

WOLVERHAMPTON CCG

Governing Body

8 November 2016

Agenda item 9

Title of Report:	Equality Delivery System2 (EDS2)
Report of:	Manjeet Garcha
Contact:	Juliet Herbert
(add board/ committee) Action Required:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To seek approval to implement EDS2, this will require some operational changes.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	Equality, Inclusion and Human Rights
Relevance to Board Assurance Framework (BAF):	This report is relevant to all domains.
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<p>This will assess the extent to which a CCG:</p> <ul style="list-style-type: none"> • has strong and robust leadership; • has robust governance arrangements; • involves and engages patients and the public actively; • works in partnership with others, including other CCGs; • secures the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and • has effective systems in place to ensure compliance with its statutory functions; <p>This element of the framework builds on several of the domains of the original assurance framework. Given the level of organisational maturity that the CCGs have now attained, NHS England will need to re-assess this element in detail when there has been a significant organisational change, such as to the leadership arrangements, or where particular</p>



	problems have arisen
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	<p>Delivery of commitments and improved outcomes: a key focus of assurance will be how well CCGs deliver improved services, maintain and improve quality, and ensure better outcomes for patients. This includes their progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring that they are meeting standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care. This focus on quality, performance and outcomes will be continuous throughout the year, and will be underpinned by a set of delivery metrics, which will constitute the CCG scorecard, which is also intended to publication.</p>
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	As above
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<p>The monitoring of a CCG's financial management capability and performance will be continuous throughout the year, including an assessment of data quality and contractual enforcement. Immediate remedial action will be required when financial problems become evident. Such action could include the use of special measures and NHS England's statutory powers of direction.</p>
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	<p>The assurance of a CCG's plans will be a continuous process, covering not only annual operational plans, and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally across care settings will be specific measures during 2015/16, towards the ambition for a paperless NHS.</p>
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	<p>Specific additional assurances will be required from CCGs which have taken responsibility for delegated functions. From April 2015 it will include primary care and may, in time, include other services. An annual review of the assurance of delegated functions will be required prior to the NHS England business planning process for 2016/17. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed</p>



	rather than delegated function.
<ul style="list-style-type: none"> • Domain 6: Equality & Inclusion (Legal compliance) 	<p>EDS2 was developed by the NHS for the NHS to help NHS organisations, in discussion with their local partners and local people, review and improve their performance in respect of people with a protected characteristic.</p> <p>Using the EDS2 demonstrates the CCGs approach to meeting the Public Sector Equality Duty, at statutory requirement as set out in the Equality Act 2010.</p>



N.B. Please use Paragraph Numbering in all documents for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The EDS for NHS organisation was formally launched November 2011. Following an evaluation of the implementation of the EDS in 2012, the EDS was refreshed and the EDS2 2013. EDS2 is a generic tool designed for both NHS commissioner and NHS provider. For more detail please see appendix 1



Appendix 1
eds-nov.131 (EDS2).p

- 1.2 At the heart of the EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. These outcomes relate to issues that matter to people who use, and work in, the NHS. They are grouped under four goals:

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

Appendix 2 provides more detail.



Appendix 2
NHSEDS2GoalsNOutc

2. MAIN BODY OF REPORT

- 2.1 The main purpose of the EDS2 is to help local NHS organisation, in discussion with local partners, people and stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (national and ethnic origin)
- Religion or belief



- Sex
- Sexual orientation

Other disadvantaged groups include people who are:

- Homeless
- Live in poverty
- Stigmatised groups i.e. prostitution
- Misuse drugs
- Geographically isolated

2.2 Human rights and principals of equality should never be a secondary consideration in the provision of NHS services or in the development of the workforce. The five principles are referred to as FREDA:

- **Fairness** – at the heart of recruitment and selection processes (outcome 3)
- **Respect** – making sure complaints are dealt with respectfully (outcome 2)
- **Equality** – underpins commissioning (outcome 1)
- **Dignity** – core part of patient care and the treatment of staff (outcome 2 & 3)
- **Autonomy** – people should be involved as they wish to be in decisions about their care (outcome 2)

(Outcome 4 would be a golden thread as part of all outcomes)

These have been developed to provide general principles that NHS should aspire to.

2.3 By using the EDS2, NHS organisations can also be helped to deliver on the public sector equality duty (PSED). It ensures that NHS organisations can respond to the PSED, and demonstrate their continued activities to meet the requirements to:

- eliminate unlawful discrimination;
- advance equality of opportunity between different groups and;
- foster good relations between different groups;

2.4 Part of the process requires an internal and eventually an external grading. The EDS grading process provides the CCG's Governing Body with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the CCG's equality objectives to ensure improvements in the experiences of patients, carers, employees and local people. For further information regarding grading, see appendix 3.



Appendix 3 EDS2 -
Grading.docx



- 2.5 The EDS is a generic tool designed for both NHS commissioners and NHS providers. As different NHS organisations apply EDS2 outcomes to their performance, NHSE guidelines recommend that this should be with regard to their specific roles and responsibilities, and that adjustments can be made to the generic language of the outcomes to suit what their organisation does.

With this in mind a project plan has been developed for Wolverhampton CCG. The Plan looks at:

- governance;
- staff briefings;
- the development and implementation of a task and finish group;
- terms of reference for the task and finish;
- evidence gathering and;
- internal grading;

You can view the EDS2 action plan below, appendix 4.



Appendix 4 - EDS2
Action Plan.docx

3. CLINICAL VIEW

- 3.1. Not applicable

4. PATIENT AND PUBLIC VIEW

Not at this stage.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. All deadlines have been outlined in the EDS2 Action plan (appendix 4). Missing these deadlines could mean the CCG may not be fully compliant by the 31 March 2017.

Financial and Resource Implications

- 5.2. None for this report.

Quality and Safety Implications

- 5.3. The implications on Quality and Safety are Intrinsic to the report.



Equality Implications

5.4. Equality Analysis implications are Intrinsic to the report.

Medicines Management Implications

5.5. Not applicable.

Legal and Policy Implications

5.6 The Public Sector Equality Duty is a statutory duty of the Equality Act 2010. Any breaches of the duty could leave the CCG decision makers vulnerable to litigation.

There are also NHS England mandatory equality activity that CCG's needs to ensure their providers are compliant with, such as the AIS, WRES and EDS2. Any breaches here would compromise the equality compliance of the CCG.

6. RECOMMENDATIONS

6.1. Recommendations for approval by the Governing Body are to:

- Approve the EDS2 action plan
- Agree to the implementation of the action plan subject to any amendments
- To receive a further report upon completion of the work prior to publication

Name: Juliet Herbert

Job Title: Equality and Inclusion Business Partner

Date: 24 October 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)		

