

## Trust Board Report

<b>Meeting Date:</b>	26 <sup>th</sup> October 2015
<b>Title:</b>	Equality Delivery System 2 (EDS2)
<b>Executive Summary:</b>	<p>This report provides a short briefing on the EDS2 introducing the framework and actions required by the Trust.</p> <p>EDS2 has been mandated in the NHS standard contract from April 2015.</p>
<b>Action Requested:</b>	The Board is asked to note and agree the contents of this briefing paper and to give approval for the setting up of an Equality and Diversity Steering Group.
<b>Report of:</b>	Linda Holland, Interim Director of Human Resources and Organisational Development
<b>Author:</b> <b>Contact Details:</b>	Daniela Locke, Head of Workforce / Yasmine Booth, E&D/PALS Officer Tel 01902 695438 d.locke@nhs.net
<b>Links to Trust Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• Create a culture of compassion, safety and quality.</li> <li>• To have an effective and well integrated organisation that operates efficiently.</li> <li>• Attract, retain and develop our staff and improve employee engagement.</li> </ul>
<b>Resource Implications:</b>	Revenue: None Capital: None Workforce: None Funding Source: Not applicable
<b>Risks: BAF/ TRR</b> (describe risk and current risk score)	
<b>Public or Private:</b> (with reasons if private)	Public
<b>References:</b> (eg from/to other committees)	
<b>Appendices/ References/ Background Reading</b>	<sup>1</sup> NHS. (November 2013), 'A refreshed Equality Delivery System for the NHS EDS2 Making sure that everyone counts'. Publication Gateway Reference Number: 00518.
<b>NHS Constitution:</b> (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

Background Details	
1	<p><b>Background</b></p> <p>The Equality Delivery System (EDS) for the NHS was made available to the NHS in June 2011 and was formally launched in November 2011. Following evaluation of implementation and after consultation with a number of NHS organisations a refreshed version is now available, known as EDS2.</p> <p>The main purpose of the EDS is to help local NHS organisations, in discussion with local partners and people, to review and improve their performance for people with personal protected characteristics, as defined by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED). (<i>'A refreshed Equality Delivery System for the NHS EDS2 Making sure that everyone counts' page 4</i>).</p> <p>The development of the original EDS was commissioned and steered by the Equality and Diversity Council (EDC). Following evaluation in 2012 it was found that, despite there being evidence of much good practice, there is still considerable evidence that some patients and communities may feel they are not as well serviced by the NHS as they should be. The evidence was provided through an equality analysis of the original EDS.</p> <p>EDS2 is supported by the NHS Trust Development Authority and NHS England.</p> <p>EDS2 was mandated in the NHS standard contract from April 2015.</p>
2	<p><b>Drivers</b></p> <p>The Equality Delivery System can support delivery on the following:-</p> <ul style="list-style-type: none"> <li>• The NHS Outcomes Framework.</li> <li>• The NHS Constitution.</li> <li>• The Care Quality Commission standards.</li> <li>• The Equality Act - Public Sector Equality Duties.</li> <li>• Human Rights Act 1998 (FREDA Principles – <b>F</b>airness, <b>R</b>espect, <b>E</b>quality, <b>D</b>ignity and <b>A</b>utonomy).</li> </ul>
3	<p><b>Outcomes and Requirements</b></p> <p>The Equality Delivery System requires the Trust to assess its performance against a set of 18 outcomes that span across four goals (see appendix 1), using a range of evidence (quantitative or qualitative). The four goals are:</p> <ul style="list-style-type: none"> <li>➤ Goal 1 – Better health outcomes</li> <li>➤ Goal 2 – Improved patient access and experience</li> <li>➤ Goal 3 – A representative and supported workforce</li> <li>➤ Goal 4 – Inclusive leadership</li> </ul> <p>The EDS goals and outcomes support and deliver on the themes of the NHS Outcomes Framework, the NHS Constitution and the CQC's key inspection questions.</p> <p>This process must, for the majority of goals (except the workforce outcomes), be carried out in collaboration with local interest groups/stakeholders and the grades must be agreed.</p> <p>The Trust is required to assess its performance against the four goals and 18 outcomes for each of the nine Personal Protected Characteristic groups as set out in the Equality Act 2010:-</p>

	<ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender re-assignment</li> <li>• Marriage and civil partnership</li> <li>• Pregnancy and maternity</li> <li>• Race including nationality and ethnic origin</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> </ul> <p>In addition, EDS2 can be applied to people from other disadvantaged groups (Health Inclusion groups) who face difficulties in accessing and using NHS services, such as people who; are homeless, live in poverty, are long-term unemployed, are in stigmatised occupations (e.g., prostitution), misuse drugs, have limited family or social networks, are geographically isolated etc.</p>
4	<p><b>Next Steps</b></p> <p>It is suggested within EDS framework that a comprehensive implementation of the Equality Delivery System is managed over a period of three to five years and that organisations prioritise the goals they wish to focus on and/or be selective in the choice of services to review and assess.</p> <p>From a workforce perspective, we have already gathered and reported the Trust’s baseline data as required as part of the Workforce Race Equality Standards (WRES) as reported in April this year.</p> <p>The Trust is required to publish our annual workforce equality monitoring report in January 2016 and we have already commenced gathering baseline data for this purpose. It is therefore reasonable to take forward Goal 3 – ‘A representative and supported workforce’ as one of the priority areas over the next year. In addition, it is suggested that Goal 2 - ‘Improved patient access and experience’ is given focus and priority in the coming year.</p> <p>Decisions will need to be made on the priority and timescales over which to assess goals 1 and 4.</p>
5	<p><b>The Board is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note this briefing paper.</li> <li>• Agree the setting up of a Trust Equality and Diversity Steering Group and appoint a Chair of that group, the remit of which is included in the draft terms of reference attached in Appendix 2. One of the key remits of the steering group will be to agree the goal priorities and timescales for implementation.</li> </ul>

**EDS2 Objectives and Outcomes**

The assessment of the outcomes must cover each protected group, and be based on comprehensive engagement, using reliable evidence:-

<b>The goals and outcomes of EDS2</b>		
<b>Goal</b>	<b>Number</b>	<b>Description of outcome</b>
<b>Better health outcomes</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual peoples' 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
<b>Improved patient access and experience</b>	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
<b>A representative and supported workforce</b>	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
<b>Inclusive governance</b>	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

Taken directly from <sup>1</sup>'A refreshed Equality Delivery System for the NHS EDS2 Making sure that everyone counts' pages 7-8.

**DRAFT****TERMS OF REFERENCE and MISSION STATEMENT****Equality and Diversity Steering Group**

<b>Mission Statement:</b>	The Trust is committed to providing quality services to meet the diverse needs of the population we serve. We are committed to ensuring that people are treated fairly either in relation to their work or when accessing our services and we put patients at the centre of all we do.
<b>Purpose and Duties:</b>	<ul style="list-style-type: none"> <li>➤ To provide strategic direction for promoting and maintaining equality and diversity across the Trust.</li> <li>➤ To agree equality and diversity priorities and the necessary support to delivery on them.</li> <li>➤ Review plans in light of changes to legislation, regional and national policy and emerging guidance.</li> <li>➤ Ensuring processes and structures are in place to meet the Trust's legal and contractual responsibilities in relation to equality and diversity.</li> <li>➤ To support the Trust to meet its legal and contractual responsibilities, which include compliance to:- <ul style="list-style-type: none"> <li>• The Equality Act 2010.</li> <li>• The Public Sector Equality Duty 2011.</li> <li>• Human Rights Act 1998.</li> <li>• The NHS Standard Contract (equality and diversity aspects) including The Equality Delivery System (EDS2) and the Workforce Race Equality Standard (WRES).</li> </ul> </li> </ul>
<b>Membership and attendance:</b>	<p>Includes representatives from key areas of the Trust who can facilitate change and drive through improvements and include:-</p> <ul style="list-style-type: none"> <li>• Non-Executive member (Chair)</li> <li>• [Staff member's title] (Vice Chair, assumes responsibility in the Chair's absence) ??</li> <li>• Head of Workforce / HR Manager (Workforce)</li> <li>• Head of Patient Experience and Public Involvement</li> <li>• Head of Performance and Planning</li> <li>• Deputy Chief Nurse</li> <li>• Head of Governance</li> <li>• Head of Commissioning</li> <li>• Head of Procurement</li> <li>• Learning Disabilities Specialist Nurse</li> <li>• Equality and Diversity/Patient Experience Officer</li> <li>• Head of Chaplaincy</li> </ul> <p>Other staff or representatives from partner organisations may be invited to attend as appropriate.</p> <p>Members are expected to attend at least 75% of meetings, if a member cannot attend, a representative with the authority to agree actions/recommendations will attend on their behalf.</p>
<b>Quorum:</b>	A quorum shall be the Chair/Vice Chair plus 4 other members.

<b>Meeting Frequency:</b>	Meetings are held bi-monthly, for 1.5 hours in duration. Details are on the intranet or contact Equality and Diversity/Patient Experience Officer.  Additional meetings may be organised if necessary.
<b>Accountability and Reporting Arrangements:</b>	Quarterly reports on Equality Act Compliance will be presented to Wolverhampton Clinical Commissioning Group's (WCCG) Clinical Quality Review meeting (CQR) and the Trust Board.
<b>Monitoring and Review:</b>	<ul style="list-style-type: none"><li>• Implement, review, monitor and report on the Trust's Equality Objectives, the EDS2 and the WRES.</li><li>• Monitor progress against regional and national priorities.</li></ul>
<b>Reviewed on :</b>	
<b>Approved by :</b>	
<b>Review date:</b>	
<b>Document owner:</b>	<ul style="list-style-type: none"><li>• Head of Patient Experience and Public Involvement.</li><li>• Head of Workforce.</li></ul>

### Equality and Diversity Framework

