

Equality Delivery System 2: Grades and Improvement Plans 2016-17

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This report outlines NHS Merton Clinical Commissioning Group's performance and improvement plans around equality and diversity.



right care
right place
right time
right outcome

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1. The Public Sector Equality Duty and the Equality Delivery System

1.1 The Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought all existing equality law into a single piece of legislation and covers race, sex, disability, age, marital status and civil partnership, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment. These categories are also referred to as 'protected characteristics'.

Under the Equality Act, public bodies, such as NHS Merton Clinical Commissioning Group (referred to as Merton CCG) have a general duty to show 'due regard' to three aims:

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

To meet the general duty, Merton CCG has two 'specific duties', which include:

- publishing 'equality information' to demonstrate compliance with the general duty,
- publishing 'equality objectives' needed to meet the aims of the general duty.

To be legally compliant, Merton CCG would need to meet both the general and specific duties of the Equality Act – as they are part of its Public Sector Equality Duty (PSED). The aim of the PSED is to integrate consideration of equality into the day-to-day business of public bodies and consider how to tackle systemic disadvantage faced by people with protected characteristics.

Demonstrating 'due regard' to people with protected characteristics means that Merton CCG must consider the three aims of the general duty in its decision-making and day-to-day activities by:

- removing or minimising disadvantages suffered by people due to their protected characteristics,
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

It can do this through: training and development, consultation and engagement with staff, leadership teams, service users and members of the public and setting objectives and targets around improving outcomes for protected groups. Implemented systematically, the PSED can lead to improved decision-making, improved satisfaction levels among staff and service users and effective use of resources.

1.2 The Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) was launched on 11 November 2011 by NHS England to help NHS organisations improve their performance on equality and diversity through regular reviews and engagement with staff, patients, carers, community activists, public and voluntary sector partners and Governing Body members.

Refreshed in 2013, the EDS2 is now implemented annually by all health care commissioners and providers. It is included in the NHS Standard Conditions of Contract and recognised as a tool to implement the Equality Act.

The EDS2 assessment reviews 18 outcomes (described in Appendix 1) grouped under the following 4 goals:

- Goal 1: Better Health Outcomes**
- Goal 2: Improved Patient Access and Experience**
- Goal 3: A Representative and Supported Workforce**
- Goal 4: Inclusive Leadership**

The goals and outcomes are graded as either: undeveloped, developing, achieving or excelling (using a red/Amber/Green/Purple colour-coding scheme) following an evidence-gathering and engagement process.

Improvement plans developed thereafter are integrated into operational and organisational development plans through tools such as service specifications, key performance indicators and clinical review processes. Issues related to the workforce are addressed through training and development, appraisal processes and policies and procedures.

The overall objective of the EDS2, is to embed equality into everyday business practices and foster a culture of transparency, accountability and continuous improvement.

The EDS2 has helped Merton CCG systematically review a selection of commissioned services, employment practices and decision-making processes to ensure compliance with Equality Act and initiate improvements.

2. Implementing the Equality Delivery System

Since authorisation in April 2013, Merton CCG has ensured that embedding equality and diversity is a priority. The implementation of the EDS2 for 2016-17 was overseen by the CCG's Equality and Diversity Group (EDG).

Chaired by the Director of Quality, the group has met quarterly and monitored progress of the EDS2 work plan. The EDG includes commissioning leads, Public Health representatives and Governing Body representatives (Patient & Public Involvement lay member and Clinical Nurse Lead) and a GP representative. Feedback from the group is reported to the Clinical Quality Committee and Governing Body.

2.1 Stakeholder engagement and grading

Merton CCG gathered a range of quantitative and qualitative evidence throughout 2016-17 to assess its performance against the EDS2. Overall, it was graded **Achieving** for Goal 1, between **Achieving/Developing** for Goal 2 and **Developing** for Goals 3 and 4 (See Table 1.1).

A key aspect of the assessment process was the involvement of a range of stakeholders - staff, Governing Body representatives, providers, carers and voluntary sector representatives - in the grading of all four goals.

To assess Goals 1 and 2 (patient-focussed domains), the CCG reviewed the following commissioning priorities: Translation and Interpretation Services at GP surgeries and Complex Depression and Anxiety Services. With the support of providers, commissioning managers gathered evidence for each of the outcomes under Goals 1 and 2 and reviewed them at a public event in June 2016.

Based on their feedback, Merton CCG was assessed as **ACHIEVING** for Goal 1 for both services. For Goal 2, the Translation and Interpretation Service was graded **DEVELOPING**. This means that people from only some protected groups fared as well as the rest of the population. The Complex Depression and Anxiety Service (CDAS) was graded **ACHIEVING** for Goal 2, which means people from most protected groups fared well. (See Table 1.2).

To assess Goals 3 and 4, the CCG held engagement events with staff and the Governing Body between August and December 2016.

Goal 3 outcomes were graded at staff workshop held in October 2016, where a cross-section of employees from a range of teams reviewed evidence from the Employee Staff Records (ESR) and staff survey 2016. For this goal, Merton CCG was assessed as **DEVELOPING** overall (See Table 1.3). This means that staff members from some protected groups fare well compared with the overall workforce.

Goal 4 was assessed using evidence gathered from the CCG’s leadership team, the staff survey and staff workshop. Grades for outcomes 4.1 and 4.2 were validated externally by the Equality and Diversity Lead from London Borough of Merton.

Outcome 4.1 was assessed as **DEVELOPING** by the external assessor, who felt while there several good examples of commitment to equality and diversity, they needed to demonstrate ‘how the considerations benefited the organisation’s reputation and relationships with stakeholders’.

Outcome 4.2 was assessed as **DEVELOPING**, which means only some of the papers took account of equality-related risks and their management. The external assessor has highlighted the need to consider equality and diversity at the start of all reviews or strategy development.

Outcome 4.3 was assessed as **ACHIEVING**, which means staff from most protected groups fared well compared with the overall workforce (see Table 1.4).

Table 1.1 Aggregated EDS2 grades for Goals 1-4 since 2014

EDS2	2014-15	2015-16	2016-17
Goal 1	(D)	(D)	(A)
Goal 2	(D)	(D)	(D)T&I (A)CDAS
Goal 3	(A)	(D)	(D)
Goal 4	(A)	(D)	(D)

Table 1.2 – Grades for EDS2 Goals 1 and 2 in 2016-17

Goal	Outcomes	Translation & Interpretation Service at GP	Complex Depression and

		Surgeries	Anxiety Service
Goal 1 (Better Health Outcomes)	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	(Achieving)	(Achieving)
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	(Developing)	(Achieving)
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	(Achieving)	(Achieving)
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	(Achieving)	(Developing)
Goal 2 (Improved patient access and experience)	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	(Developing)	(Achieving)
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	(Developing)	(Excelling)
	2.3 People report positive experiences of the NHS.	(Developing)	(Achieving)
	2.4 People's complaints about services are handled respectfully and efficiently.	(Achieving)	(Achieving)

Table 1.3 – Grades for Goal 3 since 2014

	Outcomes	Grades in 2014	Grades in 2015	Grades in 2016
Goal 3: A Representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	(D)	(A)	(D)
	3.2 The NHS is committed to equal pay for equal work and expects employers to use equal pay audits to help fulfil their legal obligations.	(D)	(A)	(A)
	3.3 Training and development opportunities are taken up and positively evaluated by staff.	(A)	(D)	(U)
	3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.	(A)	(D)	(U)
	3.5 Flexible options are available to all staff consistent with the needs of the service the way people lead their lives.	(A)	(D)	(D)
	3.6 Staff report positive experiences of their membership of the workforce.	(D)	(A)	(D)

Table 1.4 Grades for Goal 4 since 2014

	Outcomes	Grades in 2014	Grades in 2015	Grades in 2016

Goal 4: Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their Organisations.	(A)	(A)	(D)
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts, including risks and say how these risks are to be managed.	(D)	(D)	(D)
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	(A)	(D)	(A)
(U) undeveloped	(D) developing	(A) achieving	(E) excelling	
4.1 There are no examples of strong and sustained commitment.	4.1 Only some of the examples show a strong and sustained commitment.	4.1 Many examples show a strong and sustained commitment.	4.1 All of the examples show a strong and sustained commitment.	
4.2 None of the papers took account of equality-related risks and their management.	4.2 Only some of the papers took account of equality-related risks and their management.	4.2 Many of the papers took account of equality-related risks and their management.	4.2 All papers took account of equality-related risks and their management.	

It is of particular concern for the CCG to note that 3.3 *Training and development opportunities are taken up and positively evaluated by staff* and 3.4 *When at work staff are free from abuse, harassment, bullying and violence from any source* have deteriorated from *Achieving* in 2014 to *Undeveloped* in 2016.

Merton CCG took part in a staff survey in March 2016. That survey raised a number of issues, including a small, but significant number of respondents saying that they were aware of bullying incidents in the workplace and concerns around the availability of training. The March 2016 staff survey was used as evidence for 3.3 and 3.4 and as a result, has prompted the deterioration.

This report has given us an opportunity to discuss the results again, review the actions put in place and to further reinforce the message that bullying and harassment are unacceptable. A task and finish group has been established to specifically expedite improvements in this area.

The following actions in the EDS2 Goals 1-4 Improvement Plans 2016-17 aimed to address these goals and outcomes have been expedited

- Details of Employee Assistance Programme circulated to all staff
- Bullying and Harassment Policy circulated
- Contact details of HR representatives circulated.
- Re-establishment of a staff forum
- All staff will be offered exit interviews
- Non-management escalation point identified

The improvement plan is being reviewed and updated to ensure all possible actions for improvement are identified.

Other key areas for improvement highlighted through the EDS assessment process include:

Goals 1 and 2:

- Need to monitor impact of services on patients and service users based on their protected characteristics (to the extent possible).

- The need to ensure when providers are changed that the mobilisation on information is complete and there is awareness of the full range of benefits patients receive with a new provider.

Goal 3:

- Need for improved opportunities for career development
- Staff are supported during times of change to cope with stress and channels to support them, such as Employee Assistance Programmes continue to be advertised widely.

Goal 4: The evidence for this goal highlighted the following:

- The Governing Body is keen to ensure it is reflective of the local Merton population in terms of ethnicity and provided good examples of commitment to equality and diversity. However, they need to now start demonstrating how these considerations benefitted the organisation's reputation and its relationships with stakeholders and partners.
- Board members are now ensuring that managers are considering equality-related risks for key papers, as evidenced in minutes of meetings.
- Key board papers and reviews need to complete equality analyses at the start. This needs to be evidenced and summarised in Governing Body papers and cover sheets.

3. EDS2 Goals 1-4 Improvement Plans 2016-17

The agreed improvement plans for Goals 1 to 4 can be made available upon request. These plans have been finalised after consultations with commissioning managers, leadership, HR and Quality teams. The Director of Quality will oversee the implementation of these plans and they will be monitored by the Equality Diversity Group and the Clinical Quality Committee.

4. Equality Objectives 2013 – 2017

Every year the CCG's Equality Objectives will be reviewed and updated in accordance with the specific needs of Merton CCG and its population, to ensure that 'due regard' is given to the changing health needs of those who share one or more protected characteristics and to ensure that objectives are being met (see Merton CCG Equality Objectives Report 2013 – 17¹). Merton CCG's Equality Objectives for 2-13-17 are outlined in *Table 1.5*. These will be reviewed and a new set developed for 2017-21 based on the EDS2 work between 2014-17.

Table 1.5: Merton CCG's Equality Objectives 2013-17

Year 1 (2013/14)
1. Building, using and sharing data collection and evidence base
2. Develop Communications and Engagement strategies so they are inclusive and actively responding to needs of diverse community
3. Develop Equality Key Performance Indicators (KPIs) to measure improvement in health outcomes
4. Training and conducting Equality impact Analysis (EA)

5. HR: Training needs identified for Board, CCG
6. HR: Identify baseline of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)
Year 2 (2014/15)
1. Delivery of Communications and Engagement strategy delivers equality requirements.
2. Patient and public involvement in decommissioning, commissioning, design & procurement of services.
3. HR: Deliver training to embed equalities for Governing Body.
Year 3 (2015/16)
1. Review Communications and Engagement strategies as inclusive and actively responding to needs of diverse community
2. HR: Demonstrate improvement of disaggregated staff views on current workforce issues (inc. health and wellbeing, bullying and harassment)
Year 4 (2016/17)
1. Review Equality Key Performance Indicators to measure improvement in health outcomes

In Year 4 of the Equality Objectives – the EDS2 has helped to evidence that:

- Monitoring for improvement in commissioned services needs to be more consistent in keeping with the nature of the service.
- Staff value job variety and involvement in a range of projects and programmes to improve their work experience and feel valued.
- Employees have highlighted a preference for greater on-site HR presence through weekly drop-in sessions and promotion of programmes to address workplace stress (such as employee assistance programmes).
- Governance for equality-related risks needs to be strengthened and monitored on an ongoing basis to ensure fair decision-making practices. Key board papers must enclose an equality analysis at the start of any review process.

5. Publishing the EDS2 results

The EDS2 objectives, grades and improvement plans for Goals 1 and 4 needs to be published on the Merton CCG website by March 31, 2017. The improvement plans will form part of Merton CCG's operational and organisational development plans to ensure they are embedded in mainstream business and reviewed regularly.

6. Monitoring and Reviewing the EDS2

Merton CCG will monitor and review the implementation of the EDS2 on an annual basis. The EDS2 framework will also help Merton CCG to meet its Public Sector Equality Duty and its equality objectives. Staff, leadership teams, patient groups and partner organisations will continue to be involved in ensuring improved outcomes for all protected groups and will support the improvement plans for all goals of the EDS.

7. EDS2 Implementation Plan 2016/17

The implementation plan for the EDS is given in *Table 7* below.

Table 1.6: Merton CCG's EDS2 Implementation Plan

Action	By When	By Who
Meeting with Director of Quality to discuss approach and agree commissioning priorities	Complete	CSU ED lead/CCG ED lead
Commissioning team to agree EDS priorities to be reviewed	Complete	CSU ED lead/ CCG ED lead
Initial meetings with commissioning managers	Complete	CSU ED lead
CCG commissioners and providers gather data for EDS	Complete	CCG lead commissioners
Identify invitees for public grading event, develop communications and circulation lists.	Complete	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 grading process with stakeholders	Complete	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 - Service Improvement for Equality Plans developed and approved with commissioners / providers	Complete	CSU ED lead/ Commissioning managers
Goal 3 – A representative and supported workforce (internal assessment)	Complete	CSU ED Lead / Director of Quality / HR
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	Complete	CSU ED Lead / Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan by Equality and Diversity group.	Complete	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Executive Management Team (EMT)	To Complete (22 February 2017)	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Merton Clinical Quality Committee	To complete (01st march 2017)	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Merton Governing Body	To Complete (23rd March 2017)	CSU ED lead/ Director of Quality
Review and Sign-off of EDS Improvement Plan for Goals 1-4	March 2017	CSU ED lead/ Director of Quality

8. Comments & Feedback

We welcome any comments and feedback on this EDS2 Grades and Improvement Plan Report. We would like to know how effective this scheme is in promoting and delivering equality and welcome any comments and suggestions for improvement.

Comments and feedback can be sent to:

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 Email: Amanda.bland@mertonccg.nhs.uk

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Appendix 1: EDS2 Goals and Outcomes

The Goals and outcomes of EDS(2)		
Goal	Number	Description of outcome
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.
Improved Patient Access and Experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.
	2.3	People report positive experiences of the NHS.
	2.4	People's complaints about services are handled respectfully and efficiently.
A Representative and Supported Workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.

	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	3.6	Staff report positive experiences of their membership of the workforce.
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Appendix 2: Current Good Practice

The following examples of good practice were highlighted by staff, service users, partner organisations and leadership teams during the stakeholder engagement exercises for Goals 1 to 4:

1. Goals 1-2: Better health outcomes and improved patient access and experience

a) CDAS

Protected Characteristic	EIP - Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	Gold Star service once you are accepted.	All 3 aims
All	Smooth transition through service.	All 3 aims
All	People get better once they are seen in this service.	All 3 aims
All	Clear pathway into the service.	All 3 aims

b) Translation and Interpretation Service at GP Surgeries

Protected Characteristic	Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	Mandatory training provided for all staff across a 3- year cycle. This is a pre-requisition for FTE and bank workers to take on interpretation assignments.	All 3 aims
All	Use of the same interpreters within GP surgeries ensures smooth transition and fluency with medical terms reduces DNA rates.	All 3 aims
All	Specialist Translation & Interpreting Services available (such as interpreters for sexual health and trauma care), for which specialist training is provided. Technology available to support general and BSNL interpretation to suit patients.	All 3 aims

c) Goal 3: A representative and supported workforce

Protected Characteristic	Good practice	Fulfilment of which aim of PSED:
All	Standardised and objective recruitment and pay and grading.	All 3 aims
All	Opportunities for job enrichment through project work.	All 3 aims
All	Managers generally supportive and give staff autonomy	All 3 aims
All	Varied work portfolio and opportunity to make a difference to Merton.	All 3 aims

d) Goal 4: Inclusive leadership

Protected Characteristic	Good practice	Fulfilment of which aim of PSED:
Ethnicity	Commitment to ensure Governing Body is representative of local community.	All 3 aims
All	Increased awareness of equality-related risks by board members.	All 3 aims