

# Equality Delivery System 2: Grades and Improvement Plans 2019-20

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# 1. The Public-Sector Equality Duty and the Equality Delivery System

## 1.1 The Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 provides a legal framework to strengthen and advance equality and human rights. The Act brought all existing equality law into a single piece of legislation and covers race, sex, disability, age, marital status and civil partnership, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment. These categories are also referred to as 'protected characteristics'.

Under the Equality Act, public bodies, such as NHS Merton and Wandsworth Clinical Commissioning Group (referred to as Merton and Wandsworth CCGs) have a general duty to show 'due regard' to three aims:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

To meet the general duty, Merton and Wandsworth CCGs has two 'specific duties', which include:

- publishing 'equality information' to demonstrate compliance with the general duty,
- publishing 'equality objectives' needed to meet the aims of the general duty.

To be legally compliant, Merton and Wandsworth CCGs would need to meet both the general and specific duties of the Equality Act – as they are part of its Public-Sector Equality Duty (PSED). The aim of the PSED is to integrate consideration of equality into the day-to-day business of public bodies and consider how to tackle systemic disadvantage faced by people with protected characteristics.

Demonstrating 'due regard' to people with protected characteristics means that Merton and Wandsworth CCGs must consider the three aims of the general duty in its decision-making and day-to-day activities by:

- removing or minimising disadvantages suffered by people due to their protected characteristics,
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

It can do this through: training and development, consultation and engagement with staff, leadership teams, service users and members of the public and setting objectives and targets around improving outcomes for protected groups. Implemented systematically, the PSED can lead to improved decision-making, improved satisfaction levels among staff and service users and effective use of resources.

## 1.2 The Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) was launched on 11 November 2011 by NHS England to help NHS organisations improve their performance on equality and diversity through regular reviews and engagement with staff, patients, carers, community activists, public and voluntary sector partners and Governing Body members.

Refreshed in 2013, the EDS2 is now implemented annually by all health care commissioners and providers. It is included in the NHS Standard Conditions of Contract and recognised as a tool to implement the Equality Act.

The EDS2 assessment reviews 18 outcomes (described in Appendix 1) grouped under the following 4 goals:

**Goal 1: Better Health Outcomes**

**Goal 2: Improved Patient Access and Experience**

**Goal 3: A Representative and Supported Workforce**

**Goal 4: Inclusive Leadership**

The goals and outcomes are graded as either: undeveloped, developing, achieving or excelling, using a **Red/Amber/Green/Purple** colour-coding scheme, following an evidence-gathering and engagement process.

Improvement plans developed thereafter are integrated into operational and organisational development plans through tools such as service specifications, key performance indicators and clinical review processes. Issues related to the workforce are addressed through training and development, appraisal processes and policies and procedures.

The overall objective of the EDS2, is to embed equality into everyday business practices and foster a culture of transparency, accountability and continuous improvement.

The EDS2 process has helped Merton and Wandsworth CCGs systematically review a selection of commissioned services, employment practices and decision-making processes to ensure compliance with Equality Act and initiate improvements.

## 2. Implementing the Equality Delivery System

Since authorisation in April 2013, Merton and Wandsworth CCGs has ensured that embedding equality and diversity is a priority. The implementation of the EDS2 for 2018-19 was overseen by the Merton and Wandsworth joint Equality and Diversity Group (EDG).

Chaired by the Director of Quality and governance, the group has met quarterly and monitored progress of the EDS2 work plan. The EDG includes commissioning leads, Public Health representatives and Governing Body representatives (Patient & Public Involvement lay member and Clinical Nurse Lead) and engagement managers from both CCGs. Feedback from the group is reported to the Clinical Quality Committee and Governing Body.

### 2.1 Stakeholder Engagement and Grading

Merton and Wandsworth CCGs gathered a range of quantitative and qualitative evidence throughout 2018-19 to assess its performance against the EDS2. The CCGs reviewed commissioning priorities for the Musculoskeletal (MSK), and the Crisis Café services. A key aspect of the assessment process was

the involvement of a range of stakeholders - staff, providers, carers and voluntary sector representatives - in the grading of all four goals.

To assess Goals 1 and 2 (patient-focussed domains), the CCGs reviewed the two services mentioned above.

During 2019, we reviewed the MSK and Crisis Café (Mental Health) services in both Merton and Wandsworth. Commissioning managers gathered evidence for each of the outcomes under Goal 1 and 2 and with the support of providers and service users, evidence was reviewed at an initial stakeholder evidence workshop on 29 October 2019. Feedback was given to the providers and commissioners of each service to inform their evidence collection for their presentation on each outcome for goals 1 and 2 at the EDS2 stakeholder grading workshop.

Due to the general election on 4 December 2019, Purdah had implications for NHS organisations, including the CCGs and the arm's-length bodies. During purdah, communications in the form of either announcements or activities by NHS organisations should be avoided if they could influence, or be regarded as influencing, the outcome of elections.

\*Due to Purdah, the stakeholder grading workshop event was postponed for both boroughs and took place on 14 January 2020.

We held our 2019 grading workshop on 14 January 2020 at Transformation House, Wandsworth, London. 44 people attended the EDS2 stakeholder grading event including Healthwatch, Public Health, Community and Voluntary sector representatives, patients, commissioners, service providers, Patient and Public involvement staff and Equality and Diversity specialist staff, to find areas of potential improvement across the two goals;

**Goal 1:** better health outcomes

**Goal 2:** improved patient access and experience for the above services for Merton and Wandsworth.

Overall, the Musculoskeletal services for Merton and Wandsworth was graded **ACHIEVING** for goal 1 and **ACHIEVING** for goal 2.

Overall, the Crisis Café services for Merton and Wandsworth was graded **ACHIEVING** for goal 1 and **ACHIEVING** for goal 2. (See Table 1.1).

This means that the majority of people in six to eight protected groups fare well when using the above commissioned services, compared with those who do not share any protected characteristics.

Feedback from the workshop suggests that a greater focus needs to be placed on improving the services.

## Feedback to improve Crisis Cafés in Merton and Wandsworth

<b>Crisis Café Merton and Wandsworth CCGs</b> Feedback suggests that a greater focus should be put on the following areas:	
1.	Monitoring Protected characteristics collected on the assessment form Complaints by themes (PC)
2.	Access in terms of local transport if in crisis, support to travel to Café and identify if particular groups would benefit from a specific opening time tailored to their needs e.g. transgender group only
3.	Outreach work to develop stronger links with faith leaders – pastoral network and LGBTQ+ community groups
4.	Review Signposting / referral process – collect and analyse the services referred to in terms of protected characteristics
5.	Interpreting service to be streamlined, currently rely on staff and family to interpret (St George's NHS Trust provides an established interpreting service)
6.	Engagement with sensory impairment organisations
7.	Promotion of service / in the community

## Feedback to improve MSK service in Merton and Wandsworth

<b>MSK service Merton and Wandsworth CCGs</b> Feedback suggests that a greater focus should be put on the following areas:	
1.	Information leaflets need to include in complaints procedure in different language
2.	Service is self-referral for all patient groups and referral process online is a barrier for visual impaired
3.	Exercise videos and information leaflets for patients to be more accessible via physio-track. Muslim women sessions not available
4.	Patients make informative decisions of their options and self-managing with exercise. There was concerns if self-managing system is working effectively
5.	Complaints procedure needs to be explained during the first consultation.
6.	Screen reader not working effectively

**Goal 3** outcomes were graded at a staff workshop held on 17 October 2019, where a cross-section of employees from a range of teams reviewed evidence from the Employee Staff Records (ESR) and 2017-18 staff survey. For this goal, overall Merton and Wandsworth CCGs were assessed as **DEVELOPING** (See Table 1.3).

This means that a majority of staff members from protected groups fare well compared with the overall workforce.

### Feedback to improve representation of workforce and support

Feedback suggests that a greater focus should be put on the following areas:	
1.	Better understanding for staff on the Workforce Race Equality Standards and the Workforce Disability Standards
2.	BME network to better understand barriers
3.	Guidance note for managers and staff on what are the expectations of having an appraisal
4.	Appraisals not always productive.

**Goal 4** was assessed using evidence gathered from the CCG's Leadership Team, the staff survey and staff workshop. Grades for outcomes 4.1 and 4.2 were finalised with external validation provided by the Equality and Diversity leads from the London Borough of Merton. Overall grades were assessed as **DEVELOPING** for outcomes 4.1 and **DEVELOPING** for outcomes 4.2. Outcome 4.3 was assessed as **DEVELOPING**, which means a majority of staff from protected groups fare well compared with the overall workforce (see Table 1.4).

### Feedback to improve inclusivity of leadership

Feedback suggests that a greater focus should be put on the following areas:	
1.	The external assessor highlighted the need to consider collaborative commitment to the equality and inclusion agenda
2.	Continue to work review all EIA undertaken where relevant

**Table 1.1 Aggregated EDS2 grades for Goals 1-4 since 2014 -2019**

EDS2	2014-15	2015-16	2016-17		2017-18	2018-19
Goal 1	(D)	(D)	(A)		(D)	(A)
Goal 2	(D)	(D)	(D)T&I	(A)CDAS	(D)	(A)
Goal 3	(A)	(D)	(D)		(D)	(D)
Goal 4	(A)	(D)	(D)		(D)	(D)

**Table 1.2 Grades for 1-2 - MSK and Crisis Café Services for Merton and Wandsworth CCGs for 2018-19**

Goal	Outcomes	Crisis Café		MSK service		
		Wandsworth CCG	Merton CCG	Wandsworth CCG	Merton CCG	
Goal 1: (Better Health Outcomes)	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	(A)	(D)	(D)	(A)	
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	(A)	(A)	(D)	(A)	
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	(A)	(A)	(D)	(A)	
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	(A)	(D)	(A)	(E)	
	1.5 Screening, vaccination and other health promotion services	(A)	(D)	(A)	(A)	
Goal 2: (Improved patient access and experience)	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	(A)	(A)	(D)	(A)	(E)
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	(A)	(A)	(A)	(A)	(A)
	2.3 People report positive experiences of the NHS.	(A)	(A)	(A)	(A)	(E)
	2.4 People's complaints about services are handled respectfully and efficiently.	(A)	(A)	(A)	(A)	(A)

**Table 1.3 Grades for Goal 3 since 2014 – 2019**

	Outcomes	Grades in 2014-15	Grades in 2015-16	Grades in 2016-17	Grades in 2017-18	Grades in 2018-19
Goal 3: A Representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	(D)	(A)	(D)	(D)	(D)
	3.2 The NHS is committed to equal pay for equal work and expects employers to use equal pay audits to help fulfil their legal obligations.	(D)	(A)	(A)	(D)	(D)
	3.3 Training and development opportunities are taken up and positively evaluated by staff.	(A)	(D)	(U)	(D)	(D)
	3.4 When at work staff are free from abuse, harassment, bullying and violence from any source.	(A)	(D)	(U)	(A)	(U)
	3.5 Flexible options are available to all staff consistent with the needs of the service the way people lead their lives.	(A)	(D)	(D)	(D)	(A)
	3.6 Staff report positive experiences of their membership of the workforce.	(D)	(A)	(D)	(D)	(D)

**Table 1.4 Grades for Goal 4 since 2014 -2019**

Goal 4: Inclusive leadership	Outcomes	Grades in 2014 -15	Grades in 2015-16	Grades in 2016-17	Grades in 2017-18	Grade in 2018 -19
	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	(A)	(A)	(D)	(D)	(D)
	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.	(D)	(D)	(D)	(D)	(D)
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	(A)	(D)	(A)	(D)	(D)
<p>(U) Undeveloped</p> <p>4.1 There are no examples of strong and sustained commitment.</p> <p>4.2 None of the papers took account of equality-related risks and their management.</p>	<p><b>(D) Developing</b></p> <p>4.1 Only some of the examples show a strong and sustained commitment.</p> <p>4.2 Only some of the papers took account of equality-related risks and their management.</p>	<p><b>(A) Achieving</b></p> <p>4.1 Many examples show a strong and sustained commitment.</p> <p>4.2 Many of the papers took account of equality-related risks and their management.</p>	<p><b>(E) Excelling</b></p> <p>4.1 All of the examples show a strong and sustained commitment.</p> <p>4.2 All papers took account of equality-related risks and their management.</p>			

### 3. EDS2 Goals 1- 4 Improvement Plans 2018-19

The agreed improvement plans for Goals 1 to 4 are being updated and reviewed and can be made available upon request. These plans have been finalised after consultations with commissioning managers, leadership, HR and Quality teams. The Director of Quality and Governance will oversee the implementation of these plans and they will be monitored by the M&W joint Equality Diversity Group and the Clinical Quality Committee.

### 4. Equality Objectives 2017 – 2021

A new set of Equality Objectives for the period of 2017-2021 was developed in 2017 and progress made against each objective in 2019. They are as follows:

**Table 1.5 Merton CCG Objectives 2017-2021**

Merton CCG Objectives 2017-2021
<p><b>1. Health inequalities: Increase overall access to Merton Improving Access to Psychological Therapies services to 15% of the morbid population, with 25% of the referrals from BAME communities by March 2018.</b></p> <ul style="list-style-type: none"> <li>In 2018/2019 Merton CCG invested additionally in Improving Access to Psychological Therapies (IAPT) services to make available capacity to treat 19% of the morbid population. The provider, Addaction, was incentivised through the contract to make sure that the proportion of patients from Black and Asian Minority Ethnic (BAME) communities entering treatment was equal to the proportion of the BAME population in Merton. Throughout 2018/2019 Merton IAPT achieved this target, on average 30% of patients entering treatment were from BAME backgrounds.</li> </ul>
<p><b>2. Provider assurance: Ensure all providers provide clear information by March 2018 on how services commissioned have led to better outcomes and access for groups protected by the Equality Act 2010.</b></p> <ul style="list-style-type: none"> <li>We ensure by March 2019, all providers will make available clear information on how services commissioned have led to better outcomes and access for groups protected by the Equality Act 2010. In 2018/2019 Central London Community Health reported on E&amp;D compliance through the CQRG, with additional providers prompted to report E&amp;D compliance going forward. To date Central London Community Healthcare have submitted their 2018 Public Sector Equality Duty to the CQRG along with a six-monthly Equality and Diversity Update.</li> </ul>
<p><b>3. Undertake engagement with young people to raise awareness of mental health support services and remove barriers to accessing them over the next 12 months.</b></p> <ul style="list-style-type: none"> <li>We undertake engagement with young people to raise awareness of mental health support services and remove barriers to accessing them over the next 12 months.</li> <li>We have engaged with over 80 children and young people, delivering engagement workshops in school settings, to get further understanding on how students perceive mental health and their awareness of support available within schools and more widely.</li> </ul>
<p><b>4. Staff engagement/development:</b></p> <p>Improve staff wellbeing, engagement and development to ensure workforce is supported and well-represented by implementing Merton and Wandsworth staff survey action plan by March 2019.</p> <ul style="list-style-type: none"> <li>Staff Survey Action Plan to be presented at Joint Staff Forum Meetings and EMT for progress updates</li> </ul>

**Table 1.6 Wandsworth CCG Objectives 2017-2021**

<b>Wandsworth Objectives Progress 2019</b>
<p><b>1. Increase overall access to Merton Improving Access to Psychological Therapies services to 15% of the morbid population, with 25% of the referrals from BAME communities by March 2018.</b></p> <ul style="list-style-type: none"> <li>• Access to Talk Wandsworth from BAME groups in 18/19 was 40%.</li> <li>• Surpassed 15% national standard, look to increase 22% in 2019/20.</li> <li>• Increase access for BAME groups by 5% for funding for 19/20.</li> <li>• Talk Wandsworth continues to engage with local community groups including maintaining links with Community Network of Family Care (Pastors/Imams network), Sound Minds/Canerows, Elays Network and Community Action for Refugees and Asylum Seekers (CARAS).</li> <li>• Mental Health Clinical Reference Group has good representation from BAME communities.</li> <li>• Developing links between Talk Wandsworth and the Muslim Women’s Network. Developing engagement groups and considering the concept of spirituality within Talking Therapies.</li> <li>• IAPT to become part of the offer for those with common long-term conditions such as diabetes and COPD, which disproportionately impact BAME groups.</li> <li>• Access to Talk Wandsworth from those describing themselves as Lesbian/Gay or Bisexual in 2018/19 was 7.7%, which has increased from 6.2% in 2016/17. The 7.7% figure benchmarks well against the Stonewall prevalence figure of 8% nationally.</li> <li>• The recording of sexual orientation by Talk Wandsworth has improved with 7% not recorded or blank in 18/19 compared to 12.5% reporting such in 2016/17. This indicates that the service is improving the robustness of their data.</li> </ul>
<p><b>2. Ensure all providers provide clear information by March 2018 on how services commissioned have led to better outcomes and access for groups protected by the Equality Act.</b></p> <ul style="list-style-type: none"> <li>• Therapy provided in a number of different languages.</li> <li>• Staff trained on domestic violence and safeguarding.</li> <li>• Latent Tuberculosis.</li> <li>• Well-designed pathway - service transitions are smooth.</li> <li>• Low prevalence – supports targeted services in the borough.</li> <li>• Reassurance provided to patients that Latent TB is treatable.</li> <li>• Some GP practices are offering the service.</li> </ul>
<p><b>3. Undertake engagement with young people to raise awareness of mental health support services and remove barriers to accessing them over the next 12 months.</b></p> <ul style="list-style-type: none"> <li>• Young people designed and created a new map of CAMHS of services, which is going out to all schools and local authority teams.</li> <li>• We co-funded the BAME Mental Health Conference, more than 400 young people attended, as well as running many of the sessions during the day.</li> <li>• Involvement of Youth Council in partnership strategic planning event – Spring 2019.</li> <li>• CAMHS Young Commissioners Project: Silver Lined Horizon’s chosen by young people to lead the project.</li> </ul>
<p><b>4. Improve staff wellbeing, engagement and development to ensure workforce is</b></p> <ul style="list-style-type: none"> <li>• Supported and well represented by implementing Merton and Wandsworth staff survey action plan.</li> <li>• Merton and Wandsworth CCGs have committed to working towards a Healthy Workplace Award.</li> </ul>

- CCGs signed up for the second year to the Virgin Global Challenge, an international workplace initiative to encourage and support staff around health, bringing balance, nutrition and exercise into working lives.
- Developed wellbeing programme including; Mindfulness training, Pilates classes, running club and outdoor exercise bootcamp sessions.

The EDS2 results for 2017-18 have informed the development of these objectives. We will be monitoring progress against them in our PSED for the calendar year 2018-19. Further information about the progress of these objectives will be contained within the PSED report.

## 5. Publishing the EDS2 results

The EDS2 objectives, grades and improvement plans for Goals 1-4 needs to be published on the Merton and Wandsworth CCGs website January 2020. The improvement plans will form part of Merton and Wandsworth CCG's operational and organisational development plans to ensure they are embedded in mainstream business and reviewed regularly.

Due to the Covid 19 pandemic, it was not possible to agree and confirm the improvement plans in time to publish in January.

## 6. Monitoring and Reviewing the EDS2

Merton and Wandsworth CCGs will monitor and review the implementation of the EDS2 on an annual basis. The EDS2 framework will also help Merton and Wandsworth CCGs to meet its Public Sector Equality Duty and its equality objectives. Staff, leadership teams, patient groups and partner organisations will continue to be involved in ensuring improved outcomes for all protected groups and will support the improvement plans for all goals of the EDS2.

## 7. EDS2 Implementation Plan 2019/20

The implementation plan for the EDS is given in Table 7 below.

**Table 1.7: Merton and Wandsworth CCG's EDS2 Implementation Plan**

Action	Timeframe	Lead
Meeting with Director of Quality to discuss approach and agree commissioning priorities	Completed January 2019	CSU ED lead/CCG ED lead
Commissioning team to agree EDS2 priorities to be reviewed	Completed January 2019	CSU ED lead/ CCG ED lead
Initial meetings with commissioning managers	Completed March 2019	CSU ED lead
CCG commissioners and providers gather data for identified EDS2 for 2019/20	April 2019	CCG lead commissioners
Identify invitees for public grading event, develop communications and circulation lists.	Completed Ongoing September 2019	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 grading process with stakeholders	Completed November 2019	CSU ED lead/PPE coordinator
EDS2 Goal 1 & 2 - Service Improvement for Equality Plans developed and approved with commissioners / providers	Completed April 2019	CSU ED lead/ Commissioning managers

Goal 3 – A representative and supported workforce (internal assessment)	Completed October 2019	CSU ED Lead / Director of Quality / HR
Goal 4 - Inclusive Leadership (4.1 & 4.2 evidence collation & independent assessment, 4.3 – internal assessment)	Completed September 2019	CSU ED Lead / Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan at Merton Integrated Governance and Quality Committee	Completed December 2019	CSU ED lead/ Director of Quality
Sign off/approval of EDS2 Grades and Improvement Plan by Equality and Diversity group.	February 2020	CSU ED lead/ Director of Quality

## 8. Conclusion

- Merton and Wandsworth CCGs are fully committed to achieving their Public Sector Equality Duty.
- This includes the development of an annual commissioning plan explaining how they propose to discharge their duty and an assessment of how effectively they have discharged their duty to have regard to the need to reduce inequalities.
- NEL's Equality and Diversity Manager and Merton and Wandsworth CCGs Engagement Leads supported and equipped Merton and Wandsworth CCGs commissioners with the essential knowledge and skills to be able to work with the providers of the two services selected for review (MSK and Crisis Café). Commissioners and Engagement Leads worked with providers to gather robust evidence to demonstrate how the service reduces the inequalities between patients accessing health services.
- The commissioners involved in collating the evidence for grading purposes felt that the process itself was very useful. It allowed them to look at their service provision in a way that they had not done so previously.
- The process involved the collation of a huge amount of general information that allowed the CCGs to see the quality of services provided. However, there were gaps in accessible data and evidence to be able to specifically assess for equality.
- At the same time, this did not necessarily establish that the data did not exist but, in the majority of cases, it pointed to the fact that the CCGs had not been specifically asking its providers to supply the data in a useable form for the benefit of the effective monitoring of EDS2 outcomes.
- Going forward, planning should be considered in the EDS2 work plan to ensure enough time is given to collate quality evidence from providers addressing the two goals (1-2) and 9 outcomes.
- The evidence was tested with service users and providers at an initial workshop. This provided an opportunity to feedback to providers about gaps in their evidence and data required to reflect each of EDS2 outcomes. The initial workshop was conducted in response to feedback from the previous EDS2 process. Stakeholders felt underprepared during the final workshop and were not sure what their role was. The initial stakeholder workshop which took place in November, introduced the stakeholders to the EDS2 process, the services under review, their role and ultimately prepared them for the final workshop.
- The CCGs commissioned the printing of two copies of the evidence for the two services. Although the quality of the photocopied evidence was to a high standard there was a downfall in the access of the evidence on the day. Index pages were not available to support navigation of the evidence review. This proved to be cumbersome when asked to give further evidence for each outcome.

- Positive feedback was given by stakeholders about the evidence and workshop. However, it was felt that the facilitation of one of the service tables needed to more consistent e.g. service user voice.
- The results of the grading for both the MSK and Crisis Café services for Merton and Wandsworth were as expected.

#### **Suggested recommendations:**

- The MSK and Crisis Café services for Merton and Wandsworth should be extended to the following year (2021) to be realistic on progress on the improvement plan.
- Accountable named individuals should be allocated actions and report on progress going forward.
- Progress against the actions should be regularly reported on quarterly basis.

## **9. Comments & Feedback**

We welcome any comments and feedback on this EDS2 Grades and Improvement Plan Report. We would like to know how effective this scheme is in promoting and delivering equality and welcome any comments and suggestions for improvement.

Comments and feedback can be sent to:

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## Appendix 1: EDS2 Goals and Outcomes

The Goals and outcomes of EDS2		
Goal	Number	Description of outcome
<b>Better Health Outcomes</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2	Individual 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.
<b>Improved Patient Access and Experience</b>	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.
	2.3	People report positive experiences of the NHS.
	2.4	People's complaints about services are handled respectfully and efficiently.
<b>Representative and Supported Workforce</b>	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	3.6	Staff report positive experiences of their membership of the workforce.
<b>Inclusive Leadership</b>	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks and say how these risks are to be managed.
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

## Appendix 2: Current Good Practice

The following examples of good practice were highlighted by staff, service users, partner organisations and leadership teams during the stakeholder engagement exercises for Goals 1 to 4:

### 1. Goals 1-2: Better health outcomes and improved patient access and experience

#### a) MSK Services for Merton and Wandsworth CCGs

Protected Characteristics	Good practice – (for further info see EDS evidence)		Fulfilment of which aim of PSED:
	Merton CCG	Wandsworth CCG	
All	Overall good accessible Musculoskeletal service by all protected characteristics including mental health and supported referral for people with communication difficulties.	Good provision and adaptation to needs of protected characteristics e.g. pregnancy and maternity groups for example Women’s Health Service supporting maternal health with the prescription and reasonable adjustment of a girdle.	All 3 aims
All	Very good patient centred service provision that gives patients choices to make informative decisions and escalated care for vulnerable patients.	Excellent work to raise awareness with GP practices working with Generate a Learning Disabilities voluntary sector organisation to support improved interaction and response to patient sensory and communication needs.	All 3 aims
All	Good regular patient engagement events every quarter to be rotated in the community to capture patient experience through stories of their journey in the service.	Good logging of all patient experience, focus groups and experience questionnaires over and above FFT and responding to issues in a timely manner.	All 3 aims

## b) Crisis Café services for Merton and Wandsworth CCGs

Protected Characteristics	Good practice – (for further info see EDS evidence)		Fulfilment of which aim of PSED:
	Merton CCG	Wandsworth CCG	
All	External organisation commissioned to monitor EDI compliance.	Coproduction is very evident throughout the design, development and delivery of the service. Excellent evidence of shaping service around service user experience and involvement of service users in evaluation on regular basis. E.g. Access times out of hours for those in Crisis responsive to patient voice.	All 3 aims
All	Change of care/ not excluded from service access.	Provision of interpretation / translation is good including many staff who are multilingual	All 3 aims
All	Aftercare follow-up in place.	Good links in the community with other services in order to be responsive to the needs of those with protected characteristics e.g. work with Hope Atrium.	All 3 aims

## 2. Goal 3: A representative and supported workforce

Protected Characteristics	Good practice – (for further info see EDS evidence)	Fulfilment of which aim of PSED:
All	Policy on Flexible working in place	All 3 aims
All	Working from Home arrangement is in place staff regularly access	All 3 aims
All	Training is flagged if mandatory training is not updated	All 3 aims

### 3. Goal 4: Inclusive leadership

Protected Characteristics	Good practice – (for further info see EDS evidence)	Fulfilment of which aim of PSED:
All	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	All 3 aims
All	Reverse mentoring programme to be launched in 2020-21	All 3 aims
All	<p>Middle managers very supportive of staff</p> <p>Mental health champions in place</p> <p>Speak –up guidance is in place</p> <p>Suicide prevention training in place</p> <p>Employee Assistant Programme in place</p>	All 3 aims

## Appendix 3: EDS2 Goals 1 & 2 Action Plans

### 1. Merton MSK and Crisis Café Service Action Plans

Merton MSK Service EDS2 Action Plan 2020-2021					
EDS Goals 1-2	Description of issue / area of improvement highlighted	Source	Action Plan	Responsible Lead/s	Timescales and status
1.1	<p>Service is self-referral for all patient groups and referral process online is a barrier for visual impaired.</p> <p>Service hold quarterly patient engagement sessions.</p> <p>Service plan to increase uptake of self-referral with Merton</p>	<p>EDS2 Workshop</p> <p>14 January 2020</p>	<p>Looking at membership of the engagement group, increase the number of visually impaired representatives.</p>	Connect Healthcare	April 2020 – April 2021
1.2	<p>Exercise videos and information leaflets for patients to be more accessible via physio-track.</p> <p>Muslim women sessions not available.</p> <p>Screen reader not working effectively</p>	<p>EDS2 Workshop</p> <p>14 January 2020</p>	<p>Hold a survey on MSK gym use. Assess who uses the gym and barriers faced and solutions.</p> <p>Increase accessibility of materials – advertise that any materials can be accessed in different languages and formats on request</p> <p>Guidelines to be written on how materials can be requested in different formats.</p>	Connect Healthcare	April 2020 – April 2021

<b>1.3</b>	How to prevent delays with ERS.  Alerts are added by admin staff if patient are having special needs and sometimes this does not work because changes in admin staff.	EDS2 Workshop  14 January 2020	Rolling action to be confirmed 2021-2022	Connect Healthcare	April 2021 – April 2022
<b>1.4</b>	No suggestions		No action		
<b>1.5</b>	Partially sighted people having barriers with audio and Flash Player	EDS2 Workshop  14 January 2020	Ensure IT systems are compliant with Web Content Accessibility Guidelines  Hold a workshop with individuals with sensory impairments to discuss accessibility and improvements that can be made  Ensure staff are adequately trained in terms of equalities.	Connect Healthcare	April 2020 – April 2021
<b>2.1</b>	No suggestions		No action		
<b>2.2</b>	Patients make informed decisions and are able to self-manage with given exercises There were concerns about self-managing exercise effectively – how do you know it's working.	EDS2 Workshop  14 January 2020	Rolling action to be confirmed 2021-2022	Connect Healthcare	April 2021 – April 2022
<b>2.3</b>	No Suggestions		No action		

2.4	<p>The Complaints procedure needs to be explained during the first consultation.</p> <p>Information leaflets need to include in complaints procedure in different language</p>	<p>EDS2 Workshop 14 January 2020</p>	<p>Look at complaints by protected characteristics trends. Evaluate trends quarterly</p> <p>Raise awareness of the complaint's procedure at the first visit along with expectation of the service.</p> <p>All material should include complaints procedure.</p>	Connect Healthcare	April 2020 – April 2021
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<b>Merton Crisis Café Action Plan 2020-21</b>					
<b>EDS Goals 1-2</b>	<b>Description of issue / area of improvement highlighted</b>	<b>Source</b>	<b>Action Plan</b>	<b>Responsible Lead /s</b>	<b>Timescales and status</b>
<b>1.1</b>	Capture more data of the PC  Outreach work	EDS2 Workshop 14 January 2020	Collect equalities monitoring information (all of the 9 protected characteristics) for current users of the café.  Report on the equalities data to understand representation of individuals accessing the service.	CDARS Crisis café	April 2020 – April 2021  Completed in June 2020  New Assessment form designed, communicated and in use at SRC capturing the 9 Protected Characteristic's
<b>1.2</b>	Interpreting service to be streamlined with South West London Mental Health Trust.	EDS2 Workshop 14 January 2020	Report on how the Crisis Cafe are accessing interpreting services. Include how many individuals require an interpreter, how many interpreters were requested and used and who has been undertaking the interpreting – family/organisation.	CDARS Crisis café	April 2020 – April 2021  In Progress – Within the current team we have access to Spanish, French, Polish and Italian speaking workers – Gaining additional support and access to additional services through SWLSTG.  Also have additional information support in Hindi and Tamil translation information – On going June/July 2020
<b>1.3</b>	Engage visual impairment organisations	EDS2 Workshop 14 January 2020	Better collaboration with Merton Vision (VI organisation) to align Crisis Café material better with the accessibility standards.	CDARS Crisis café	April 2020 – April 2021  We are contacting Merton Vision for their feedback on information provided within the Café and access to the

					Café for those with Vision Impairment – On Going June/ July 2020
<b>1.4</b>	Capture complaints and serious incidents by PC themes.	EDS2 Workshop 14 January 2020	Collect protected characteristics for all complaints and serious incidents and report on protected characteristic themes.	CDARS Crisis café	April 2020 – April 2021 – Completed in June 2020 New system for recording the 9 Protected Characteristic's for these are now in place
<b>2.1</b>	Promotion of service / in the community	EDS2 Workshop 14 January 2020	Review the current marketing and engagement strategy.  Assess how marketing and engagement strategy is targeting those with protected characteristics and put actions in place to increase reach.	CDARS Crisis café  Merton CCG	April 2020 – April 2021 Once restrictions have been eased this Marketing and engagement process will be formally done and action plan provided- - On going July 2020 onwards
<b>2.2</b>	EIA to be monitored Monitor reasonable adjustment	EDS2 Workshop 14 January 2020	Collect equalities monitoring information (all of the 9 protected characteristics) for current users of the café.  Review equalities monitoring and identify reasonable adjustments that may be needed.	CDARS Crisis café	April 2020 – April 2021 Completed in June/July 2020 Current on-going action is under place on current clients and ensuring all 9 protected characteristic's information is collected from clients

## 2. Wandsworth MSK and Crisis Café Service Action Plans

Wandsworth MSK Service Action Plan 2020-2021						
Goal	Outcomes	Description of issue / area of improvement highlighted	Source	Action plan	Responsible Lead/s	Timescales
Goal 1 (Better Health Outcomes)	1.1	Equality Monitoring	EDS2 Workshop 14 January 2020	Review GP referral process in to MSK services to ensure all Protected Characteristics and most importantly access/ communication needs are identified and flagged on referral form.	Commissioner, SPA Coordinator, GP Locality Leads	April 2020
	1.2	Equality needs response	EDS2 Workshop 14 January 2020	Adopt use of 'Barriers to Access' prompt cards to respond to needs flagged. Ensure communication preferences are attended to (work with RNIB, National Autistic Society, Sign Health to ensure most efficient methods adopted and for e.g. staff to wear rainbow lanyards)	CCG PPI and Equalities team to provide cards in June 2020, St Georges MSK referrals team and Battersea Healthcare to adopt, Commissioner to monitor effectiveness	September 2020
	1.3	Introduce coproduction methods to improve patient experience across pathway	EDS2 Workshop 14 January 2020	Conduct an MSK pathway focus group with current MSK patients and staff to prioritise actions contained in the Equality Impact Assessment	CCG PPI and Equalities Team MSK Service managers and staff with currently active patient group	June 2020
	1.4	No suggestions	EDS2 Workshop	No action		

			14 January 2020			
	1.5	No suggestions	EDS2 Workshop 14 January 2020	No action		
<i>Goal 2 (Improved patient access and experience)</i>	2.1	No suggestions	EDS2 Workshop 14 January 2020	No action		
	2.2	No suggestions	EDS2 Workshop 14 January 2020	No action		
	2.3	No suggestions	EDS2 Workshop 14 January 2020	No action		
	2.4	Complaints analysis	EDS2 Workshop 14 January 2020	Analysis of complaints by protected characteristic / communication needs flagged on referral form	Service managers	

Wandsworth Crisis Café Action Plan 2020-2021						
Goal	Outcomes	Description of issue / area of improvement highlighted	Source	Action Plans	Responsible Leads	Timescales
Goal 1 (Better Health Outcomes)	1.1	Equality Monitoring	EDS2 Workshop 14 January 2020	Conduct analysis of equality data by Protected Characteristics collected on assessment form (e.g. Maternity/Transgender not currently collected), by attendance pattern, by incidents, by SU steering group, by complaints and by feedback.	Service Manager, Commissioner	September 2020
	1.2	Outreach	EDS2 Workshop 14 January 2020	Develop stronger links with faith leaders – pastoral network and the community champions and LGBTQ+ community groups	CCG PPI and Equalities Team to send links, Provider staff to follow up, commissioner	December 2020
	1.3	Signposting / referral	EDS2 Workshop 14 January 2020	Review onward referral process: collect and analyse the services referred to in terms of protected characteristics/ diversity. Develop referral follow up system with person to see if referral helpful/met need. Add to SU plan.	Service staff, Service Manager, Commissioner	September 2020
	1.4	No suggestions		No action		
	1.5	No suggestions		No action		
Goal 2 (Improved patient access and experience)	2.1	Access	EDS2 Workshop 14 January 2020	Review access to the service in terms of local transport if in crisis, support to travel to Café and identify if particular groups would benefit from a specific group tailored to their needs e.g. transgender group only.	Service Manager	December 2020
	2.2	Access / Choice	EDS2 Workshop	Strengthen Link with A & E / Psych liaison team at St Georges to ensure patient choice at point of crisis presenting to emergency services.	Service Manager, commissioner	December 2020

			14 January 2020			
	2.3	No suggestions		No action		
	2.4	No suggestions		No action		

## Appendix 4: EDS2 Goal 3 and Outcome 4.3 Action Plan 2020-21

EDS2 Goal 3	Description of issue / area of improvement highlighted	Source	Action Plan	Responsible Lead /s	Timescales and status
<b>Fair recruitment and selection practices</b>					
<b>3.1</b>	<ul style="list-style-type: none"> <li>Promote gender pay gap review</li> <li>Promote race pay gap review</li> <li>Diversify board membership</li> <li>Encourage disclosure for PC e.g. disability</li> <li>Work with NEL on access their Apprentice schemes</li> <li>If possible, HR/BAME representation at 8b and upwards role interviews</li> <li>HR involvement in recruitment needs to be implemented for unbiased views</li> </ul>	<b>Staff EDS2 workshop October 2019</b>	<ul style="list-style-type: none"> <li>Look to carry out gender pay gap review</li> <li>Look to carry out race pay gap review</li> </ul>	HR / OD	On-going
			<ul style="list-style-type: none"> <li>Recruitment strategy for diversifying the board membership</li> </ul>	HR/OD	2019-20
			<ul style="list-style-type: none"> <li>Work with recruitment team to encourage disclosure for protected characteristics</li> </ul>	Bummi Brookman HR	2019-20
			<ul style="list-style-type: none"> <li>Identify how the NEL's apprenticeship scheme works for the CCG and feedback</li> </ul>	HR (Bunmi Brookman)	Training to commence in 2019 still ongoing
			<ul style="list-style-type: none"> <li>HR to advise on any further recruitment and unconscious bias training</li> </ul>	LDU executive team	February 2020
			<ul style="list-style-type: none"> <li>Where possible include BAME representation on the recruitment panel of band 8b and above roles</li> </ul>	HR (Bunmi Brookman)	On-going
			<ul style="list-style-type: none"> <li>Look to develop training programme across the South West London with HR and promote courses internally</li> </ul>	Karen Broughton HR	Nicky to discuss with HR
			<ul style="list-style-type: none"> <li>Development of South West London wide recruitment induction process (local arrangement will be put in place)</li> </ul>	Nicola Bamford Responsible for M&W CCGs	Nicola to discuss with South West London

				HR Transformation team	Alliance colleagues
<b>Pay and Grading</b>					
3.2	<ul style="list-style-type: none"> <li>Staff commented that pay bands are not consistent across the LDU and in some cases there is some disparity in comparison to roles across South West London.</li> </ul>	<b>Staff EDS2 workshop October 2019</b>	<ul style="list-style-type: none"> <li>URG in place. Workforce data collected on a monthly.</li> <li>Staff have now received HCAS personal emails</li> <li>Develop an internal process for reviewing job description which doesn't reflect roles</li> <li>Involve HR job evaluation panel to carry out the process.</li> </ul>	HR LDU exec team  HR	On-going
<b>Training and Development</b>					
3.3	<ul style="list-style-type: none"> <li>Develop a training policy to identify trends/ who is accessing</li> <li>More awareness of career progression for PC group</li> <li>Clear and easy to access appraisal process</li> <li>Encourage talent management via training</li> <li>Advance opportunity and support access to training</li> <li>Transparency around directorate training budget and access process</li> </ul>	<b>Staff EDS2 workshop October 2019</b>	<ul style="list-style-type: none"> <li>Staff Forum have been updated regarding personal training opportunities and LDU wide opportunities</li> <li>LDU/organisation wide training has been placed on hold</li> <li>Discussion to take place with South West London alliance team.</li> </ul>	OD team Nicola Bamford	December 2019
			<ul style="list-style-type: none"> <li>Data to be gathered from staff as part of a needs analysis to review what non-mandatory training has been accessed in the past year and added to workforce</li> <li>Team briefing held January 2020 statutory training</li> <li>Counter fraud training</li> </ul>	OD team Nicola Bamford	March 2020  January 2020

			<ul style="list-style-type: none"> <li>• Communication about this will be sent out by the Communication team</li> <li>• Development of training strategy across South West London will promote fairness and consistency across alliance regarding application and authorisation process of all courses.</li> </ul>		
			<ul style="list-style-type: none"> <li>• Mentoring and Coaching opportunities to be sought and process to be put in place to enable access for staff.</li> </ul>	OD team/ South West London Alliance	April 2020
<b>When at work staff are free from abuse, harassment, bullying and violence from any source</b>					
3.4	<ul style="list-style-type: none"> <li>• Bullying &amp; Harassment was highlighted in all staff surveys across South West London, therefore Alliance wide approach will be taken. Local measures to be put in place currently</li> <li>• Link with work across the alliance</li> <li>• Promote speak-up guidance</li> <li>• Promote the dignity at work policy</li> <li>• STP wide strategy to reduce workplace bullying</li> <li>• Speak- up Guardian/buddy systems also being considered across the LDU to promote safer working practices.</li> <li>• Organisational sign up to 'Time- To Change'. This is also a part of the Health Workplace Charter, pledge to ensure that a commitment to change how we think and act about mental health in the workplace</li> </ul>	<b>Staff EDS2 workshop October 2019</b>	<ul style="list-style-type: none"> <li>• Review TOR for Staff forum group to increase membership</li> <li>• ED Network membership to be reviewed</li> <li>• Navigating Conflict in the Workplace sessions organised</li> </ul>	OD team/HR  Engagement lead	Completed and on-going
			<ul style="list-style-type: none"> <li>• Information on Employee Assistance Programme to be promoted to all staff through a range of methods. Avenues being considered include: Flyers, information on the website and screen savers. This was communicated to staff through email</li> </ul>	HR  Digital team (Sam Ball)	On-going
			<ul style="list-style-type: none"> <li>• Mediation training to be provided to volunteers on the scheme. There will be joint working with Merton local authority and Kingston and Richmond CCGs</li> </ul>	Director of Quality and Governance/HR	JH to update
			<ul style="list-style-type: none"> <li>• Mindfulness course completed and evaluated</li> </ul>	OD team/ Engagement lead	Awaiting dates from

			<ul style="list-style-type: none"> <li>• Mental Health First Responders x 5 in the workplace</li> <li>• Several Mental Health Champions and staff who have attended Suicide Awareness training</li> <li>• Further training being organised</li> </ul>	Nicola Bamford / od team	Merton & Wandsworth local authorities
			<ul style="list-style-type: none"> <li>• Training to be provided for all staff around navigating conflict in the workplace</li> <li>• Dates have been sent out for 2020</li> </ul>	South West London Alliance/HR (Sam Ball)	Ongoing
			<ul style="list-style-type: none"> <li>• Electronic folder on all key HR policies to be available for all staff providing information on all policies and links to find them (along with HR contact numbers). These will also form part of an updated intranet site for ease of access</li> </ul>	South West London Alliance/OD team NEL	Ongoing
			<ul style="list-style-type: none"> <li>• Stress management policy in development</li> <li>• Health Workplace Charter to be submitted with evidence February 2020</li> </ul>	South West London Alliance/MF	Ongoing
			<ul style="list-style-type: none"> <li>• Sickness management policy in development</li> </ul>	South West London/OD	Ongoing
<b>Flexible Working patterns</b>					
3.5	<ul style="list-style-type: none"> <li>• Promote flexible working policy and training for managers on flexible working arrangements and consistency</li> </ul>	<b>Staff EDS2 workshop October 2019</b>	<ul style="list-style-type: none"> <li>• Promote updated flexible working policy</li> </ul>	Director of Q&G/ OD	Ongoing
			<ul style="list-style-type: none"> <li>• Smart working arrangement</li> <li>• Arrangement in place to request Working from Home</li> </ul>	Director of Q&G/ OD	Ongoing
<b>Staff report positive experience of their membership of the workforce</b>					

3.6	<ul style="list-style-type: none"> <li>• Review membership of the ED group</li> <li>• Manger to set standards attending equality training</li> <li>• Explore equality networks for PC groups</li> </ul>	<p><b>Staff EDS2 workshop October 2019</b></p>	<p>There have been and continue to be a series of staff engagement opportunities held across the CCG such as:</p> <ul style="list-style-type: none"> <li>• Manager Director's</li> <li>• Weekly Update</li> <li>• Staff Forum</li> <li>• Survey Monkey Qs</li> <li>• Staff Survey</li> <li>• Office Move Group</li> <li>• SWLA newsletter updates</li> <li>• Local CCG events</li> <li>• Workshop event planned to support staff survey results and various training opportunities</li> <li>• Employee Assistant Programme</li> <li>• Reverse Mentoring Programme to start 2020-21</li> </ul>	<p>SWLA/Management team/ Director of Quality /OD</p>	<p>Ongoing</p>
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## Appendix 5: Goal 4 Inclusive Leadership Action Plan

EDS2 Goal 3	Description of issue / area of improvement highlighted	Source	Action Plan	Responsible Lead /s	Timescales and status
<b>4.1 Strong and Sustained commitment towards equality, diversity and inclusion (Waiting feedback from External assessor)</b>					
	<p>The external assessor highlighted the need to consider collaborative commitment to the equality and inclusion agenda from all GB members.</p> <p>GB members need to provide more and clearer examples of work they have delivered to support equality and diversity, including questions they may asked relating to equality and diversity when key papers are presented to them.</p>	Staff EDS2 GB workshop 5 June 2019	Guidance provided for GB members on possible examples to cite and questions they could ask around equality and diversity at meetings (for key papers).	Chair / Director of Q&G/ ED Lead	Ongoing
<b>4.2 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</b>					
	The evidence presented shows that many of the papers include equality related impacts and a number of papers that reference that EIA's will be undertaken where relevant.	Staff EDS2 GB workshop 5 June 2019	Governance team supported with a checklist to ensure key board papers have completed an EIA and minutes reflect board's consideration on equality and diversity.	Board governance team/CSU E&D Lead	Ongoing
<b>4.3 Support from line managers and middle managers to work in culturally competent ways</b>					
	Communication between senior management, managers and staff rewards and recognition.	EDS2 Staff &GB workshop October 2019 June 2019	<p>Continue to have regular team meeting in place with Directors which will continue to be developed</p> <ul style="list-style-type: none"> <li>Greater awareness needed of organisational policies.</li> </ul>	Director of Q&G	Ongoing