# A refreshed
# Equality Delivery System
# for the NHS

**NHS**
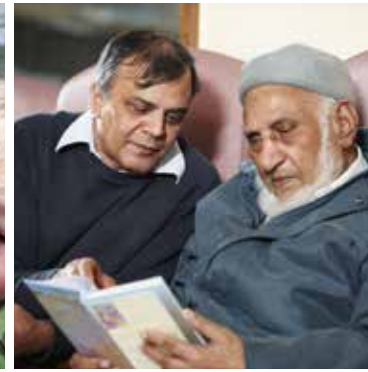
# *EDS2*

Making sure that everyone counts

November 2013

**THE NHS CONSTITUTION**
the NHS belongs to us all

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# Contents

# Introduction

The Equality Delivery System (EDS) for the NHS was made available to the NHS in June 2011. It was formally launched on 11 November 2011. Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of NHS organisations, a refreshed EDS is now available. It is known as *EDS2*.

The main purpose of the EDS was, and remains, to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

# Background and design

The original EDS was built by the NHS for the NHS. Commissioned and steered by the Equality and Diversity Council (EDC), its development owed a great deal to engagement with, and contributions from, the NHS and those who use its services.

The EDC prioritised the original EDS as the best means of helping the NHS as a whole to improve its equality performance. Despite much good practice before and after the launch of the original EDS in 2011, there is still considerable evidence that some patients and communities may feel they are not as well served by the NHS as they should be. For example, information that organisations make available to patients and communities may not be accessible to everyone. Access to NHS services or buildings can be difficult for some patients and members of the public. Once people are receiving services, service delivery may not be appropriate to people's needs and circumstances.

*EDS2* has been designed in collaboration with the NHS and in light of evidence of how the EDS was implemented and with what result.

Similarly, some staff may experience difficulties in developing their careers in the NHS. Some staff may feel excluded from some occupations or grades. Bullying and harassment in the workplace can have a greater adverse impact upon some types of staff than others. Staff disciplinary processes can focus on particular types of staff.

The Equality Analysis for the original EDS provided this evidence. It also signals the importance and use that Equality Analyses should continue to play in the development of NHS services, functions and policies.

The refreshed EDS – *EDS2* – has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all. *EDS2* is also supported by the NHS Trust Development Authority. Like the original EDS, *EDS2* has been designed in collaboration with the NHS and in light of evidence of how the EDS was implemented and with what result. In 2012, Shared Intelligence reported on implementation, working to a commission from the EDC. In the summer of 2013, NHS England consulted with a range of NHS organisations that had used the EDS, and spoke to other interested parties.

For NHS England, work on the refreshed EDS was led by Dr Habib Naqvi, Senior Equality Manager, NHS England, supported by others in the Equality and Health Inequalities Team at NHS England. Much of the policy and practical work on the original EDS was carried out by Ray Warburton OBE, who at the time was a member of the NHS Equality Team at the Department of Health. Ray Warburton is currently Lay Vice Chair of NHS Lewisham Clinical Commissioning Group. In an entirely independent capacity, he assisted with the design of *EDS2*.

# A slimmer and more flexible *EDS2*

Based on the Shared Intelligence evaluation and NHS England's consultation, a refreshed EDS – *EDS2* – has been developed. It is more streamlined and simpler to use compared with the original EDS. Key findings from the evaluation and consultation are given in *Annex A.* How the outcomes of the original EDS compare with *EDS2* outcomes, plus other major changes, is shown in *Annex B* – there is much in common but some important changes.

# A generic tool for NHS commissioners and providers

*EDS2* is a generic tool designed for both NHS commissioners and NHS providers. As different NHS organisations apply *EDS2* outcomes to their performance, they should do so with regard to their specific roles and responsibilities. They may have to adjust the generic language of the outcomes to suit what they do. Moreover, NHS commissioners should apply *EDS2* in light of the performance of the providers they commission services from. It would be odd if, for example, a NHS clinical commissioning group (CCG) claimed to be performing well on a particular outcome, if its main providers were performing poorly on the same outcome. NHS commissioners might also ask private providers who provide NHS services for all or some of their patients, working under contracts to them, to use *EDS2* as appropriate.

> As different NHS organisations apply *EDS2* outcomes to their performance, they should do so with regard to their specific roles and responsibilities.

NHS providers comprise a range of types – there are foundation trusts and providers in the process of acquiring foundation trust status. There are organisations providing primary care, community health services, ambulance services, and secondary and tertiary health services. Some organisations focus on particular health conditions, such as mental health or learning disability. Given this range of providers, it is anticipated that the generic outcomes of *EDS2* will need to be adapted to suit different providers' focus.

Commissioning Support Units (CSUs) provide a range of support services to CCGs. It is not appropriate to directly apply *EDS2* to CSUs. Issues for CSUs may arise when CCGs use *EDS2*. For example, if the EDS reveals shortcomings in the commissioning and procurement process, a CCG might look at how it has worked with its CSU to put appropriate contracts in place and monitor them.

# *EDS2* outcomes

At the heart of *EDS2* are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals, as shown in the table on the following page. These outcomes relate to issues that matter to people who use, and work in, the NHS. Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's key inspection questions set out in "Raising standards, putting people first - Our strategy for 2013 to 2016". The "Outcomes and gradings" tables shown on pages 18 to 35 identify which national policy initiatives each outcome relates to and helps to deliver.

NHS organisations are advised to assess and grade their performance across all *EDS2*'s outcomes, except for when there is a compelling reason for being selective. Each year, starting in 2014, NHS England will identify one *EDS2* outcome where it believes concerted national effort is required in order for the NHS to improve its equality performance. Guidance and support will be provided for delivery on this outcome, and good practice will be shared. On rare occasions organisations may wish to focus on a subset of the 18 outcomes where there is local support for doing so, and local evidence that indicates that a focus on particular outcomes will be beneficial.

NHS organisations are encouraged to express *EDS2*'s outcomes in their own words and communicate them effectively to all local audiences, as they see fit. NHS England will share local adaptations of these outcomes with NHS organisations. An Easy Read version of the EDS will be produced and made available to the NHS.

These outcomes relate to issues that matter to people who use, and work in, the NHS.

## The goals and outcomes of *EDS2*

| Goal | Number | Description of outcome |
|------|--------|------------------------|
| **Better health outcomes** | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities |
| | 1.2 | Individual people's 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 |
| **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 |
| | 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 |

# The goals and outcomes of *EDS2 (continued)*

| | | |
|---|---|---|
| **A representative and supported workforce** | 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 |
| **Inclusive leadership** | 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 |

# An informed selective approach

When using *EDS2*, it is suggested that, based on evidence and insight, organisations might wish to be selective in their choice of services they review and, where there is a strong local need to do so, the *EDS2* outcomes that services are assessed and graded against. Organisations might also look at particular aspects of protected characteristics. The premise is that a focus on all services across all outcomes for all aspects of all protected characteristics can be overwhelming and unmanageable. It is much better to manage a comprehensive implementation of *EDS2* over three to five years, through the use of informed selective choices at any one time.

Where such choices are made, organisations should not just focus on challenges, problems and concerns but also on situations where progress is being made and good practice can be shared and spread. Often as much can be learnt from what is working well as from what is not working so well. Spreading good practice should become a key part of *EDS2* implementation, as well as tackling problems.

When taking a selective approach, organisations should seek the agreement of local stakeholders including advice on the selections that are made. Choices should embrace a proportionate mix of progress and good practice, on the one hand, and challenges, problems and concerns, on the other. Otherwise a distorted picture of an organisation's performance may be given.

# Engagement with local stakeholders

Without engagement with local stakeholders *EDS2* will not work. Engagement refers to the process of getting local stakeholders involved in important decisions about the planning, developing, commissioning, management and delivery of health services in a sustained way. For staff, engagement also means helping to plan, develop and manage working environments, and activities that aim to improve working lives.

Typically local stakeholders comprise: patients, carers, members of local community groups, other members of the public, representatives of local voluntary and community organisations, NHS staff and representatives of staff-side organisations. By working in partnership with voluntary and community sectors, NHS organisations can often engage more effectively with a wide range of local communities including marginalised and seldom-heard groups.

In discussion with local stakeholders, NHS organisations are advised to base their approaches to engagement on the following authoritative guidance:
- "Community engagement: public health guidance 9", National Institute for Health and Clinical Excellence, February 2008
- "A dialogue of equals", Department of Health, 2009
- "Inclusion health: evidence pack", Social Care Task Force and Department of Health, March 2010
- "Good engagement practice for the NHS", NHS Midlands and East, January 2012
- "Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies", Department of Health, 2013
- "NHS terms and conditions of service handbook", Amendment number 29 Pay Circular (AforC) 3/2013, NHS Staff Council, 2013

# People covered by *EDS2*

*EDS2* should be applied to people whose characteristics are 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 including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

> NHS organisations should refer to the Equality Act and related guidance for a full understanding of the protected characteristics.

NHS organisations should refer to the Equality Act and related guidance for a full understanding of the protected characteristics. In particular, they should note that:

- Within each characteristic the risk of discrimination is greater for some people who use or work in the NHS than others. For example, with regard to "age", older people can be at greater risk of discrimination than middle-aged people in certain circumstances. With regard to sexual orientation, lesbian, gay and bisexual people can be at greater risk than heterosexual people in certain circumstances.

- The protected characteristic of "disability" is wide and includes a range of physical and sensory impairments, learning disabilities, mental health conditions and long-term conditions. Issues of fairness may arise differently for people with different types of disability.

The implication of the points made above is that NHS organisations should choose which aspect of each protected characteristic to focus on when using *EDS2*. (It does not mean that NHS organisations can choose between the protected characteristics, covering some but not others.) Local insight and evidence, and discussion with local stakeholders, should inform the choice. At any one time, assessing and grading the performance of NHS organisations across all the aspects of each protected characteristic will not be useful if it draws attention away from either significant progress or the most serious inequalities. However, it would be sensible for NHS organisations to ensure that all aspects of all characteristics are explored in the longer-term, in a balanced way.

# Other disadvantaged groups

*EDS2* can also be readily applied to people from other disadvantaged groups, including people who fall into "Inclusion Health" groups, who experience difficulties in accessing, and benefitting from, the NHS. "Inclusion Health" was defined in a Social Care Task Force and Department of Health publication of 2010.

These other disadvantaged groups typically include but are not restricted to:
- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

Applying *EDS2* to disadvantaged groups is likely to support organisations to deliver on aspects of their health inequalities work.

As with the protected groups, NHS organisations may assess and grade how well other disadvantaged groups fare compared with people overall, with a view to improving NHS performance, where there is local evidence that indicates the need to do so. For some of the above groups there are significant overlaps with people whose characteristics are protected by the Equality Act. These links should be borne in mind when work on either protected or other disadvantaged groups is taken forward.

There is also a clear connection between the difficulties in using the NHS experienced by other disadvantaged groups and the broader health inequalities agenda that NHS organisations and local authorities, including public health departments, have been tackling for many years. Under the Health and Social Care Act 2012, clinical commissioning groups must, in the exercise of their functions, have regard to the need to (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. The Marmot Review, "Fairer society healthier lives" 2010, proposed universal action to reduce the steepness of the "social gradient" of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage.

Applying *EDS2* to disadvantaged groups is likely to support organisations to deliver on aspects of their health inequalities work.

# Human Rights Act 1998

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 FREDA principles – Fairness, Respect, Equality, Dignity and Autonomy – have been developed to provide general principles that the NHS should aspire to.

[Please note that the FREDA principles provide a useful overview of the general principles underpinning a human rights-based approach. Compliance with the FREDA principles will not ensure that an NHS organisation is acting in accordance with the Human Rights Act. Organisations must seek their own legal advice on this point.]

The FREDA principles readily relate to *EDS2*'s outcomes.
- **F**airness is at the heart of *EDS2*. For example, fair NHS recruitment and selection processes can lead to a more representative workforce at all levels (outcome 3.1).
- **R**espect is intrinsic to a number of *EDS2* outcomes including making sure that people's complaints about services are handled respectfully and efficiently (outcome 2.4).
- **E**quality underpins *EDS2*. For example, services should be commissioned, procured, designed and delivered to meet the health needs of all local communities (outcome 1.1).
- **D**ignity is a core part of patient care and the treatment of staff. For example, when at work, staff should be free from abuse, harassment, bullying and violence from any source (outcome 3.4).
- **A**utonomy is last but not least. For example, people should be informed and supported to be as involved as they wish to be in decisions about their care (outcome 2.2).

# The public sector Equality Duty

Using *EDS2* can help organisations respond to the public sector Equality Duty (PSED). It can help them to meet the general duty to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations. Its use can also help NHS organisations to meet the specific duties of the PSED, namely to:
- Publish information to demonstrate compliance with the PSED at least annually, starting by 31 January 2012
- Prepare and publish specific and measurable equality objectives at least every four years starting by 6 April 2012. (Note: CCGs were required to set their equality objectives by 13 October 2013.)

By using evidence and insight to assess and grade their equality performance, NHS organisations can generate much of the information they will require to demonstrate compliance with the PSED.

The assessment and grading of *EDS2* outcomes can also support NHS organisations when setting their equality objectives, by casting light on particular progress and/or problems for people with protected characteristics.

# Positive action and the spreading of good practice

Much equality work in recent years has focused on positive action. That is, action is concentrated on people from particular protected groups so that they may access, and benefit from, services to the same extent as people overall. *EDS2* can be used to identify opportunities for such positive action. But organisations are advised to consider how learning from taking positive action can be applied to, and benefit,

people who use the NHS or work in the NHS, as a whole. In this way valuable lessons can be spread, improvements can be extended beyond people with protected characteristics, and a wide range of people will see something in positive action for them.

In this context, communicating and explaining positive action will become far easier. It is often said for particularly marginalised and seldom-heard groups, that if improvements can be made to their access to, and use of, services, then improvements can be readily achieved for many other people.

# How *EDS2* works – the steps for implementation

Bearing in mind that NHS organisations should make *EDS2* work for them, and adapt its processes and content to suit their local needs and circumstances, the following two pages suggest the nine steps that NHS organisations should consider taking when implementing *EDS2*. NHS organisations should consider making the steps available to local stakeholders, re-phrasing them differently if that would help to get key messages across.

The steps are inter-related and, by and large, sequential. All the steps are important but good governance linked to mainstream business, inclusive engagement with a wide range of stakeholders, and the use of a range of evidence and insight provide solid foundations for successful *EDS2* implementation.

NHS organisations should make *EDS2* work for them, and adapt its processes and content to suit their local needs and circumstances.

In summary the steps are as follows:
1.  Confirm governance arrangements and leadership commitment
2.  Identify local stakeholders
3.  Assemble evidence
4.  Agree roles with the local authority
5.  Analyse performance
6.  Agree grades
7.  Prepare equality objectives and more immediate plans
8.  Integrate equality work into mainstream business planning
9.  Publish grades, equality objectives and plans

As already stated, a selective but balanced approach to which services are assessed and graded using *EDS2* is recommended. A proportionate mix of services where equality-related progress has been made, and services where equality-related problems persist, will give an accurate picture of most NHS organisations.

# *EDS2* - Overview - Steps for Implementation

**Step 1**

### Confirm governance arrangements and leadership commitment

NHS organisations should confirm their governance arrangements for using *EDS2*. Good governance is typified by two key attributes. First, the inclusion of members of the public, patients, carers, governors and members where relevant, communities, staff networks, staff-side organisations and local authority partners in governance structures. Second, by locating *EDS2* governance within existing mainstream governance structures. In this way, use of *EDS2* is not separate and isolated from mainstream business.

At the outset, before organisations attempt to use *EDS2*, their Boards and senior leaders should confirm their own commitment to, and vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. They should stress that promoting equality is everyone's business, and that no one organisation or stakeholder can work in isolation from others in making progress. Some of *EDS2*'s outcomes challenge the leadership of NHS organisations to positively demonstrate their commitment to equality and the values that underpin the NHS Constitution.

**Step 2**

### Identify local stakeholders

NHS organisations should identify those local stakeholders that will need to be involved in *EDS2* use. For *EDS2* to be effective, these local stakeholders should include patients, carers, members of community groups, other members of the public, representatives of voluntary and community organisations, NHS staff and representatives of staff-side organisations, and encompass all protected groups. CCGs should involve member practices and their patient forums. For NHS foundation trusts, the local stakeholders include their governors, representative memberships and staff. Specific local stakeholders may vary depending on the particular *EDS2* outcomes which are explored and in what way. Local stakeholders can help organisations to word *EDS2* outcomes in down-to-earth ways.

**Step 3**

### Assemble evidence

NHS organisations should assemble evidence for analysing their equality performance. They should consider gaps in evidence and how they can be filled. The evidence should draw on JSNAs (Joint Strategic Needs Assessments), public health intelligence, CQC registration evidence, NHS Outcomes Framework data, surveys of patient and staff experience, workforce data and reports, their own equality monitoring and demographic data, local Healthwatch insight, and complaints and PALS data. As long as it is reliable and valid, the evidence can be quantitative or qualitative. Early insight and evidence can help to determine which *EDS2* outcomes, which services, and which aspects of each protected group, are explored and how.

**Step 4**

### Agree roles with the local authority

NHS organisations should agree the part that local Healthwatch organisations, health and wellbeing boards, and public health and other parts of the local authority will play in *EDS2* use. The role of local Healthwatch organisations can be pivotal in making *EDS2* work well.

| Step 5 | **Analyse performance** |
| --- | --- |
| | With local stakeholders, organisations should analyse their performance on each or most *EDS2* outcomes, perhaps focusing on a few specific issues, taking account of each relevant protected group. Organisations should share the evidence they have assembled (at Step 3) with their local stakeholders in accessible formats, so that local stakeholders can play their part in the analysis of performance and setting of equality objectives. See "Assessing and grading performance" and "Outcome and grading tables" below. |
| Step 6 | **Agree grades** |
| | Based on these analyses, organisations and local stakeholders should agree a grade for each assessed outcome. If there is a disagreement about any grade, the views of local stakeholders should be given weight. Results can provide information to demonstrate PSED compliance. See "Assessing and grading performance" and "Outcome and grading tables" below. |
| Step 7 | **Prepare equality objectives and more immediate plans** |
| | Using the grades across all assessed *EDS2* outcomes as a starting point, organisations with local stakeholders should select no more than four or five equality objectives for the coming business planning period. It is further advised that at least one equality objective per EDS goal is chosen. But this is not a hard and fast rule. No doubt these equality objectives will focus on the most urgent challenges. But *EDS2* is not just a means for identifying equality objectives. It is a means for uncovering equality-related progress or concerns in general, and the organisation may need to spread good practice or tackle the most pressing problems within or outside the setting of equality objectives. |
| Step 8 | **Integrate equality work into mainstream business planning** |
| | Work arising from the setting of equality objectives or more immediate plans should be integrated within organisations' mainstream business planning processes. For example, organisations can report on this work within their NHS Integrated Plans, saying how they will respond to the QIPP challenge. |
| Step 9 | **Publish grades, equality objectives and plans** |
| | Grades, equality objectives or other equality improvement plans, plus subsequent progress, should be published locally by organisations on their websites, in Annual Reports, and in other accessible ways. They should be shared with health and wellbeing boards for comment and possible action. With agreement from all parties, grades and equality objectives or plans may be shared by NHS commissioners and their local stakeholders with NHS England Area Teams for comment and possible action. Providers may report their grades and equality objectives or plans with commissioners as part of contract monitoring processes. Where serious and/ or persistent concerns about providers relate to CQC's Essential Standards of Quality and Safety, CQC should be notified for possible inclusion on CQC's Quality & Risk Profiles and potential action. |

# Assessing and grading performance

When assessing and grading performance on a particular outcome, NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do. Within a protected characteristic, they might decide to focus on people most at risk, and/or for whom considerable progress has been made. It is advised that the aspects that are reviewed are ones where there is local evidence that suggests a significant equality-related concern; and/or where progress has been made and good practice can be spread. It is recommended, for the sake of balance, that a proportionate mix of progress and challenge is selected for assessment and grading. While at any one time, particular services or particular groups may be reviewed using *EDS2*, it is recommended that over a longer-term period (say three to five years), organisations should review all aspects of their work where there might be equality-related progress or challenge.

> The key question is: how well do people from protected groups fare compared with people overall? There are four grades – underdeveloped, developing, achieving and excelling.

Essentially, there is just one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: *how well do people from protected groups fare compared with people overall?* There are four grades – undeveloped, developing, achieving and excelling.

In response to the question how well do people from protected groups fare compared with people overall, the answer is:
* Undeveloped if there is no evidence one way or another for any protected group of how people fare or …
* Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
* Developing if evidence shows that the majority of people in three to five protected groups fare well
* Achieving if evidence shows that the majority of people in six to eight protected groups fare well
* Excelling if evidence shows that the majority of people in all nine protected groups fare well

It is recommended that when using *EDS2*, organisations take stock of their engagement activities, and the availability and use of evidence, once all outcomes are graded. If an organisation and its local partners believe that engagement and/or evidence has been poor, the grades for all or some of the particular outcomes can be adjusted downwards. Quite how this happens is left to local discretion. Where engagement and evidence is assessed as poor, organisations should put improvement plans in place.

The grades are broad and may not fully reflect the specific situation of individual organisations on some outcomes. If they wish, organisations may sub-divide a grade where there is a compelling local need to do so. For example, on a particular outcome an organisation could be borderline "achieving" while another could be "achieving" but close to "excelling". But such sub-divisions are probably best avoided as, for one thing, they suggest that the grading process is more accurate than it ever can be; and, for another thing, it complicates the grading process at the same time that *EDS2* is attempting to make it less complex.

*EDS2* is not a self-assessment tool. Performance should be assessed and graded by NHS organisations in discussion with local people and the workforce.

To help with the grading, national and local sources of evidence are given for each outcome. As NHS organisations use *EDS2*, NHS England will collate the particular pieces of evidence that are being used for specific outcomes, with a view to sharing good practice nationally.

*EDS2* is not a self-assessment tool. Performance should be assessed and graded by NHS organisations in discussion with local people and the workforce. The use of independent third parties to help with the assessment and grading is encouraged. Some NHS organisations have usefully turned to neighbouring NHS organisations for peer review. But other third parties such as local Healthwatch organisations and national bodies such as Stonewall and the Black and Minority Ethnic Health and Social Care Network can also be used.

Work on *EDS2* in particular, and equality in general, will only make an impact when it is located within mainstream business and governance structures, and when NHS Boards and senior leaders lead the way through not only what they say but also what they do within and outside of their organisations. Boards are encouraged to avail themselves of Board Leadership Programmes where the emphasis is on inclusive services and inclusive workforces.

# Outcomes and grading tables

Matrices for the 18 *EDS2* outcomes, plus instructions on how evidence and insight should be graded are given in the following set of tables.

| Goal: Better health outcomes | Reference Number: 1.1 |
|---|---|

**Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities**

Your organisation's approach:
- For this outcome, commissioners should focus on commissioning and procurement of services, and providers on design and delivery
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge for local communities in the way services are commissioned, procured, designed and delivered
- For all protected groups assess and grade how well services are commissioned, procured, designed and delivered. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** Corporate strategies; QIPP business cases; contracts; JSNAs; NHS patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS; Friends & Family Test.

This outcome supports the delivery of the following national policies and initiatives:
- NHS Outcomes Framework: Goal 2 "Enhancing the quality of life for people with long-term conditions" and Goal 3 "Helping people recover from episodes of ill-health or following injury"
- NHS Constitution principle: "The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status"
- NHS Constitution patient and public right: "You have the right to expect your local NHS to assess the health requirements of the local community and to commission and put in place services to meet those needs where considered necessary"
- CQC's key inspection questions: Are services effective? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Better health outcomes | Reference Number: 1.2 |
|---|---|

**Outcome: Individual people's health needs are assessed and met in appropriate and effective ways**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge for local communities in the way needs are assessed and met
- For all protected groups assess and grade how well individuals' health needs are assessed or met. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; Quality Accounts; Healthwatch and PALS; Friends & Family Test

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Outcomes Framework: Goal 2 "Enhancing the quality of life for people with long-term conditions"; Goal 3 "Helping people recover from episodes of ill-health or following injury"
- NHS Constitution principle: "The service is designed to diagnose, treat and improve both physical and mental health"
- CQC's key inspection questions: Are services effective? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Better health outcomes | Reference Number: 1.3 |
|---|---|

**Outcome: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care pathway of importance to your organisation where evidence or insight suggests that there is significant local equality progress or challenge as people transit from one service to another
- For all protected groups assess and grade how well transitions are made, including how well patients, carers and professionals are kept informed of what is happening. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; Quality Accounts; Healthwatch and PALS; Friends & Family Test; Serious Incident reports

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Outcomes Framework: Goal 4 "Ensuring people have a positive experience of care"
- NHS Constitution pledge: "The NHS also commits to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them"
- CQC's key inspection questions: Are services effective? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Better health outcomes | Reference Number: 1.4 |
|---|---|

**Outcome: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge for people's safety
- For all protected groups assess and grade how well key aspects of safety are prioritised or managed. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; Quality Accounts; Healthwatch and PALS; Friends & Family Test; Serious Incident reports; CQC Quality & Risk Profiles

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Outcomes Framework: Goal 5 "Treating and caring for people in a safe environment and protecting them from avoidable harm"
- NHS Constitution pledge: "The NHS also commits to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice"
- CQC's key inspection questions: Are services safe? Are services caring? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Better health outcomes | Reference Number: 1.5 |
|---|---|

**Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities**

Your organisation's approach:
- Local authorities lead on local public health and health promotion services. Thus NHS organisations might work with local authorities to apply this *EDS2* outcome. Alternatively, NHS organisations might focus on their specific contribution only
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more health promotion setting or service where evidence or insight suggests that there is significant local equality progress or challenge for people when they try to use and benefit from the service
- For all protected groups assess and grade how well the service is available to, and benefits, all. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; Health & Social Care Information Centre Health Promotion and Health Protection publications

This outcome supports the delivery of the following national policies and initiatives:
- NHS Outcomes Framework: Goal 1 "Preventing people from dying prematurely"
- Public Health Outcomes Framework: "Increased healthy life expectancy" and "Reduced differences in life expectancy and healthy life expectancy between communities"
- NHS Constitution pledge: "The NHS also commits to provide screening programmes as recommended by the UK National Screening Committee"
- CQC's key inspection questions: Are services effective? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Improved patient access and experience | Reference Number: 2.1 |
|---|---|

**Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge for people when they try to access services
- For all protected groups assess and grade how well the service is accessed, taking into account the fairness of reasons when access is denied. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; NHS patient surveys; GP patient surveys; A&E and other waiting times surveys; Quality Accounts; Healthwatch and PALS

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution patient and public rights: "You have the right to access NHS services. You will not be refused access on unreasonable grounds" and "You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible"
- CQC's key inspection question: Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Improved patient access and experience | Reference Number: 2.2 |
|---|---|

**Outcome: People are informed and supported to be as involved as they wish to be in decisions about their care**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge, in relation to information and support people receive, so they can be involved in decisions about them
- For all protected groups assess and grade how well people are informed and supported. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; NHS patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution pledges: "The NHS also commits to inform you about the healthcare services available to you, locally and nationally; and to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions. The NHS also commits to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available"
- CQC's key inspection question: Are services caring?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Improved patient access and experience | Reference Number: 2.3 |
|---|---|

**Outcome: People report positive experiences of the NHS**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge in relation to people's experiences of services
- For all protected groups assess and grade how well the service is experienced. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; NHS patient surveys; GP patient surveys; A&E and other waiting times surveys; Quality Accounts; Healthwatch and PALS; Friends & Family Test

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution patient and public responsibilities: "Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had"
- CQC's key inspection questions: Are services safe? Are services effective? Are services caring? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Improved patient access and experience | Reference Number: 2.4 |
| --- | --- |

**Outcome: People's complaints about services are handled respectfully and efficiently**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more care setting or service where evidence or insight suggests that there is significant local equality progress or challenge in the handling of complaints
- For all protected groups assess and grade how well complaints are handled. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
| --- | --- | --- | --- | --- |
| | People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

**Sources of evidence for grading may include:** JSNAs; NHS patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution right: "You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated"
- NHS Constitution pledge: "The NHS also commits to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint, and the fact you have complained will not adversely affect your future treatment"
- CQC's key inspection questions: Are services effective? Are services caring? Are services responsive to people's needs?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: A representative and supported workforce | Reference Number: 3.1 |
|---|---|

**Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more pay band, specific profession, care setting or service where evidence or insight suggests that the protected groups are well or not well represented
- For all protected groups assess and grade how well the workforce is representative, taking into account the fairness of recruitment and selection processes. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | Staff members from all protected groups fare poorly compared with their numbers in the local population and/or the overall workforce OR evidence is not available | Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce | Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce | Staff members from all protected groups fare well compared with their numbers in the local population and/or the overall workforce |

**Sources of evidence for grading may include:** Health & Social Care Information Centre Workforce Statistics; NHS Staff Survey; local NHS workforce data and surveys; local demographic data of the working age population

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution staff right: "The rights are there to help ensure that staff are treated fairly, equally and free from discrimination"
- CQC's key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: A representative and supported workforce | Reference Number: 3.2 |
| --- | --- |

**Outcome: 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**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more pay band, specific profession, care setting or service where evidence or insight suggests either equal pay progress or problems may be found
- For all protected groups assess and grade the extent to which they receive equal pay for work of equal value. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
| --- | --- | --- | --- | --- |
| | Equal pay audits show that staff members from all protected groups fare poorly compared with the overall workforce OR equal pay audits are not carried out | Equal pay audits show that staff members from only some protected groups fare as well as the overall workforce | Equal pay audits show that staff members from most protected groups fare as well as the overall workforce | Equal pay audits show that staff members from all protected groups fare as well as the overall workforce |

**Sources of evidence for grading may include:** Equal pay audits; Agenda for Change evidence

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution staff right: "The rights are there to help ensure that staff have a fair pay and contract framework"
- CQC's key inspection question: Are services well led?
- NHS Staff Council "Job evaluation handbook", 4th edition, July 2013

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: A representative and supported workforce | Reference Number: 3.3 |
|---|---|

**Outcome: Training and development opportunities are taken up and positively evaluated by all staff**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose 10 to 20 training courses and development opportunities where evidence or insight suggests that the protected groups do or do not participate
- For all protected groups assess and grade participation in, and evaluation of, training and development opportunities. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available | Staff members from only some protected groups fare as well as the overall workforce | Staff members from most protected groups fare as well as the overall workforce | Staff members from all protected groups fare as well as the overall workforce |

**Sources of evidence for grading may include:** NHS Staff Survey; local NHS workforce data and surveys; information on the take-up and evaluation of local training and development opportunities

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution staff pledge: "The NHS commits to provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed"
- CQC's key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: A representative and supported workforce | Reference Number: 3.4 |
|---|---|

**Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more pay band, specific profession, care setting or service where evidence or insight suggests that the protected groups are relatively free from, or disproportionately, subject to abuse, harassment, bullying and violence
- For all protected groups assess and grade the extent of abuse, harassment, bullying and violence. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available | Staff members from only some protected groups fare as well as the overall workforce | Staff members from most protected groups fare as well as the overall workforce | Staff members from all protected groups fare as well as the overall workforce |

**Sources of evidence for grading may include:** NHS Staff Survey; local NHS workforce data and surveys; the monitoring of local grievance and disciplinary procedures

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution right: "The rights are there to help ensure that staff have healthy and safe working conditions free from harassment, bullying and violence"
- CQC's key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: A representative and supported workforce | Reference Number: 3.5 |
| --- | --- |

**Outcome: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more pay band, specific profession, care setting or service where evidence or insight suggests that the protected groups can readily access, or have difficulty in accessing, flexible working options
- For all protected groups assess and grade the availability of flexible working options. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
| --- | --- | --- | --- | --- |
| | Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available | Staff members from only some protected groups fare as well as the overall workforce | Staff members from most protected groups fare as well as the overall workforce | Staff members from all protected groups fare as well as the overall workforce |

**Sources of evidence for grading may include:** NHS Staff Survey; local NHS workforce data and surveys

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution staff right: "The rights are there to help ensure that staff have a good working environment with flexible working opportunities, consistent with the needs of patients and the way people live their lives"
- CQC's key inspection question: Are services well led?

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: A representative and supported workforce | Reference Number: 3.6 |
|---|---|

**Outcome: Staff report positive experiences of their membership of the workforce**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more pay band, specific profession, care setting or service where evidence or insight suggests that the protected groups have positive experiences, or not-so positive experiences, of their membership of the workforce
- For all protected groups assess and grade how well membership of the workforce is experienced. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available | Staff members from only some protected groups fare as well as the overall workforce | Staff members from most protected groups fare as well as the overall workforce | Staff members from all protected groups fare as well as the overall workforce |

**Sources of evidence for grading may include:** NHS Staff Survey; local NHS workforce data and surveys

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution staff pledge: "The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families, carers and communities"
- CQC's key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Inclusive leadership | Reference Number: 4.1 |
|---|---|

**Outcome: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**

**Your organisation's approach:**
- Use your own words to phrase the outcome for local purposes and different audiences
- Choose an independent third party to assess and grade this outcome
- Choose 10 to 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year or, if needs be, a longer period
- For the selected instances, assess and grade the extent to which the Board and senior leaders showed a strong and sustained commitment to promoting equality, within and beyond the organisation

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | There are no examples of a strong and sustained commitment | Only some of the examples show a strong and sustained commitment | Many of the examples show a strong and sustained commitment | All of the examples show a strong and sustained commitment |

**Sources of evidence for grading may include:** speeches given by Board members and senior leaders to various audiences; reports presented by Board members and senior leaders to various audiences; participation in Board Leadership Programmes for equality; and active promotion of equality-based initiatives for services and the workforce including local mentoring schemes

**This outcome supports the delivery of the following national policies and initiatives:**
- NHS Constitution principle: "The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status"
- CQC's key inspection question: Are services well led?
- *EDS2* outcomes in Goals 1 to 3

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Inclusive leadership | Reference Number: 4.2 |
|---|---|

**Outcome: 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**

**Your organisation's approach:**

- Use your own words to phrase the outcome for local purposes and different audiences
- Choose an independent third party to assess and grade this outcome
- Select 10 to 20 substantive papers that came to the Board and other major committees in the past year or, if needs be, a longer period
- Assess and grade the extent to which the selected papers took account of equality-related impacts including risks, and said how risks will be managed. Impacts and risks should be related to the three elements of the general duty of the public sector Equality Duty.

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | None of the papers took account of equality-related risks and their management | Only some of the papers took account of equality-related risks and their management | Many of the papers took account of equality-related risks and their management | All of the papers took account of equality-related risks and their management |

**Sources of evidence for grading may include:** Substantive papers discussed at the Board or other major committees

**This outcome supports the delivery of the following national policies and initiatives:**

- NHS Constitution principle: "[The NHS] has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population"
- CQC's key inspection question: Are services well led?
- *EDS2* outcomes in Goals 1 to 3

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

| Goal: Inclusive leadership | Reference Number: 4.3 |
|---|---|

**Outcome: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

**Your organisation's approach:**

- Use your own words to phrase the outcome for local purposes and different audiences
- Choose one or more pay band, specific profession or service where evidence or insight suggests that the protected groups are well or not well supported by their line managers to work in culturally competent ways, free from discrimination
- For all protected groups assess and grade the extent to which they are supported. If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied

| Grading | Undeveloped | Developing | Achieving | Excelling |
|---|---|---|---|---|
| | Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available | Staff members from only some protected groups fare as well as the overall workforce | Staff members from most protected groups fare as well as the overall workforce | Staff members from all protected groups fare as well as the overall workforce |

**Sources of evidence for grading may include:** NHS Staff Survey; local NHS workforce data and surveys

**This outcome supports the delivery of the following national policies and initiatives:**

- NHS Constitution staff right: "The rights are there to help ensure that staff are treated fairly, equally and free from discrimination"
- NHS Constitution pledge: "The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability"
- CQC's key inspection question: Are services well led?
- *EDS2* outcomes in Goals 1 to 3

**Other groups:** You may also wish to assess how well other disadvantaged groups, including "Inclusion Health" groups, fare compared with people overall, where there is local evidence that indicates the need to do so

# Annex A
# EDS – positives and challenges

Overall, the 2012 evaluation conducted by Shared Intelligence and the 2013 consultation carried out by NHS England revealed that NHS organisations and local partners welcomed the EDS. In particular, it was emphasised that the original EDS maintained a focus on equality at a time of great NHS change. It also prompted stronger and more inclusive engagement with the public and other stakeholders.

But a number of challenges of using the EDS, and related development issues, were identified including:

## Governance

- Placing the EDS and the management of equality business into a mainstream governance structure is a pre-requisite for success. All organisations need to recognise this important aspect.

## Engagement

- Most organisations prefer to self-assess themselves before inviting stakeholders to comment, which is fine as long as stakeholders have a genuine chance to express their views and these views are then taken fully into account. It remains true that the most mature organisations will often rely heavily on others' views of their performance rather than their own, and be open to constructive criticism.

- The EDS promotes engagement with stakeholders but engagement overkill should be avoided. If in any one location, a clinical commissioning group (CCG) and a number of NHS providers are all seeking to engage the public and third sector bodies at the same time, it can be very demanding of people's time, energy, commitment and resources. In these circumstances, a rationalised or staggered engagement strategy might be usefully attempted.

- Pre-engagement events can acquaint stakeholders, especially the public, with the EDS and support them to make a more effective input.

- Implementing the EDS requires resources for engagement and other aspects. For example, organisations might need to consider hiring community-based, easy-to-reach venues. They might need to buy in interpreters and translators. They might need to produce information in different languages and formats. They might need to consider providing and paying for stand-in care so that family carers can attend engagement events.

## Local adaptation

- Organisations should make the EDS work for them rather than the other way around. There are good examples of specific organisations tailoring the EDS to meet their specific needs. But at times, some organisations persevered with the EDS as it was written without adapting it, and struggled as a result.

- The language of some of the original EDS outcomes is difficult and some organisations used their own wording. In this regard, a preference for plain English and Easy Read versions was stressed during the consultation.

## Evidence

- Getting hold of robust evidence across the protected groups remains a challenge for some NHS organisations. Typically hard evidence broken down by age, ethnicity and sex is easier to come by than breakdowns by the other protected characteristics.

- But evidence and insight can be developed on the basis of focus groups and other structured qualitative means. There are good examples of organisations using innovative approaches to capture insights in this way, but it seems more could be done and good practice needs to be shared more widely.

## Grading

- Some organisations usefully use independent third parties – including neighbouring NHS trusts – to take part in, or carry out, EDS gradings of their performance.

- Many organisations found the grading system of the original EDS to be too complicated, and in practice used simpler ways to assess and grade performance.

- But simpler grading systems might mask or downplay the essential purpose of the grades, which is to say how well people with protected characteristics fare compared with people overall.

## Health inequalities

- The EDS can readily extend to cover key local health inequalities. However, to date, it seems that applying the EDS to groups of people facing health inequalities has been limited.

# Annex B
# Mapping original EDS outcomes onto *EDS2* outcomes and other major changes to the EDS

| Original EDS outcome | | Equivalent *EDS2* outcome | |
|---|---|---|---|
| 1.1 | Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities |
| 1.2 | Individual patient's health needs are assessed, and resulting services provided, in appropriate and effective ways | 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways |
| 1.3 | Changes across services for individual patients are discussed with them, and transitions are made smoothly | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed |
| 1.4 | The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all | 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse |
| 1.5 | Public health, vaccination and screening programmes reach and benefit all local communities and groups | 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities |
| 2.1 | Patients, carers and communities are readily access services, and should not be denied access on unreasonable grounds | 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 | Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatments | 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care |

| Original EDS outcome | | Equivalent *EDS2* outcome | |
|---|---|---|---|
| 2.3 | Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and how their privacy and dignity is prioritised | 2.3 | People report positive experiences of the NHS |
| 2.4 | Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently | 2.4 | People's complaints about services are handled respectfully and efficiently |
| 3.1 | Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades | 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 | 3.2 | 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 | Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff |
| 3.4 | Staff are free from abuse, harassment, bullying and violence from both patients and their relatives and colleagues with redress being open and fair to all | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source |
| 3.5 | Flexible working options are made available to staff, consistent with the needs of the service and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers) | 3.5 | Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives |

| Original EDS outcome | | Equivalent *EDS2* outcome | |
|---|---|---|---|
| 3.6 | The workforce is supported to remain healthy with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population | No equivalent | |
| No equivalent | | 3.6 | Staff report positive experiences of their membership of the workforce |
| 4.1 | Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond | 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations |
| 4.2 | Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination | 4.2 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination |
| 4.3 | The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes | No equivalent | |
| No equivalent | | 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 |

As with the original EDS, there are still 18 outcomes in *EDS2*, with enough in common between the original EDS and *EDS2* for meaningful comparisons to be made over time between results.

As can be seen, two of the original EDS outcomes have been dropped:
• Original Outcome 3.6 focused on a healthy workforce and what organisations could do to address health and lifestyle issues for their staff. Despite its overall importance for organisations, it has been removed from the EDS as it has not the same significance for staff with protected characteristics as other workforce outcomes.
• Original Outcome 4.3 asked organisations to use the "Competency Framework for Equality and Diversity Leadership". It has been dropped as it was felt that embedding the Framework within the EDS led to duplication.

Two new outcomes have been added:
- *EDS2* Outcome 3.6 focuses on how staff experience their membership of the NHS workforce. It mirrors the 2013/14 business objectives of NHS England.
- *EDS2* Outcome 4.2 looks at papers that come before the Board and other major Committees, and the extent to which they identify equality-related impacts including risks, and say how these risks are to be managed. This outcome provides an easy-to-measure check on senior leaders' routine grasp of, and commitment, to equality.

The wording of each *EDS2* outcome is simplified. Furthermore, NHS organisations are encouraged to express these outcomes in their own words and communicate them effectively to all local audiences, as they see fit.

An Easy Read version of the EDS will be produced and made available to the NHS. Local wordings of *EDS2* outcomes, using plain English and aimed at the general public, will be shared.

The assessment and grading component of *EDS2* has been simplified:
- It is made clear, that when assessing and grading performance on a particular outcome, NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do. It is advised that the aspects that are reviewed are ones where there is local evidence that suggests a significant equality-related concern or where progress has been made and lessons can be learnt, shared and spread. While at any one time, particular services may be reviewed using *EDS2*, it is recommended that over a three to five year period, organisations review all aspects of their work where there might be equality-related concerns.
- Organisations may also focus on particular aspects within a protected characteristic where there are the most concerns or where marked progress has been made, and lessons can be shared and spread.
- There is now just one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall?
- There are four grades, as before - undeveloped, developing, achieving and excelling. In response to the question "how well do people from protected groups fare compared with people overall?" the answer is:
    o Undeveloped if there is no evidence one way or another for any protected group or …
    o Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
    o Developing if evidence shows that the majority of people in three to five protected groups fare well
    o Achieving if evidence shows that the majority of people in six to eight protected groups fare well
    o Excelling if evidence shows that the majority of people in all nine protected groups fare well

- Rather than having factors about the quality and scope of engagement and evidence incorporated within the assessment and grading of each individual outcome, as was the case with the original EDS, it is recommended that when using *EDS2* organisations take stock of their engagement activities and use of evidence once all outcomes are graded. If an organisation and its local partners believe that engagement and/or evidence has been poor, the grades for all or some of the particular outcomes can be adjusted downwards. Quite how this happens is left to local discretion. Where engagement and evidence is assessed as poor, organisations should put improvement plans in place.
- The grades remain broad and may not fully reflect the specific situation of individual organisations on some outcomes. If they wish, organisations may sub-divide a grade where there is a compelling local need to do so. For example, on a particular outcome an organisation could be borderline "achieving" while another could be "achieving" but close to "excelling". But such sub-divisions are probably best avoided as, for one thing, they suggest that the grading process is more accurate than it ever can be; and, for another thing, it complicates the grading process at the same time that *EDS2* is attempting to make it less complex.
- To help with the grading, national and local sources of evidence are given for each outcome.

All other aspects of the processes for using the EDS remain as set out in the original EDS guidance of 2011. In particular, it should be noted that:
- *EDS2*, like the original EDS, is not a self-assessment tool. Performance can only be assessed and graded by NHS organisations in discussion with local people and the workforce. The use of independent third parties to help with the assessment and grading is encouraged. Some NHS organisations have usefully turned to neighbouring NHS organisations for peer review. But other third parties such as local Healthwatch organisations and national bodies such as Stonewall and the Black and Minority Ethnic Health and Social Care Network can also be used.
- *EDS2* can be applied to people from other disadvantaged groups who have difficulty in accessing, or benefitting from, the NHS. Some people from such groups fall into "Inclusion Health" groups, including people who are homeless, in a stigmatised occupation, long-term unemployed, living in poverty or living in isolated locations, and so on. Because of the overlap between people in protected groups and people from other disadvantaged groups, it is strongly recommended that *EDS2* is extended to cover them where there is a local need to do so.
- Work on *EDS2* in particular, and equality in general, will only make an impact when it is located within mainstream business and governance structures, and when NHS Boards and senior leaders lead the way through not only what they say but also what they do, within and outside of their organisations. Boards are encouraged to avail themselves of Board Leadership Programmes where the emphasis is on inclusive services and inclusive workforces.

# Annex C
# References, sources and support

Care Quality Commission "Essential standards of quality and safety", 2010
http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf

Care Quality Commission "Raising standards, putting people first: our strategy for 2013-2016"
http://www.cqc.org.uk/sites/default/files/media/documents/20130503_cqc_strategy_2013_final_cm_tagged.pdf

Department of Health "A dialogue of equals", 2009
http://webarchive.nationalarchives.gov.uk/20130123193105/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082386.pdf

Department of Health "Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies", March 2013
http://webarchive.nationalarchives.gov.uk/20130805112926/https:/s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

The Equality and Diversity Council
http://www.england.nhs.uk/ourwork/gov/edc/

The Equality Act 2010
www.equalities.gov.uk/equality_act_2010.aspx
www.equalityhumanrights.com/legal-and-policy/equality-act/
http://www.home.office.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/equality-duty
http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/#Guidance_for_England_and_non-devolved-bodies_in_Scotland_and_Wales

The Equality Delivery System for the NHS 2011, updated February 2012
http://www.england.nhs.uk/ourwork/gov/edc/eds/

Equality and Human Rights Commission "Equal pay audit toolkit"
http://www.equalityhumanrights.com/advice-and-guidance/tools-equal-pay/equal-pay-audit-toolkit/

"Fairer society healthier lives", 2010 (The Marmot Review)
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE

Health and Social Care Act 2012
http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets

Health and Social Care Black and Minority Ethnic Network
https://www.nhsbmenetwork.com/

The Human Resources Transition Framework (for the Department of Health, NHS and Arms-Length Bodies), 2011
https://www.gov.uk/government/publications/human-resources-hr-transition-framework

The Human Rights Act 1998
www.legislation.gov.uk/ukpga/1998/42/contents

More information on human rights and the NHS can be found in reports of joint work between the Department of Health, the NHS and the British Institute for Human Rights (DH / BIHR, 2010)
http://www.bihr.org.uk/projects/human-rights-in-healthcare-public-sector

NHS Constitution 2013
www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

NHS England
http://www.england.nhs.uk/

NHS Midlands and East "Good engagement practice for the NHS", January 2012
https://www.google.co.uk/search?source=ig&rlz=1G1SVEE_ENUK456&q=nice+nhs+public+engagement&oq=&gs_l=#q=shared+intelligence+good+engagement+practice+in+the+NHS+January+2012

National Institute for Health and Clinical Excellence "Community engagement: public health guidance 9", February 2008
http://www.nhsemployers.org/SiteCollectionDocuments/AfC_tc_of_service_handbook_fb.pdf

NHS Staff Council "NHS Job evaluation handbook", 4th edition, July 2013
http://www.nhsemployers.org/Aboutus/Publications/Documents/NHS_Job_Evaluation_Handbook.pdf

NHS Staff Council "NHS terms and conditions of service handbook", Amendment number 29 Pay Circular (AforC) 3/2013
http://publications.nice.org.uk/community-engagement-ph9

Shared Intelligence "Evaluation of the Equality Delivery System (EDS) for the NHS – Phase One: Final Report", 2012
http://www.england.nhs.uk/ourwork/gov/edc/eds/

Social Care Task Force and Department of Health "Inclusion health: evidence pack", March 2010
http://www.better-health.org.uk/resources/research/inclusion-health-evidence-pack

Stonewall
https://www.stonewall.org.uk/

# Support and queries

For further information and queries about the EDS, please contact:
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