NHS
Bedfordshire
Clinical Commissioning Group

Bedfordshire CCG EDS2 Report – April 2016

Introduction

The NHS England Equality Delivery System (EDS and the revision, EDS2) is an audit tool designed to measure NHS organisations performance against four equality, diversity and human rights goals.

The goals are:

- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and included staff.
- Inclusive leadership at all levels.

Within the four goals there are 18 outcomes against which we assess and grade our equality performance.

EDS2 requires us to examine and evidence our work with people with one, or more, of the protected characteristics specified in the Equality Act 2010. These protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We refer to these as the protected groups.

EDS2 assessment and scoring.

Each of the EDS2 outcomes are measured against one question: how well do people from protected groups fare compared to people overall?

EDS2 encourages us to look at where our policies, processes and organisational culture may, intentionally, or unintentionally, discriminate against people. If the EDS2 process shows that there are areas where we need to improve, we are expected to make the changes needed so that people with a protected characteristic fare as well as people overall.

Bedfordshire CCG's approach to EDS2

Bedfordshire CCG is responsible for commissioning services for the 430,000 (approx.) residents of Bedford Borough and Central Bedfordshire Councils.

Using rounded figures, we have a budget of £512million for 2015/16. £500million to purchase (commission) health services for residents and £12million for running costs (including staff costs and commissioning support costs).

BCCG employs 185 people in its headquarters and five locality offices.

The budget, population size and the services that we commission mean that we have substantial influence and potential impact on the lives of residents. When thinking about the EDS2 assessment our approach was to target relevant service areas, based on our priorities as set out in the Commissioning Intentions 2015-16 and The Bedfordshire Plan for Patients 2014-16 documents. These fall into three broad areas:

- Supporting mental health and wellbeing throughout life
- Helping adults and older people maintain a healthy life as long as possible
- Helping children and young people start a healthy lifetime

The employment and governance sections within EDS2 are quite specific. We assessed those sections as specified.

It is important that our evidence base is proportionate to the size and influence of our work. An assessment of proportionality is likely to be subjective, but we looked for clear evidence that for each of the priority areas, and for each of the protected characteristics, there was evidence to show that equalities were part of the day-to-day consideration of how to make the service meet the needs of patients.

When looking at the quality of our evidence, we looked for:

- Analysis of service delivery, by protected groups
- Evidence of engagement with the protected groups;
- Evidence of action plans for the areas that require improvements; and, for corporate work,
- Evidence of equality being included in governance arrangements and business plans.

This proved to be difficult and that difficulty is reflected in our EDS2 scoring and plans for future work.

Public Engagement Forum.

The Public Engagement Forum (PEF) is a group made up of a representative from each of our locality networks, up to four public member representatives and representatives from both local Healthwatches with BCCG staff as support.

One of the responsibilities of the PEF is to be a critical friend to ensure that the Patient Voice and principles of inclusivity, equality and diversity are embedded within our work as outlined in our Equality and Diversity Strategy.

EDS2 requires public and independent representation in the scoring process and it was decided that the PEF would be the most appropriate group to score our EDS2 submission.

EDS2 Scoring

The specified scoring for EDS2 is as follows:

> In response to the question “how well do people from protected groups fare compared with people overall”, the answer is:
>
> • RED - Undeveloped if there is no evidence one way or another for any protected group of how people fare or, • RED - Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

• AMBER -Developing if evidence shows that the majority of people in three to five protected groups fare well

• GREEN - Achieving if evidence shows that the majority of people in six to eight protected groups fare well

• PURPLE - Excelling if evidence shows that the majority of people in all nine protected groups fare well

Whilst, overall, this standard scoring is appropriate for CCGs, as we should be able to evidence compliance there are times when it is, we believe, reasonable for us to vary from this scoring scheme slightly.

Every day people from all the protected groups are accessing and using the services that we commission. That means that on a basic level our services are delivering for our patients. We are not complacent and we will use EDS2 to support us to improve our services to people from the protected groups and improve their experience of our services. We are not starting from zero, however, as people are using our services, even if our evidence gathering systems are not fully able to capture it.

There are areas where we have identified that there is little or no evidence of how equalities is included in our work, although we are confident that equalities considerations are a part of our work and a part of the majority of our providers day to day work as they are delivering services to the protected groups.

There are areas where we have identified that there is some good work happening but there is a need for further work to either improve the evidence we have or gather additional evidence to be able to meet our proportionality test.

There are areas where we are confident that we are achieving for the majority of equality groups.

The identification of some evidence and the recognition that further work is required suggests that the organisation could be unfairly under scored if scored as undeveloped. We assessed some of these areas as developing, even where we cannot show that the available evidence covers three to five protected groups.

An initial, internal, assessment graded us as Developing and this assessment was put to the PEF for formal grading. They agreed with all of the proposed scores and the overall grade of Developing.

Using the results of this EDS2 assessment.

Bedfordshire CCG supports the objectives of EDS2 and we will work towards meeting those objectives.

We are not starting from zero. Every day people from all the protected groups are accessing and using the services that we commission. The challenge for us as commissioners, and an employer, is to make sure that people from the protected groups do not face disadvantage because of their protected characteristic(s).

EDS2 specifically asks us to look at how people with a protected characteristic fare compared to others when accessing services. By trying to answer that question we are helped to consider how all patients are able to access services, and all staff are employed, in a way that meets their needs. Answering the question supports us to identify if there are any areas where there may be a risk of discrimination.

Our corporate equality and diversity action plan is due to be refreshed and a new action plan published in March 2016. The areas for improvement identified in this EDS2 assessment that will be turned into SMART actions and included in the new 2016-18 action plan are:

- Improving the information from the protected groups on health and/or access needs they have, particularly around any intersectionality of health and/or access needs, and use that information to influence our commissioning decisions.
- Collecting information on services and how/if they take into account the different protected characteristics when assessing need.
- Developing and implementing an equality and diversity report template for key providers. Work with providers, through the contract monitoring process (using the clauses in the standard NHS contract), to review the data collected and reported and use that information to improve services, where needed, and inform future commissioning decisions.
- Identifying and evidencing the experience of patients on specific care pathways.
- Working with providers, and internally, to monitor complaints and comments by equalities group.
- Looking at how to identify the impact of our communications and engagement activity on protected groups and their take up of services.
- Looking at the way the communications and engagement activity can be used to gather information on the experience of protected groups accessing our services.
- Working with seldom heard communities to identify any challenges they face accessing services.
- Continuing the work around the recruitment and promotion of staff to support achieving a representative workforce across equalities groups and grades.
- Investigating the take up of mandatory and other training by equality group. Where differences are identified put remedies in place to rebalance.
- Addressing the issues of bullying and discrimination raised by the NHS Staff Survey results.
- Implementing the equality and diversity recommendations of the governance review to ensure that Due Regard is paid at the appropriate stages of the decision making process.
- Implementing the revised equality and diversity training programme.

EDS2 – Agreed Grades (PEF grading event on 8th December 2015)

Goal	Description of outcome	Comments	Grade
Better health outcomes for all	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Each year a Joint Strategic Needs Assessment (JSNA) is produced for each local authority. This identifies the health and wellbeing needs of the community. It is used to shape the services that are commissioned. The JSNA covers broad areas relevant to certain protected characteristics, such as mental health services and children and young people's services. When moving on to commissioning services the CCG can show that protected characteristics are considered through the use of equality impact assessments on proposals, business cases for targeted services such as ABI and dementia and the principles of commissioning contained in our commissioning intentions report. We undertake substantial and high quality engagement work, which we can show influences decisions around targeted services. Where we can improve is to gather information on the health needs of the different equality groups, and the intersectionality of specific health needs, and use that information to inform and improve our commissioning decisions.	**Developing**
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	We commission services based on evidenced need. The CCG can show that where there are targeted services the needs of people are assessed and met in appropriate ways. Examples of this include the major work around mental health services re-provision and dementia services. We undertake substantial and high quality engagement work, which we can show influences decisions around targeted services. We are not yet able to evidence the impact of this engagement work around the equality groups and services. Where we can improve is in being able to evidence that non-targeted services take into account the specific needs of individuals with the different protected characteristics when assessing need.	**Developing**

		At our public scoring event, the comment was made that the evidence was from a limited areas. It needs to reach out to other health needs such as diabetes and young people.	
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	We can show that there are groups working on making transition between services etc smooth, such as the Preparing for Adulthood Partnership. There is also evidence around our approach to the Winterbourne review requirements. We cannot currently identify and evidence the experience of patients on specific pathways and this is an area where we can improve.	**Undeveloped**
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	We have policies, such as our Patient Safety and Safeguarding policies, in place and patient safety is considered as part of the ongoing monitoring of providers. Patient experience is also included in quarterly reports from providers which also include complaints, which could be an indicator of mistakes, mistreatment or abuse. Whilst this applies to all equality groups, there is not a standard way of identifying the specific experiences of people who share protected characteristics. This is an area we can work on with our providers to improve. At our public scoring event, the comment was made that evidence from safeguarding reports was needed to further support the evidence/grade.	**Developing**
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Our communications and engagement activity shows a considerable amount of information sharing around vaccination, e.g. Flu, and general health promotion activities. This includes work targeting specific seldom-heard communities. We do not have a breakdown by providers of screening, vaccination and other health promotion services showing take up by equality groups. This is an area where we can improve. At our public scoring event, the comment was made that GPs/Practices have evidence that should be shared to show targets and numbers of patients treated.	**Undeveloped**
Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and	The CCG commissions services based on identified need, the JNSA, public engagement when designing specific services etc, and we commission for patients to be able to access services when needed. For patients from the different equality groups we believe that they are able to access the majority of services as needed and that we are informed when that is not the case, through	**Developing**

	should not be denied access on unreasonable grounds	reports from providers, friends and family test results etc. This is a manageable approach, but not ideal, and an area where we can look to improve our understanding is working with different communities to look specifically at challenges they face accessing services. We can also look to making reports from providers tailored to giving us the information we need to measure against the EDS2 requirements. This does not currently happen and a new, targeted, equality and diversity reporting template is recommended for key providers. At our public scoring event, the comment was made that evidence from the deaf community and people whose first language is not English is needed to support this action/focus.	
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	The CCG is not a provider of care. We commission services and our expectation of providers is that they meet the NHS constitution, which expects patients to be involved in decisions about their care where appropriate. The CCG gets some feedback through the Friends and Family Test and complaints procedures but those do not give results by all protected characteristics. Data gathering, in general, is an area where we can encourage our providers to be proactive. At our public scoring event, the comment was made that end of life care is documented as is the use of the pink folder in community healthcare and we need to establish links to gather evidence.	**Developing**
	2.3 People report positive experiences of the NHS	Providers report to us quarterly using the Friends and Family test, which is an indicator of the patient's experience of the NHS. These aren't broken down by equality group but when we looked at a sample as part of the EDS2 scoring, they generally indicate positive experiences. The evidence presented was limited and we are not able to say that positive outcomes are experienced across all, or the majority of, commissioned services and by different equality groups. This is an area where we can improve our data collection.	**Developing**
	2.4 People's complaints about services are handled respectfully and efficiently	We are able to provide evidence from some providers, through quarterly reports, that complaints are dealt with respectfully and efficiently. The CCGs own complaints process is currently being reviewed. There is a policy requirement that complaints are reported by protected characteristics but this does not currently happen.	**Undeveloped**

A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	We are able to provide evidence that the recruitment policies and processes follow the principles of fair selection. Initial work on the NHS Workforce Race Equality Standard indicates that there is a need for further examination of the interview and appointment stages to examine the outcomes experienced by BME applicants. We are able to show that there are gaps in our having a representative workforce across all grades. We are aware of the challenges and this is an area where we are looking to improve.	**Developing**
	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	We use the Agenda for Change pay scales set nationally by the NHS. We have analysed, by equality groups, the different grades and this has identified some areas where there is room for rebalancing.	**Achieving**
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	We have analysed the take up of mandatory and other training by equality group. This has identified some areas where different equality groups fare differently from others. This area requires further examination and work to improve.	**Developing**
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	One measure of this indicator is the number of formal complaints made by staff. There have not been any. However, the NHS survey results for the CCG do show that some staff report harassment and bullying because of a protected characteristic.	**Developing**
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	The CCG has a flexible working policy that is available to all staff. Approximately 30% of our staff work part time. At our public scoring event, the comment was made that we should consider reporting the percentage of requests refused.	**Achieving**
	3.6 Staff report positive experiences of their membership of the workforce	The NHS staff survey results for BCCG show that the majority of staff who responded to the survey look forward to coming to work and are enthusiastic about their job.	**Achieving**

Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	The CCG can show that governing body papers and agendas include the consideration of equalities and that when working with partners, such as our local authorities we consider equalities as part of the work. We are not able to evidence that this is applied across all areas of our work or that it is active and routine for the board and senior leaders to be demonstrating their commitment. It is fairer to say that only some of the examples show a strong and sustained commitment. We are in the process of reviewing our governance procedures and practices, including equalities governance, and this review should enable us to better evidence our commitment in the future.	**Undeveloped**
	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	Equality Impact Assessments are, when appropriate, included in all papers that go to the board and other committees. A review of decision making around equalities identified that it was not clear that Due Regard was being paid at the most appropriate points of the process. In order to improve the consideration of equalities in decision making a new equality impact assessment process has been adopted by the CCG. The current governance review is looking at the stages in the decision making path where equalities should be considered. This is an area where we expect to be able to move to achieving in the near future.	**Developing**
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	The policy environment supports managers to support their staff in culturally competent ways and work free from discrimination. NHS staff survey results show that there is some discrimination experienced by staff, which has reduced the EDS2 score. A new equality and diversity training programme covering both the legal requirements and the expectations of the organisation has been developed. This will help to support managers to meet this outcome.	**Undeveloped**