Equality Delivery System (EDS2) Report 2016-17

1   Introduction

1.1   The Equality Delivery System (EDS2) for the NHS is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED). The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. EDS2 can also be applied to groups not covered under the Equality Act 2010, for example homeless people, people on low incomes and geographically isolated communities.

1.2   At the heart of the EDS2 are 18 outcomes grouped into four goals. The four overarching goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

1.3   The tool lists 18 outcomes under these goals (described in Appendix 1). These outcomes create a checklist, which supports NHS organisations to achieve the four goals. Goals 1 and 2 focus on patients, carers and the public while goals 3 and 4 are aimed at the workforce and leadership teams.

1.4   The tool is mandatory, as the CCG Assurance Framework explicitly requires CCGs to deliver the EDS2. It must be completed every year and then it must be made available to members of the public. The CCG will do this by putting a link to this report on our website.

1.5   In summary, the aim of the EDS2 is to embed equality into business practices and foster a culture of transparency and accountability in the CCG. It helps Calderdale CCG to review current equality performance and identify future priorities and actions, whilst also being a vehicle for continuous dialogue with local stakeholders. It also provides a mechanism for supporting the CCG to fulfil its' requirements under the Equality Act 2010.

2 Approach to engagement with local stakeholders

2.1 Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. In 2016/17, the CCG worked in partnership with VAC and several large healthcare providers including Calderdale and Huddersfield Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and the Yorkshire Ambulance Service to deliver a joint approach to engaging with local communities and delivering the EDS2.

2.2 A new model for delivery of the EDS2 was developed with input from the voluntary, community and social enterprise sector (VCSE) and local healthcare providers. An assessment panel was established with membership from the Engagement Champions programme, local equality forums and the VCSE sector representing a range of protected characteristics (see Appendix 2 for a list of participating organisations).

2.3 There were three events held this year to support the delivery of the EDS2. These are listed below:

- **Briefing** – 22nd November 2016 - workshop for voluntary and community sector representatives, which explained how the EDS2 works and how the CCG and partner organisations planned to implement the toolkit locally. Sixteen VCSE representatives attended the briefing.

- **EDS2 Panel** – 25th January 2017 – assessment panel where local health organisations delivered presentations and submitted evidence to voluntary and community sector representatives. Nine VCSE representatives attended the panel.

- **EDS2 Grading Panel** – 23rd February 2017 – grading panel where representatives of the VCSE sector shared their assessment of the equality performance of local health organisations. Eight VCSE representatives attended the grading panel.

3 Grading explained

3.1 Essentially, there is just one factor for organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall?

3.2 There are four grades and these are explained in the table below:

Table 1: EDS2 Grading Key

Excelling	**We are doing very well** People from all protected groups fare as well as people overall
Achieving	**We are doing well** People from most protected groups fare as well as people overall
Developing	**We are doing ok** People from some protected groups fare as well as well as people overall
Undeveloped	**We are doing badly** People from all protected groups fare poorly compared with people overall or there is not enough evidence to make an assessment

4   Grades for Goals 1 and 2

4.1   In order to provide a focus for the EDS2 grading and to ensure that the quantity of information given to local stakeholders was manageable, the local health organisations agreed to assess two services or projects against one or two EDS2 goals and outcomes. Calderdale CCG agreed to assess the following two programmes:

1. Right Care, Right Time, Right Place
2. Transforming Care Programme for People with Learning disabilities and/or Autism

4.2   Using the EDS2 grading criteria (see table 1 above), the tables below provide a summary of the self-assessment grades and the grades awarded to the CCG by local stakeholders for both programmes.

Table 2: Grades for Goal 1

	Outcome	Right Care, Right Time, Right Place		Transforming Care for Learning Disabilities	
		Self-Assessed	Grading Panel	Self-Assessed	Grading Panel
Goal 1: Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	D	D	D
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	A	D	D	D

Table 3: Grades for Goal 2

	Outcome	Right Care, Right Time, Right Place		Transforming Care for Learning Disabilities	
		Self-Assessed	Grading Panel	Self-Assessed	Grading Panel
Goal 2: Improved Patient Access & 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	A	D	D	D
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	A	D	D	D

4.3 Based on the feedback from the external grading panel, Calderdale CCG was assessed as **developing** for both programmes. This means that people from only some protected groups fare as well as the rest of the population.

4.4 The grade for the Right Care, Right Time, Right Place programme was revised down by the stakeholder grading panel. Whilst the panel recognised the commitment of the CCG to ensure the needs of local communities were heard, it did not feel that the CCG was able to demonstrate that 'most' protected groups had been consulted. Stakeholders cited the underrepresentation of some key protected groups during the consultation, which meant that the consultation process did not meet the threshold for the achieving grade. The comments, questions and recommendations from the grading panel for each of the programmes of work are captured below.

5 Comments and recommendations from Grading Panel

- Presentations at the Grading Panel were too formal and corporate – the quality of the presentations and evidence needs improving for next year – the presentation delivered by the Yorkshire Ambulance Service was cited as an example of good practice.
- End of Life care – there is an emphasis on people dying at home – the CCG needs to recognise that not everyone wants to die at home - there needs to be a choice about where people die.

- Improve engagement with the Lesbian, Gay, Bisexual and Trans (LGBT) community.
- Introduce LGBT awareness-raising for all GPs in Calderdale.
- Improve data collection for the LGBT community in order to better understand the health needs of this population.
- Improve engagement with mental health stakeholders.
- Introduce mental health awareness-raising for all GPs in Calderdale.
- Work in partnership with local stakeholders to develop a plain English guide for the Right Care programme – not everyone has access to the internet so printed copies should be made available. (NB: The CCG prepared Easy Read and Accessible versions of a number of documents for the Right Care consultation. These can be found at www.rightcaretimeplace.co.uk/the-consultation/consultation-documents/)

6 Grades for Goals 3 and 4

6.1 Calderdale CCG agreed to assess workforce related performance against the following two EDS outcomes:

- 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
- 4.2 Papers that come before the board and other major committees identify equality related impacts including risks, and say how these are to be managed

6.2 **EDS Outcome 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source**

The National Staff Survey results for Calderdale CCG were analysed with reference to the key indicators relating to abuse, harassment and bullying and discrimination in 2016. The official sample size for Calderdale CCG was 86. 67 completed questionnaires were returned from this sample. The response rate to the survey was therefore 78%.

The following results were used to assess the CCGs performance. The traffic light rating system is used to compare the CCG to the rest of the sector.

6.3   **Key Indicator Findings:**

Harassment, bullying or abuse in last 12 months

Key Indicator	2013		2016		CCG Comparator
	No.	%	No.	%	
Experienced harassment, bullying or abuse from the public	0	0%	13	19%	11%
Experienced harassment, bulling or abuse from Managers	-	-	6	9%	11%
Experienced harassment, bullying or abuse from staff	-	-	8	12%	9%
Most recent experience of harassment, bullying or abuse reported	6	86%	10	53%	38%

Discrimination in last 12 months

Key Indicator	2013		2016		CCG Comparator
	No.	%	No.	%	
Experienced discrimination from the public	0	0%	1	1%	1%
Experienced discrimination from Managers or other staff	0	0%	3	5%	3%

Key

Better than sector average	**+5%**
No significant difference	**0-4%**
Worse than sector average	**-5%**

6.4   Compared to the staff survey results for 2013, performance for the CCG in 2016 is about the same for most of the key indicators. However, the scores have declined for staff reporting harassment, abuse or bullying from the public and staff reporting the most recent experience of harassment, bullying or abuse.

6.5   In comparison with the sector average, Calderdale CCG was:

Above average on: (better than)

- Most recent experience of harassment, bullying or abuse reported.

Below average on (worse than)

- Staff experiencing bullying, harassment or abuse from the public in the last 12 months.

6.6   On assessment, the evidence indicates that the grading in relation to this outcome is **developing.** This means that people from some protected groups fare as well as the rest of the population. However, this result must be understood within the context of the CCG having a relatively small workforce with very small numbers of staff representing the different protected groups. This means that it is not possible to disaggregate the results by protected characteristics, as there is a risk that individuals could be identified. Because of these data limitations, the results should be interpreted with caution.

6.7   The staff forum and the senior management team have held workshops with staff to discuss the results in relation to bullying and harassment. There was no feedback or evidence to suggest that bullying, harassment or abuse was related to any of the protected characteristics.

6.8   The CCG continues to undertake a number of actions, which strengthen the positive culture of the organisation and address the staff survey results relating to bullying and harassment. Of particular note is the development of a positive behaviour framework, which has been created with staff to articulate the behaviours we expect of each other. The CCG has also actively promoted the sharing of staff stories to build a greater understanding of one another. It has also reinforced the different routes available should any individual or group have a concern about how they, or anyone else, are being treated. This is supported by a Coaching Conversations programme, designed to provide staff with the skills to hold positive conversations. It is important to note that at the time of the survey, the CCG had recently held a public consultation in relation to the proposed reconfiguration of hospital services, and that some staff had experienced hostility from the public, which is reflected in the survey results. Following the initial public events, the CCG reviewed its' procedures in relation to the management of future events to support staff safety.

6.9   **EDS2 Outcome 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**

6.10   A desktop exercise was undertaken to consider all papers that came before the Board and other major committees in 2016. Documents were sourced from the 2016/17 minutes of the Governing Body and the Quality Committee.

6.11   Overall, the evidence indicates that assurance systems and processes ensured that documents coming before major committees identified equality-related impacts and risks. The Committee/Board cover paper requires those submitting papers to comment on equality and identify any associated risks.

6.12   There was some evidence that decision- makers were informed about potential equality-related risks and there has been some progress since last year. A review of the Quality Committee and specifically Commissioning Primary Medical Services committee papers for 2016 found evidence of completed Equality Impact Assessments (EIAs), including those for the PMS review on Dermatology and Diabetes.

6.13   The cover sheets, which require people to relate the outcome of an EIA, often stated that equality was not applicable without providing evidence to support this. Also, some cover sheets made reference to the completion of an EIA but did not append the document or provide any detail for the committee to consider. A review of governing body papers found that attaching EIAs to reports was variable.

6.14   It is clear that there is still scope for improvement and it is important that decision-makers are aware of their legal obligations in relation to equality and are furnished with sufficient information to effectively evaluate the impact of any significant changes on the local population

6.15   On assessment, the evidence suggest s that the grading in relation to this outcome is **developing**. This means that people from some protected groups fare as well as well as people overall.

7   Conclusions and next steps

7.1   This report sets out an overview of EDS2 and the grading process, the CCGs approach to delivering EDS2 and the grades agreed by the panel.

7.2   The comments and recommendations made by the grading panel and the assessment of workforce related performance will be used to inform a new set of Equality Objectives and actions for the CCG in 2017.

7.3   The CCG and local healthcare providers are committed to continuing the positive dialogue with local stakeholders representing protected groups and will support this work by attending regular Equality Health Panels throughout the year.

Appendix 1 – EDS Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

Goal	Narrative	Outcome
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes

Appendix 2 – List of EDS2 Panel Organisations

- Women's Activity Centre
- Barnardo's
- Wheelchair Enabling Society
- Disability Partnership
- Healthy Minds
- St George's Trust
- HAGG/LGBT Forum
- Forum 50 plus
- Disability Support Calderdale