

Equality Delivery System 2 (EDS2) Grading Results 2015 and Equality Objectives

Introduction

The Equality Delivery System 2 (EDS2) framework is a national tool developed for the NHS by the NHS to aid the delivery of personal, fair and diverse services. The EDS2 is a quality improvement driver for staff and patient services. It plays an important role in helping us to evidence work to demonstrate compliance with our statutory Public Sector Equality Duty (PSED) - Equality Act (2010) which expanded to cover 9 protected characteristics. EDS2 focuses on these groups.

The framework is mapped to CQC regulations, the NHS Constitution and the NHS outcomes framework, the FREDA principles of Human Rights and aspects of the Monitor assessment process.

EDS2 consists of 4 goals and 18 outcomes which provide focus for progression across the equality and diversity agenda. EDS2 is a revised version following national feedback. The original EDS was launched in 2011. The focus of most outcomes remain the same or similar, with just a simplification of wording. However, two of the original outcomes have been replaced, whilst two others have been changed to have a very different focus. This means that direct comparisons with our assessment results in previous years is not possible for some of these outcomes. This is indicated on the grading sheet below.

The framework is not yet mandatory but discussions are ongoing at a national level regarding this possibility. Buckinghamshire NHS Trust undertakes the assessment cycle every two years which feeds into the development of our equality objectives. These must be published by 6th April as required under the PSED. Despite the assessment being undertaken every two years the improvement work is ongoing throughout each year along with engagement which is a key element underpinning the EDS2 and the development of our equality objectives.

Grading process – Important points to take into consideration

- The EDS2 is not a self assessment process. It is an assessment of performance undertaken by our patients, public and staff. In Buckinghamshire our process involves:-
 - Templates with summaries of the Trust's internal evidence for each outcome

- A patient panel with representatives who share a protected characteristic is brought together to review the templates and evidence and agree a grade
 - This year we had representation from most of the protected characteristic groups with the exception of the LGBT groups and a designated representative for multi faith, although faiths were represented by individual beliefs of panel members. We continue to struggle with representation from the LGBT groups for this panel.

However, as a result of the last EDS assessment, the lack of equality monitoring for patient experience was highlighted. I.e we were not able to understand our patient experience by protected characteristic. It became an equality objective to implement equality monitoring onto our PET trackers and we do now have evidence and an improved understanding of patient experience for these groups.
 - For the staff goals we undertake a Trust wide staff EDS2 survey which has again received a very positive response rate with 549 staff engaged in sharing their views.
 - Their responses are analysed and along with the evidence for goals 3 and 4, a grade is decided upon and then taken to JSMC for discussion / approval.
- The key question to test the evidence and advised by the EDS guidance is; ***How well do people from protected groups fare compared with people overall?*** This is the question the panel were asked to consider in reviewing the evidence. ***There are four grades:***

Red – Undeveloped, Amber – Developing, Achieving –Green, Excelling – Purple
 - Ongoing engagement activity and feedback throughout the two year period from both staff, patients, carers and the public also feed into the overall assessment to act as a cross check for any common themes or issues that have been raised.

So, for example, as a result of this recent EDS2 assessment, some strong messages have been heard from the deaf community. In 2013/14 (within the two year period) we also heard these messages via some of our “A Big Conversation” (ABC) meetings held across the County. This type of cross correlation helps to identify those areas to be prioritised for equality objectives and focused action.

A summary of our results

Of the 16 outcomes that we can make direct comparisons with from the last assessment:

5 grades were maintained - 3 for patient and 2 for staff outcomes of these (3 green and 2 amber)

7 grades improved – 5 of these were partial improvements which is a split grade. 4 improvements were for patient outcomes and 3 for the staff/leadership outcomes. This is a very positive improvement overall and demonstrates real progress in some of the areas since our last assessment.

4 were downgraded – 1 of which was a partial ie split grade. 1 of these was for a patient outcome and 3 were related to staff and leadership outcomes.

The following key points were identified from the range of staff and patient feedback:

EDS2 Staff Survey

- **EDS2 Staff survey response** - Very positive response from staff with 549 staff responding to the EDS2 staff survey. (last assessment 515) . All 13 ethnicity groups were represented for the first time, the age of the sample was representative as was gender and this sample showed a 9% level of disability as opposed to our 2.6% across the workforce. It was also evident from responses that participation was from a very broad range of staff groups including nurses, doctors, HCAs, managers and other non clinical groups.

Better health outcomes for all

- **1.3 Transitions smooth everyone informed** (Amber/Green partial improvement) – did not achieve a green because the panel felt that discharge could still be problematic especially for those with a disability and in times of pressure.
- **1.4 Safety** (Amber) – Downgraded from green last year, this was very disappointing as safety had been unanimously green at the last panel assessment . The panel acknowledged the general priority that the Trust places on patient safety.

However, the wording of the outcome has changed which brings a different emphasis and there was very strong feedback from representation of the deaf community which was echoed by others representing sensory impairment eg visual. Their feedback was that our environments, services and our processes do not routinely reflect additional needs in their design or delivery. This can impact on quality of care and poses a risk for good communication and clarity of understanding . The view of the panel was that our design of services and environments need to visibly take into account additional needs i.e we are not being seen to “design in”. This does not communicate a

message of welcome and understanding and is falling below the expectations of an organisation that is dedicated to caring for a large number of people with a range of different health care related needs.

Issues other than design, included the need for more proactive use of BSL interpreters for those who are deaf and needing to understand self care instructions, consent or advice, hearing loops in waiting areas to prevent missed appointments resulting in delays of care, our urgent care pathway must better reflect the needs for those with a learning disability, and those with sensory impairment who need to attend in an urgent or emergency situation. Patients must be assured in an emergency that this pathway can cope with their needs.

Improved patient experience

- **2.3 & 2.4 Complaints and PET** – (Green improved from Amber) The focused work we have achieved with the implementation of equality monitoring onto our PET trackers and a PALS service user survey, was praised by the panel and improvements were clearly seen. As an equality objective, focus has been given to this work and a welcome return to the green (achieving) grade has resulted. The panel previously downgraded this outcome to amber due to poor performance in complaint response times and no evidence of equality monitoring in place. FFT has also provided much more evidence of patient feedback.

However, it was noted from the evidence that there is still a severe lack of representation and diversity in service users of complaints and PALS. Further work is being planned to try to understand how best to address this.

Empowered, engaged and well supported staff

- **3.2 Equal Pay** – (Amber down from Green) This outcome has resulted in a downgrade to amber in part because it has changed to increase the focus not only on fair pay and equal pay but also the evidence of an equal pay audit which we currently do not have.
- **3.3 Training and development/ (appraisal)** - (Amber /Green down from Green)

The reason for the partial downgrading is that staff feedback is illustrating concerns about the challenges faced in being able to take the time to attend training. There is a strong theme in the responses which highlights this as an issue.

Another reason for the downgrading is that there is a lack of evidence for the take up and positive evaluation of training by protected characteristic. Further work to be done.

However, there is positive news on this outcome. Previously the focus included appraisal and at the time of the last assessment the staff feedback was considerable around the availability and quality of appraisal to staff. However, this became an equality objective as a result of the last assessment because of the feedback received from staff in the EDS staff survey. With the corporate level focus on this area as well, it is really good to see the significant decrease in comment around this despite us asking the same question as last year to act as some form of measure for the equality objective.

Results clearly show that the responses do reflect a positive improvement overall with a dramatic decrease in comments and negative feedback about appraisal. However, the comments do reflect that the inability to attend training due to pressures will continue to cause problems in terms of appraisal being meaningful; as this is linked to completing their PDP in some cases, and identified through appraisal.

- **3.4 Bullying and harassment** - (Amber – maintained) Whilst this outcome remained the same grade the staff EDS2 response shows that this remains an area needing further work. Only half the number of respondents agreed with the statement on bullying and harassment with half disagreeing. Sources were identified from both patients and families and staff. Some staff reported it as part of the job when patients were abusive whilst others cited examples where staff interactions are clearly having an impact on how people feel about their jobs.

Inclusive leadership at all levels

- **4.1 Board and senior leaders routinely demonstrate commitment to equality** - (Amber down from Green). This only achieved an amber due to the feedback from staff being centred on a lack of visibility, therefore staff didn't feel they knew what commitment is demonstrated. A high number of comments reflected an "unsure" response. In addition the focus of this outcome has changed too.
- **4.2 Trust Board and major committees identify equality related impacts etc.** – (Green improved from Amber). Processes in place such as the equality impact assessment process and wider examples helped this achieve a green this year showing some evidence of progress.
- **4.3 Middle managers and other line managers support their staff to work in culturally competent ways** - (Green improved from Amber) It was pleasing to see this has slightly improved since the last assessment based on staff feedback and evidence.

Equality Objectives 2015

As a result of the 2015 EDS2 assessment , the following are suggested equality objectives based on the engagement and resulting feedback. (Other actions will result from this work but these are deemed to be the priorities)

These will be included in the corporate objectives and published and monitored via our public website. By signing up to these we are agreeing to focused work for the next two years. (All equality objectives have the maximum lifespan of four years.) Our hope is that work will result in improvements for the benefit of staff and patients and also in the results of the next EDS2 assessment. It will act in part as a measure.

NB - The Trust Board is asked to approve these with the following caveat. Due to scheduling of meetings joint staff side union representation has yet to formally endorse the staff gradings and suggested equality objectives. A meeting is planned, and if any significant changes have to be made these will be reported to the Trust board in May. In the meantime, the Trust Board is asked to delegate responsibility for any review to the Executive lead for equality and diversity so that publication can proceed for the objectives to meet the legal requirement by the 6th April

Patient related equality objectives

Objective	Measure and timescale	Lead Director
1) To demonstrate an increased use of British Sign Language (BSL interpreters across the Trust by raising awareness with staff.	Increased use of BSL interpreters demonstrated via statement of use for all translation and interpretation services – published as part of our PSED information. September 2016	Chief Nurse
2) To undertake a targeted engagement exercise to promote awareness of PALS and complaints with a view to seeing improved diversity in complainants	Evidence of engagement Reports using equality monitoring for complainants A repeat PALS survey September 2016	Chief Nurse
3) To be able to evidence how we have taken the additional needs of those with sensory impairment eg hearing / sight into the redesign of our urgent care environment.	Deliver a minimum of two initiatives eg hearing loops in waiting areas or small web cams to link up interpreters in our A&E areas. The engagement will result in clarification.	Chief operating officer and Director of strategy and business development

Staff and leadership related equality objectives

<p>3) To see an improved response from staff to outcome 3.4 on bullying and harassment in the next staff EDS2 survey.</p>	<p>Improve response rates jointly for strongly agree and agree to >55% By September 2016</p>	<p>Director of HR and Organisational development Lead executive for E&D</p>
<p>4) To review opportunities to progress robust evidence that meets requirements to demonstrate fair and equal pay in line with requirements</p>	<p>Evidence of work to review opportunities or alternatively evidence of equal pay audit .</p>	<p>Director of HR and Organisational development Lead executive for E&D</p>
<p>5) To further develop robust evidence for the uptake and evaluation of training by staff and by protected characteristic</p>	<p>Processes in place for evidence. Reporting evidenced with ongoing monitoring established Improved submission of evidence for next EDS2 September 2016</p>	<p>Director of HR and Organisational development Lead executive for E&D</p>

Equality Delivery System - Grading Results 2015

Arrows indicate the direction of change in grades from the last EDS2 assessment.
Text in red indicates a change in the outcome as a result of the EDS revision to EDS2

Goal	Outcome	Grade			
		Undeveloped Red	Developing Amber	Achieving Green	Excellin g Purple
1. Better health outcomes for all	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities, <i>(very similar)</i>				
	1.2 Patients' health needs are assessed and resulting services provided in appropriate and effective ways. <i>(very similar)</i>				
	1.3 Transitions from one service to another, for people on care pathways are made smoothly with everyone well informed <i>(changed)</i>				
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse <i>(changed)</i>				
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities <i>(very similar)</i>				

Goal	Outcome	Grade				
		Undeveloped Red	Developing Amber	Achieving Green	Excelling Purple	
2. Improved patient access and 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 <i>(very similar)</i>					
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care <i>(very similar)</i>					
	2.3 People report positive experiences of the NHS <i>(new)</i>					
	2.4 People's complaints about services are handled respectfully and efficiently <i>(very similar)</i>					

Goal	Outcome	Grade			
		Undeveloped Red	Developing Amber	Achieving Green	Excelling Purple
3. Empowered, engaged and well-supported staff	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels <i>(very similar)</i>				
	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 obligation <i>(changed)</i>				
	3.3 Training and development opportunities are taken up and positively evaluated by all staff <i>(Quite a different focus)</i>				
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source <i>(changed)</i>				
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives <i>(very similar)</i>				
	3.6 Staff report positive experiences of their membership of the workforce <i>(new)</i>				

Goal	Outcome	Grade			
		Undeveloped Red	Developing Amber	Achieving Green	Excelling Purple
4. Inclusive leadership at all levels	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations <i>(Quite a different focus)</i>				
	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 <i>(very similar but previously 4.1)</i>				
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination <i>(very similar but previously 4.2)</i>				