Equality Delivery System 2: Grades and Improvement Plans 2017-18 and 2018-19

Sandra Ovid

14 December 2018

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 2017-18 was overseen by the Merton and Wandsworth joint Equality and Diversity Group (EDG).

Chaired by the Director of Quality and governance, 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 engagement managers from both CCGs'. 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 2017-18 to assess its performance against the EDS2. The CCG reviewed the following commissioning priority for the Latent TB Screening and Testing and IAPT services. An internal decision was taken to continue working towards these priorities in 2018 -19, and to refresh the commissioning priorities for 2019-20.

A key aspect of the assessment process was the involvement of a range of stakeholders - staff, 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: Latent TB Screening and Testing, and Merton IAPT service.

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 December 2017.

It was agreed that the Latent TB Screening and Testing service needed to be promoted widely and more work needed to be done through community based organisations and faith groups with closer links to new migrants. The Public Health Team offered support in raising awareness of the importance of addressing barriers and encouraging take-up of both services.

Overall the Latent TB Screening and Testing service was graded **Developing**.

It was agreed that the results of the IAPT engagement event need to be feedback to the commissioning managers for the service, to ensure the key actions are built into the commissioning monitoring arrangements.

Overall Merton IAPT service was graded **Developing** for goal 1 and **Achieving** for goal 2. *(See Table 1.1).*

All those who were present agreed that for 2018-19 the EDS2 work plan for Goals 1 and 2 would be continue to focus on the Merton IAPT service and Latent TB Screening and Testing service.

To assess Goals 3 and 4 the CCG held engagement events with staff and the Governing Body between March – April 2018.

Goal 3 outcomes were graded at staff workshop held in March 2018, 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 was assessed as **Developing**

This will be further validated externally by the Equality and Diversity Lead from London Borough of Merton.

Outcome 4.1 is in the process of being assessed as by the external assessor, (awaiting comments for this outcome).

Outcome 4.2 is in the process of being assessed by the external assessor, (awaiting comments for this outcome).

The external assessor highlighted the need to consider equality and diversity at the start of all reviews or strategy development.

Outcome 4.3 was assessed as **Undeveloped**, which means staff from most protected groups did not fair well compared with the overall workforce (see *Table 1.4*).

Table 1.1 Aggregated EDS2 grades for Goals 1-4 since 2014 -2017-18

EDS2	2014-15	2015-16	2016-17		2017-18
Goal 1	(D)	(D)	(A)		(D)
Goal 2	**(D)**	(D)	(D)T&I	(A)CDAS	(D)
Goal 3	(A)	(D)	(D)		(D)
Goal 4	(A)	(D)	(D)		(D)

Table 1.2 – Grades for EDS2 Goals 1 and 2 in 2017-18

Goal	Outcomes	Latent TB Screening and Testing service		Merton Access to Psychological Therapies services
Goal 1 (Better Health Outcomes)	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	(Achieving)		Developing
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	(Developing)		(Developing)
	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)	(Developing)
	1.5 Screening, vaccination and other health promotion services	(Developing)		(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)		(Developing)
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	(Developing)		(Achieving)
	2.3 People report positive experiences of the NHS.	(Undeveloped)		(Achieving)
	2.4 People's complaints about services are handled respectfully and efficiently.	*(Undeveloped)*		*(Achieving)*

Table 1.3 – Grades for Goal 3 since 2014

	Outcomes	Grades in 2014	Grades in 2015	Grades in 2016	Grades in 2017
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)*	*(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)*	*(D)*
	3.3 Training and development opportunities are taken up and positively evaluated by staff.	*(A)*	*(D)*	*(U)*	*(D)*

	3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.	(A)	(D)	(U)	(A)
	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)	(D)
	3.6 Staff report positive experiences of their membership of the workforce.	(D)	(A)	(D)	(D)

Table 1.4 Grades for Goal 4 since 2014

	Outcomes	Grades in 2014-15	Grades in 2015 -16	Grades in 2016-17	Grades in 2017-18
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)	(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)	(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)	(D)

(U) ndeveloped	(D) eveloping	(A) chieving	(E) xcelling
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.

3. EDS2 Goals 1-4 Improvement Plans 2017-18

The agreed improvement plans for Goals 1 to 4 are being updated and reviewed and 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 and Governance will oversee the implementation of these plans and they will be monitored by the M&W joint Equality Diversity Group and the Clinical Quality Committee.

4. Equality Objectives 2017 – 2021

A new set of Equality Objectives for the period of 2017-2021 was developed in 2017. They are as follows:

Table 1.5 Merton CCG Objectives 2017-2021

		Objectives
(i)		**Health inequalities**: Increase overall access to Merton Improving Access to Psychological Therapies services to 15% of the morbid population, with 25% of the referrals from BAME communities by March 2018.
(ii)		**Provider assurance**: Ensure all providers provide clear information by March 2018 on how services commissioned have led to better outcomes and access for groups protected by the Equality Act 2010.
(iii)		**Patient/public engagement:** Undertake engagement with young people to raise awareness of mental health support services and remove barriers to accessing them over the next 12 months.
(iv)		**Staff engagement/development:** Improve staff wellbeing, engagement and development to ensure workforce is supported and well-represented by implementing Merton and Wandsworth staff survey action plan by March 2018.

The EDS2 results for 2017-18 have informed the development of these objectives
We will be monitoring progress against them in our PSED for the calendar year 2018-19.
Further information about progress with these objectives will be contained within the PSED.

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 December, 2018. 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 EDS2.

7. EDS2 Implementation Plan 2017/18

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	**Completed**	CSU ED lead/CCG ED lead
Commissioning team to agree EDS2 priorities to be reviewed	**Completed**	CSU ED lead/ CCG ED lead
Initial meetings with commissioning managers	**Completed**	CSU ED lead
CCG commissioners and providers gather data for identified EDS2 for 2019/20	**April 2019**	CCG lead commissioners
Identify invitees for public grading event, develop communications and circulation lists.	**Completed**	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 grading process with stakeholders	**Completed**	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 - Service Improvement for Equality Plans developed and approved with commissioners / providers	**Completed**	CSU ED lead/ Commissioning managers
Goal 3 – A representative and supported workforce (internal assessment)	**Completed**	CSU ED Lead / Director of Quality / HR
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	**Completed**	CSU ED Lead / Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan by Equality and Diversity group.	**September 2018**	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Merton Integrated Governance and Quality Committee	**December 2018**	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Merton Governing Body	**January 2019**	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:

Julie Hesketh
Director of Quality & Governance, NHS Merton Clinical Commissioning Group,

120 The Broadway, Wimbledon, SW19 1RH
Email: Julie.hesketh@swlondon.nhs.uk

Or
Sandra Ovid
Equality and Diversity Managers
NEL
Worship Street
Clifton House
London
Email: Sandra.ovid@nhs.net

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.
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) Latent TB Screening and Testing Service

Protected Characteristic	EIP - Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	• Well designed • Low prevalence – supports targeted services in the borough • The fact that some GP practices are offering the service	All 3 aims
All	• Referral pathways smooth. • Screening makes patients more known to services and helps them access related screenings (for e.g. HIV, cancer). Easier to get patient consent as well once contact has been made and relationship built.	All 3 aims
All	• Reassurance provided to patients that Latent TB is treatable. Information/promotions given to patients.	All 3 aims
All	• All GP practices have Complaints processes advertised	All 3 aims

b) Merton IAPT

Protected Characteristic	Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	• Therapy provided in a number of different languages – needs to be shared with GPs	All 3 aims
All	• Regular meetings take place between agencies and signposting undertaken effectively	All 3 aims
All	• Undertake reviews on Serious Incidents – through a 'Serious Incident' Panel. • Staff trained on domestic violence and safeguarding.	All 3 aims

C) Goal 3: A representative and supported workforce

Protected Characteristics	Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	2 hours recruitment and selection training for all LDU recruiters/managers and Governing body members to include unconscious bias avoidance)	All 3 aims
All	Current training needs analysis for staff to complete as part of PDP has been developed to review what non-mandatory training has accessed in the past year. Statutory and Mandatory training process has become standard and form part of the induction(all to be completed during the first week)	All 3 aims
All	Speak-up Guidance/ Buddy system to promote safer working practices Mediation training to be provided to volunteers on the scheme Training to be provided for all staff around Bully& Harassment which will be mandated attendance. Sessions will be provided to assist all in attending	All 3 aims

Goal D) Inclusive leadership

Protected Characteristics	Good practice – (for further info see EDS Evidence)	Fulfilment of which aim of PSED:
All	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	All
All	Middle managers very supportive of staff	All
All	Good examples of championing equality and inclusion with the Governing Body. 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	All

EDS2 action plan 2018-19

Latent TB Screening and Testing EDS Goals 1-2	Description of issue / area of improvement highlighted	Source	Action Plan	Responsible Lead /s	Timescales and status
1.1	• Need to undertake more engagement of promote service and encourage take-up. Important to educate people about Latent TB and promote the service. • The service needs to be promoted to the entire borough – as west Merton too has many new migrants.	**EDS2 event**	• More engagement need to be undertaken and promotion of service across the boroughs.	Claire Frampton	In Merton, we are looking to follow the Wandsworth model of partnering with local voluntary and community organisations to extend reach.
1.2	• Migrants often come to the country through circuitous routes and through different point of entry (by land, air, sea etc). Often contract Latent TB due to the circumstances in which they find themselves while coming into the country (therefore the need to promote the service widely through different avenues, and not merely GP Practice records).	**EDS2 event**	• Targeting community group outside the GP practices target hard to reach group • Look at strategy for more engagement	Claire Frampton	We have been working with GP practices in the east via newsletter to target their participation in the scheme.

right care
right place
right time
right outcome

1.4	• Need communication and reassurance that people won't be deported. • Need to ensure GP Practices confirm patient details (Name, Date of Birth etc – often get mixed up and communication goes to the wrong person). • Patients need to be given more time at the time of consultation.	**EDS2 event**	• Robust engagement plan which involved stakeholders e.g, Immigration case workers, communication to faith leader and other key stakeholder involved with this cohort	Claire Frampton	
1.5	• Need for more education, awareness-raising on Latent TB screening (v. imp) – required to dispel myths related to the disease and overcome barriers to accessing service.	**EDS2 event**	• Engagement strategy link with community faith leaders and other stakeholders which is involved with this cohort.	Claire Frampton	
2.1	Need to move forward by: • Undertaking outreach at community centres. Promoting service at places of worship. Benefit: increase both GP registrations and screening. • GP registrations should cover appointments for all types of screening (would it easier to get consent that way).	**EDS2 event**	• Strategy for GP to communicate through the registration process at the outset. Possible initial assessment form to be completed before patient is seen by GP.	Claire Frampton	The Latent TB Project manager has been going out into GP practices to help them set-up a process at initial registration, including testing for those in the relevant cohort.

2.2	• Seamless transition to secondary care. • Promote project widely within communities. • Use of social media to promote screening service and the progress it has made – CCG's twitter a/c can follow community groups rather than the other way around.	**EDS2 event**	• Take advantage of social media and engage faith leaders to promote at place of worship	Claire Frampton	The project is looking to replicate the work undertaken in Wandsworth – through using social media more effectively.
2.3	• No feedback received from GP practices on the performance of the service. • Need to evaluate service/project – develop a simple feedback questionnaire for patients • No information to evaluate projects..	**EDS2 event**	• Engage task finish group with a cohort of GP set pilot phase to cascade evaluation/ feedback questionnaire of the service	Claire Frampton	Project Manager working with practices to put into place feedback questionnaire of service (aimed at patients who have tested positive and followed Latent TBI pathway).

Merton IAPT EDS Goals 1-2	Description of issue / area of improvement highlighted	Source	Action Plan	Responsible Lead /s	Timescales and status
1.1	• Need to identify who is accessing the service from BME communities. • Need to provide an explanation to young people about accessing online service with IAPT.	EDS2 event	• Strategy to target the BME communities (barber shops), churches and places of social gathering	Patrice Beveney	Addaction, the Merton IAPT serviced provider, carried out a demographic audit of patients entering treatment, including a review of the ethnic origin of patients using the service. This was part of a broader effort to increase the number of people entering treatment. An action plan was devised to address the relative under-representation of people from Black and Asian Minority Ethnic (BAME) backgrounds. This included a number of changes to the way in which the service is delivered, including online access. This has brought about an improvement in the representation of patients from BAME backgrounds in the service:- they now represent 30% or more of the people entering treatment, which is in line with the general population of the borough.
1.2	• Transition from children's services to adult services needs to be managed smoothly.	EDS2 event	• Clear route to pin point transition at every stage	Patrice Beveney	Further work is required on this issue.
1.3	• Interagency communications need to improve. • Lack of co-ordination especially during transition – care pathway for mental health assessments show lack of co-ordination.	EDS2 event	• Communication strategy to be reviewed mapping exercise of the care pathway for mental health assessment.	Patrice Beveney	There is a facility that exists between the Addaction IAPT service and the secondary mental health service provided by South West London and St George's Hospital whereby clinicians can discuss clients, where necessary, if it is thought a patient's needs might be better met in the secondary service, or vice versa. In addition, the IAPT service has a fortnightly interface meeting with the adult mental health service, including the Merton Assessment Team (the gateway to adult community mental health services). This has become an increasingly sophisticated forum between the IAPT service and the secondary service where patients are exchanged, where appropriate, and where there is case discussion re client management.
1.4	• Monitor re-referrals within a time period. • Ensuring safeguarding all services that are signposted are suitable and meet minimum standards.	EDS2 event	• Review re-referrals process Map –out safeguarding of all services to establish fit for purpose	Patrice Beveney	Addaction has reviewed re-referrals as part of an analysis of patient flows – the purpose of that review was to find ways to increase access to IAPT in Merton. Secondly, some clients are referred, or signposted on to other services in the borough, having completed a period of treatment in IAPT. Service users who attended the EDS2 Workshop sought reassurance the services referred or signposted were of good quality.

right care
right place
right time
right outcome

				The IAPT service has therefore formed relationship with Social Prescribers, whose purpose is to find / recommend social and non-clinical supports for local residents
				In addition, Addaction has begun a piece of work to develop a service directory
2.1	• Service for people with learning disabilities – an area for improvement. • Stronger collaboration needed with social housing providers.	**EDS2 event**	• Strong engagement with key stakeholders –link with social housing providers (passport to be considered) communicate with Faith leaders.	**Patrice Beveney**	This aspect of the action plan has not been addressed in detail. The CCG has commissioned a new primary care service that will incorporate two primary mental health care elements working alongside IAPT. One element will be the Wellbeing service which will develop links with non-clinical partners in the community, to a greater degree than the current IAPT provider has been able to achieve.

EDS2 Goal 3 and Outcome 4.3 Action Plan 2017-18

EDS2 Goal	Description of issue / area of improvement highlighted	Source	Action Plan	Responsible Lead /s	Timescales and status
Fair recruitment and selection practices					
3.1	• Reporting on Data collection on Protected Characteristics (PC) • Staff would like all vacancies/career progression opportunities to be equal/transparent internally • Staff are not sure if selection process are fair and transparent • All new starters to have a set induction and more streamlined process • Staff suggested training on the recruitment and induction process	Staff EDS2 workshop March 2018	• Collated on monthly basis by workforce • Disability confident status can be shared through NEL • To confirm with Stonewall to use Kite-mark status	HR	On-going
			• 2-hour recruitment and selection training for all LDU recruiters/managers and Governing	HR (Bunmi Brookman)	Training to commence in 2019

	• Training for <u>all</u> recruiters would be helpful; • Training for doing job applications and interview skills • HR involvement in recruitment needs to be implemented for unbiased views		Body members (to include unconscious bias avoidance)		
			• Opportunities to be promoted to everyone for everyone to apply for any internal interim and FTE posts	LDU executive team	On-going
			• Weekly information to be shared via staff briefings/newsletter on new staff, leavers and interims	Communications team	On-going
			• Look to develop training programme with HR and promote courses internally	Nicola Bamford/ HR	Nicki to discuss with HR
			• Development of SWL wide recruitment induction process (local arrangement will be put in place)	Nicola Bamford	Nicola to discuss with SWL Alliance colleagues

Pay and Grading

3.2	• Staff commented that pay bands are not consistent across the LDU and in some cases there is some disparity in comparison to roles on a SWL wide	Staff EDS2 workshop March 2018	• Opportunities to be promoted to everyone for everyone to apply for any internal interim and FTE posts	LDU exec team	On-going
			• Discussion to have regarding standard approach across all directorate to ensure consistencies with Agenda for Change	Exec directors and HR	January 2019
			• HCAS has been reviewed and decision across the LDU taken. Based on current guidance a final decision will be made in January 2019 and will be communicated to staff by a personalised/individual letter	James Blythe/ HR	On-going
			• Workforce reports to be tabled at future Staff forum meetings	HR	On-going

18

Training and Development					
3.3	• Training and development plan to be in place with good support and outcomes to enable development and succession planning. • Staff identified the need for training to improve in terms of its quality	Staff EDS2 workshop March 2018	• Data to be gathered from staff as part of a needs analysis to review what non-mandatory training has been accessed in the past year and added to workforce	OD team	March 2019
			• Development of a training needs analysis system and application process to be put in place, this would therefore indicate the financial envelope required.	OD team	March 2019
			• Current and future budgets to be identified from all sources including available funding and bursaries through HEE	OD team	March 2019
			• Development of training strategy across SWL will promote fairness and consistency across alliance regarding application and authorisation process of all courses.	SWL Alliance/ OD	March 2019
			• Statutory and Mandatory training processes to become standard as part of induction	OD team	April 2019
			• Mentoring and Coaching opportunities to be sought and process to be put in place to enable.	OD team	April 2019
When at work staff are free from abuse, harassment, bullying and violence from any source					
3.4	• Bullying & Harassment was highlighted in all staff surveys across SWL, therefore Alliance wide approach will be taken. Local measures to be put in place currently	Staff EDS2 workshop March 2018	• Staff forum group has been established and meets regularly.	OD team/HR	Complete and on-going
			• Information on Employee Assistance Programme to be promoted to all staff through a range of methods. Avenues being considered	HR	On-going

			include: Flyers, information on the website and screen savers.		
			• Speak- up Guardian/buddy systems also being considered across the LDU to promote safer working practices. Mediation training to be provided to volunteers on the scheme. There will be joint working with Merton local authority and Kingston and Richmond CCGs	Director of Quality and Governance/HR	March 2019
			• Organisational sign up to 'Time- To Change'. This is also a part of the Health Workplace Charter, pledge to ensure that a commitment to change how we think and act about mental health in the workplace	OD team	December 2018
			• Training to be provided for all staff around Bullying & Harassment called "Dignity at work"	SWL Alliance/HR	January 2019
			• Electronic folder on all key HR policies to be available for all staff providing information on all policies and links to find them (along with HR contact numbers). These will also form part of an updated intranet site for ease of access	SWL Alliance/ OD team	January 2019
			• Stress management policy in development	SWL Alliance/ MF	March 2019
			• Sickness management policy in development	SWL/ OD	March 2019
			• A supervision policy to be discussed and developed	SWL/ OD	March 2019

Merton CCG EDS2 Report 2017 -2018

Flexible Working patterns					
3.5	• Policy on smart working to be finalised and shared with all staff which promotes a consistent approach at all levels to staff working flexibly and smarter in line with office move this should therefore make the organisation a good place to work where staff are valued.	Staff EDS2 workshop March 2018	• Adopted smart working policy to be shared and discussed at the staff forum and comments to be taken and presented to EMT	Director of Q&G/ Nicki	January 2019
			• The office move group (OMG) representative to liaise and update their teams with developments as they happen, this should also be shared by newsletter/email.	OD	Complete
Staff report positive experience of their membership of the workforce					
3.6	• Provide the tools and environment for a healthy workplace and support our staff to do a great job. Be a learning organisation that encourages continuing improvement.	Staff EDS2 workshop March 2018	There have been and continue to be a series of staff engagement opportunities held across the CCG such as: • Conference for Alliance • Staff (date July 7 2017) • Manager Director's • Weekly Update • Staff Forum • Survey Monkey Qs • Staff Survey • Office Move Group • SWLA newsletter updates • NHS 70 • Local CCG events • HR Drop in session are in operation and available • Workshop event planned to support staff survey results and various training opportunities • A proposed LDU team building event under development to also contribute to the office move. This is designed to support LDU being a great place to work and a focus on effective team work.	SWLA/Management team/ Director of Quality /OD	Complete

Goal 4 – Inclusive Leadership

4.1 Strong and Sustained commitment towards equality, diversity and inclusion					
4.1	**Waiting feedback from External assessor**				
4.2 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations					
4.2	• Need to ensure all key papers complete an equality analysis and governance around recording is adhered to • Identify protected characteristics of GB members • Definition strongly needed of what LDU thinks is culturally competent • WRES and WDES involvement from the GB members • Visible council staff within CCG • More local events attendance so that leadership is seen as accessible	Staff EDS2 workshop March 2018	• Governance team supported with a checklist to ensure key board papers have completed an EA and minutes reflect board's consideration on equality and diversity	Board governance team/CSU E&D Lead	External review Equality and Diversity Lead from London Borough of Merton contact to be made with support evidence
4.3 Support from line managers and middle managers to work in culturally competent ways					
4.3	• Communication between senior management, managers and staff rewards and recognition	Staff EDS2 workshop March 2018	• Continue to have regular team meeting in place with Directors which will continue to be developed • Organisation of and individual directorate away days • Agreed rewards and recognition policy in place • Staff wellbeing initiatives in place including fruit baskets and cycle scheme	LDU exec management team/ James Blythe	Complete and on-going

			• Development of staff awards events	SWL Alliance and	March 2019
			• Introduction of exercise classes and mindfulness meditation	James Blythe	