains, are rated <b>Developing</b></p> <p>Those who score <b>between 22 and 32</b>, adding all outcome scores in all domains, are rated <b>Achieving</b></p> <p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p>	

EDS Action Plan	
EDS Lead	Year(s) active
Beverley Smith Director of Corporate Strategy and Development	Current action plan 2020-2022 can be found <a href="#">here</a> .  Due to the pandemic progress on these objectives has been delayed. Therefore the CCG will retain these objectives until 2023 when it will further review progress and set new objectives where appropriate.
EDS Sponsor	Authorisation date
Helen Dillistone Executive Director of Corporate Strategy and Delivery	16 March 2022