

# Report to Equality and Diversity Council on behalf of the EDS2 Sub Group

March 2017

## EDS2 Roadshows 2016/17 – Evaluation, feedback and recommendations

### Introduction

The Equality Delivery System (EDS2) was made available to NHS organisations in November 2013 – as a revision of the original EDS which was launched in November 2011. It is a framework that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS2 is a product of the Equality and Diversity Council (EDC) and uniquely requires NHS organisations to evaluate and assess their performance across all of the 9 protected characteristics.

The EDC EDS2 Sub Group – which has responsibility for overseeing the implementation of EDS2 - asked NHS Employers to organise and lead a series of regional roadshows in 2016 in order to do the following:

- Raise the profile of EDS2 as a vehicle for change
- Identify the connections and links between EDS2 and various other diversity / equality initiatives including (but not limited to) the workforce race equality standard (WRES), the accessible information standard, the DH learning disabilities programme, the workforce disability equality standard and the sexual orientation standards work
- Share good and best practice in the use of EDS2 – including the EDS2 voluntary and community sector engagement guide
- Explore how EDS2 can be employed and utilised by organisations more effectively in order to influence organisational / cultural change

Further details on the regional roadshows are attached as **Appendix 1**.

This report provides an overview of the consistent messages that were shared during the eight national roadshows and also key recommendations put forward by participants to help support EDS2 become even more part of the fabric of change within the NHS. The report has been discussed and reviewed by the EDS2 Sub Group – and they support the recommendations and Next Steps below.

## **Key Messages**

The following key messages were noted from the workshops:

- EDS2 was seen as a valuable tool to raise the profile of diversity and inclusion and in particular to gather evidence to meet the public sector equality duty (PSED).
- The four goals of EDS2 were seen to be clear - but it was generally felt there were too many outcomes.
- The understanding and application of the grading system was inconsistent.
- EDS2 provided an excellent model to identify gaps in practice and to help organisations develop local action plans.
- The context of EDS2 needed to reflect the changing healthcare landscape and therefore include reference to: STPs, Vanguard sites and the growing integration between health and social care.
- The language of EDS2 was not seen as user friendly for staff, managers and external stakeholders.
- Centrally produced support tools and resources were useful - though more creativity / flexibility was required to 'sell EDS' to key constituents.
- Delegates indicated confusion in terms of whether EDS2 was an improvement or a performance management tool.
- It was felt that EDS2 remained insufficiently aligned to the CQC standards – and current guidance gave no sense of “what good looks like”.
- The introduction of the workforce race equality standard (WRES) and the forthcoming workforce disability equality standard (WDES), diverted attention away from EDS2 and the alignment that was required did not occur.
- The lack of general governance (specifically in relation to Health and Well Being Boards and Healthwatch) and the absence of local sign off and accountability was highlighted as an issue.

## **Recommendations**

The following are specific recommendations (in no particular order) that came from the participants at the eight roadshow events:

1. Leadership needs to be more integrated throughout EDS2 – and even possibly moved to the top of the listing in the goals and outcomes
2. The purpose of EDS needs to be clearly set out – including whether EDS2 is a performance management tool or a developmental tool
3. The rules relating to and the importance of good governance needs to be stressed – particularly in terms of the role of CCGs, Health and Well Being Boards, and the links between EDS2 and CQC inspections and the NHS standard contract
4. There should be explicit reference and links between the goals and outcomes of EDS2 and CQC standards/CQUIN in order to allow key stakeholders (such

as CQC inspectors and service managers) to view diversity and inclusion as mainstream activities and responsibilities. Consideration should also be given to how EDS2 is referenced in the CCG Improvement and Assessment Framework.

5. The number of outcomes should be reviewed and examples included of what good looks like in order to help organisations determine what evidence they need to be looking to collect for each goal and outcome
6. The grading system needs to be simplified – with less emphasis on process and more on outcomes
7. Clarification is provided in the guidance on what the terms ‘some’, ‘majority’ etc mean in order to help create a more consistent grading process along with an easier / simpler system for assessing progress year on year
8. Other national equality / diversity initiatives (such as WRES / WDES / AIS etc) need to be integrated into the EDS2 process
9. The language in the EDS2 documentation and guidance needs to be simplified and guides produced for patients, staff and Boards – outlining for each what their role / responsibility is in the process
10. As part of better governance / accountability and benchmarking, local and regional peer reviews should be encouraged
11. More creative and innovative central resources need to be produced to assist organisations to better and more effectively communicate the purpose and benefits of EDS2

## **Next Steps**

In light of the rich and detailed feedback that was gleaned from the EDS2 roadshows, it is recommended that the EDC consider a phased / staged response to reviewing and updating the EDS2.

### **Stage 1 – Undertake an immediate refresh of EDS2 (within 2 months)**

This action would allow the EDC to address recommendations 3, 7, 8 and part of 9 above and make the product fit for purpose by placing it at the centre of all NHS organisations’ diversity strategies.

### **Stage 2 – Undertake a more fundamental review of EDS2 (within 12 months)**

This would aim to address recommendations 1, 2, 4, 5, part of 9 and 11 above. Moreover, it would give EDS2 some additional impetus and leverage in the system by making it more accessible to patients, the public and staff and more relevant to Boards.

**Stage 3 – Undertake an academic review of EDS2 to assess to what extent it has assisted NHS organisations to better meet their public sector equality duties (within 3 years)**

This would allow a quantitative and qualitative research project to be undertaken which would enable an objective assessment to be made of the impact of EDS2 as an improvement tool.

In addition to the above, the EDS2 sub group is asked to consider making a case for there being a series of ongoing regional events focussed specifically on EDS2 – to build on the momentum and interest that these roadshows have generated. This would need to be supported by a comprehensive communications plan which would underpin and publicise the ongoing work of the EDC and the EDS2 sub group in cascading the framework through the system.

**Report prepared by the EDC EDS2 Sub Group – March 2017**

## Appendix 1

Region	Date	Number of attendees	EDC -EDS2 Sub group /NHS England member attendance	Facilitators
London	2/12/2016	23	Paul Deemer, NHS Employers	Paul Deemer, NHS Employers & Banji Adewumi, Barts Hospitals
East Midlands	29/11/2016	24	Paul Deemer, NHS Employers	Paul Deemer, NH Employers & Chaman Verma, Kettering Hospitals
South West	Nov 2016	9	Paul Deemer, NHS Employers and Kate Milton, NHS England	Paul Deemer, NHS Employers & Kate Milton, NHS England
North East	Nov 2016	25	None	Mohamed Jogi, NHS Employers & Chris Rowland, Northumberland Hospitals
North West	Dec 2016	32	Lucy Wilkinson, CQC and Jabeer Butt, Race Equality Foundation	Mohamed Jogi, NHS Employers & Joe O'Grady, Countess of Chester
South East	31/01/2017	18	Michael Sanidas / Scott Durairaj, NHS England & Paul Deemer, NHS Employers	Paul Deemer, NHS Employers & Dave Corbin, Dorset Healthcare
Yorkshire and Humber	Dec 2016	22	Jabeer Butt, Race Equality Foundation	Mohamed Jogi, NHS Employers & Lorraine Cameron, Bradford Teaching Hospitals
West Midlands	25/01/17	34	Kulvinder Kaur, CQC	Mohamed Jogi, NHS Employers & Paul Singh, Dudley Hospitals