

WOLVERHAMPTON CCG
Governing Body

14 March 2017

Agenda item 11

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 agree on self-assessment scores, sign off the Equality Delivery System2 (EDS2) Portfolio of evidence and agree to recommend that the EDS2 portfolio of evidence, along with an evidence library is published on the CCG's website by 31 March 2017.
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</p>



	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 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>



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 was launched 2013. EDS2 is a generic tool designed for both NHS commissioner and NHS provider.
- 1.2 At the heart of the EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves, which relates to the progress they are making against the outcomes. 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

Please **Appendix 1** for more details.

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
- Vulnerable persons

2.2



2.2 Human rights and principles 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(**EDS2 -Goal 3**)
- **Respect** – making sure complaints are dealt with respectfully(**EDS2 - Goal 2**)
- **Equality** – underpins commissioning (**EDS2 - Goal 1**)
- **Dignity** – core part of patient care and the treatment of staff (**EDS2 - Goal 2 & 3**)
- **Autonomy** – people should be involved as they wish to be in decisions about their care (**EDS2 - Goal 2**)
(EDS 2 Goal 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 At this stage the CCG is required to have undertaken its internal grading. The Governing Body is requested to agree this. The next stage is for external verification to occur; which involves patients, public and key stakeholders. This will form the working plan for 2017/2018. For further information regarding grading, please see **Appendix 2**.

2.5 The EDS2 portfolio of evidence has been completed by the Equality and Inclusion Business Partner on behalf of the CCG. A series of interviews were conducted to obtain the information required to populate the template as well as specific emails being issued to members of staff who were identified as having evidence during the interviews.

You can view the EDS2 portfolio of evidence - **Appendix 3**.

2.6 The overall grading recommendation from Equality and Inclusion is detailed as follows:

Goal	Grading	Comments
1	Developing	Commissioning teams to be supported to improve their skills to undertake and evidence Equality Analysis. CCG teams to continue working with Providers to produce service user data disaggregated by relevant protected characteristics.



Goal	Grading	Comments
2	Developing	Ensure the complaints team are collecting diversity information from complainants in order to better understand any trends by protected characteristics CCG to continue engaging with local communities with evidence to demonstrate how local seldom heard communities are supported to engage with the CCG.
3	Developing	CCG to undertake a detailed analysis of its workforce profile (by protected characteristics), including data on recruitment, in order to better understand any levels of over/under representation. Utilise the above analysis to inform any staff development programmes and the direction of the CCGs organisational development strategy.
4	Developing	CCG to further develop the capture of evidence of senior leaders promoting inclusive values both within the CCG and in the wider healthcare system

3. CLINICAL VIEW

3.1. The clinical view has been taken into account for every commissioning decision.

4. PATIENT AND PUBLIC VIEW

As part of the equality impact assessment process, patient and public view is taken into account.

5. RISKS AND IMPLICATIONS

Key Risks

5.1. For the CCG to be fully compliant the EDS2 portfolio (appendix 3) of evidence must be published on their website by 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 legal challenge.

5.7 There are also NHS England mandatory equality requirements that CCG's needs to ensure their providers are compliant. Any breaches here would compromise the equality compliance of the CCG.

6. RECOMMENDATIONS

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

Review and discuss:

- **agree** on EDS2 self-assessment scores
- **approve** the EDS2 Portfolio of evidence and
- **agree** to recommend that the EDS2 portfolio of evidence is published on the CCG website including a library of evidence that are stand-alone documents
- **agree** quarterly updates

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 7th March 2017



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	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	Steve Forsyth	6 March 17
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	06 March 17
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	Peter McKenzie	06 March 17
Signed off by Report Owner (Must be completed)	M Garcha	7th March 2017

