REPORT: April 2024

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SUBJECT: **Equality Delivery System (EDS) 2024**

If this report cannot be discussed at a public meeting, please explain why.	*N/A*

The purpose of this report is to:

To provide an update and assurance on the Trust's submission for its annual return on the EDS by end of March 2024 in accordance with meeting the Equality Act 2010 and our Public Sector Equality Duty (PSED).

Executive summary

The Equality Delivery System (EDS) is a framework designed to help facilitate NHS organisations to assess and improve 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 EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers.

Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. Detailed information can be found on: NHS England Equality Delivery System 2022 Guidance

Introduced as an improvement tool it supports NHS organisations to review and develop our approach in addressing health inequalities and achieving 11 outcomes across three Domains: (1) Services[1], (2) Workforce and (3) Leadership.

In line with NHS national requirements, the Trust is required to submit and publish our evidence and action plans in response to the 11 outcomes within the 3 Domains, publishing our assessment by 31st March annually.

Driven by data, evidence, engagement and insight, the EDS Report, as a template, is designed to enable an organisation to produce an overview of its EDI approach through self and peer assessment rating and devise implementation plans. Once the ratings and plans are agreed, we are required to submit our report via england.eandhi@nhs.net and publish it on our external facing website. We have put forward our case for an extension to 31st March timeline to align with our governance cycle as due to consultation requirements, ratification of ratings and system-wide timescales, it was not feasible for us to prepare a meaningful submission before 31st March.   National team agreed to April in order to align with our approval process.

NHS organisations are also encouraged to adopt to a systems approach to Domain 1. For 2022/2023 an EDS 2022 Working Group agreed that the Domain 1 focus, as a system, would be maternity services so we selected Perinatal Services with Kim Tiffney as the EDS Lead for this service. Last year's two services (a) Cancer Services and (b) Translation and Interpretation Service are still on our radar.

Our submission for 2023/2024 was endorsed on 25th April for publication by 30th April.

Risks associated with meeting the Trust's values

The risks are:

- the Trust does not meet legal and statutory obligations under the Public Sector Equality Duty (PSED)

  - the Trust will not have a framework to report how it is tackling health inequalities

  - The trust will not have insight into the Core 20 Plus section of the community it serves, resulting in a potential increase in health inequalities.

Corporate Considerations	
Quality Implications	Ensuring equality, diversity and inclusion aspects are considered, will help ensure that the Trust delivers high quality services, tackles health inequalities and delivers its aim to be a "great place to work"
Resource Implications	Responsibilities for **collating evidence** for, and engagement delivery across the Domains sits with the EDI lead/team or equivalent but must be assisted by managers who sit within relevant service areas. Responsibilities for the **implementation of improvement** actions for Domain 1 sits with the leadership/management of each service. For Domains 2 and 3, responsibility sits for implementation sits with boards, directorates, senior leadership teams, HR & OD and is expected to be managed within existing resources, although there may be cost associated with some specific activities such as training delivery services and ICS programmes and project co-ordination.

Equality Implications	The Trust must ensure that equity, diversity and inclusion is embedded into everything that it does. There are equality implications in terms of meeting its legal and statutory PSED obligations but also implications more broadly in terms of how it carries out its work for staff, patients, service users and the wider community. Most of the actions for the EDS 2023/24 Action Plans will also align to existing WDES/WRES actions

Where has this issue been discussed before?
This year's EDS has been submitted to and approved by the Executive Meeting – April 2024. Equality, Diversity and Inclusion is a regular feature of the Workforce Management Group (WOMAG), the Senior Leadership Network (SLN), Executive Meetings (Execs) and the Great Place to Work Committee. Thematic Networks (Disability, RCAN and Rainbow)

Appendices:	**Appendix 1** – EDS Reporting Template for GHC April 2024 **Appendix 2** – EDS Ratings Score Card Ratings

1.0   INTRODUCTION

1.1 The Equality Delivery System (EDS) is a framework designed to help facilitate NHS organisations to assess and improve 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 EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

1.2 Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. Detailed information can be found on: NHS England Equality Delivery System 2022 Guidance

1.3 Introduced as an improvement tool for patients, staff and leaders of the NHS, it supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop our approach in addressing health inequalities across three Domains: (1) Services, (2) Workforce Wellbeing and (3) Leadership, publishing our assessment by 31st March annually.

1.4 Driven by data, evidence, engagement and insight, the EDS Report, as a template, is designed to enable an organisation to produce an overview of its EDI approach through self and peer assessment rating and devise implementation plans. Once the ratings and plans are agreed, we are required to submit our report via england.eandhi@nhs.net and publish it on our external facing website.

1.5 NHS organisations are also encouraged to adopt a systems approach to Domain 1. For 2023/2024 an EDS Working Group agreed that the Domain 1 focus, as a system, would be on maternity services and so we selected Perinatal following discussion with David Noyes. The previous two services (a) Cancer Services and (b) Translation and Interpretation Service are still part of the EDS monitoring.

1.6 NHSE recognised that last year's EDS was published late, (impacted by the creation of ICS/ICB), so it was a transition year and allowed NHS organisations to focus on 2 services for Domain 1. The EDS guidance for this year, there should be 3 services which we have kept Cancer and Translation & Interpretation Services with the addition of Perinatal as it links in with maternity services.

1.7 The expectation was that for 2023/2024, all domains will be completed and integrated into existing BAU and plans. This is yet to happen due to the subsequent introduction of the NHS EDI Improvement Plan and its 6 High Impact Actions NHS England » NHS equality, diversity, and inclusion improvement plan

2.0 STRUCTURE AND DELIVERY OF EDS

2.1 The EDS comprises 11 outcomes spread across three domains:

1. **Commissioned or provided services – outcomes:**

   a) reference access to a service;
   b) whether health needs are met;
   c) that users are free from harm,
   d) they report positive experiences.

2. **Workforce health and wellbeing – outcomes:**

   a) reference support for staff to manage obesity, diabetes, asthma, COPD, mental health;
   b) prevalence of and associated support for staff experiencing abuse, harassment, bullying and physical violence;
   c) recommending organisation as a place to work
   d) recommending organisation as a place to receive treatment.

3. **Leadership – outcomes:**

   a) Board and line managers' routinely demonstrating understanding of/commitment to equality and health inequalities;
   b) Board papers identifying equality/health inequalities impacts and risks;
   c) Board/senior leaders ensuring levers are in place to manage, monitor performance and progress.

2.2 The EDS is designed for both NHS commissioners and NHS providers, but best applied in partnership across the ICS. Implementation by NHS provider organisations is mandatory, through the NHS Standard Contract. NHS Commissioning systems are required to demonstrate 'robust implementation' of the EDS as set out in the Oversight Framework.

2.3 We have agreed to continue to align Domain 1 in a system wide approach, linking outcomes to our overall EDI strategy and service provision across the county. There are no immediate plans to submit our PSED for Domain 1 as a single organisation. Domains 2 and 3, however, are submitted as a single organisation as it makes sense to do so with different Boards for example.

2.4 Overall responsibility for the EDS lies with the Board within each organisation. Results/actions should feed into organisation's service-based plans and corporate and strategic objectives, as well as contribute to the organisation's longer-term equality objectives.

3.1 The EDS Ratings Guidance[2] provides a template for each organisation/system to rate/score its performance against the outcomes within each Domain. Subject to our overall score per domain, our activity will fall into one of four categories;
(1) Undeveloped; (2) Developing; (3) Achieving and (4) Excelling.

Summary table of rating definitions:

Undeveloped activity – **organisations score 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

3.2 Each outcome is evaluated, scored and rated using available evidence and insight. The process needs to take account of the nine legally protected characteristics and those who suffer health inequalities e.g., deprivation, veterans, carers etc.

3.3 Our initial/draft assessments/ratings have been completed with relevant service leads and the EDI lead. The draft ratings are planned to undergo some testing with a variety of stakeholders.

Domain	Topic	Score 2023	Rating 2023	Score 2024	Rating 2024
1	Cancer Services	*5*	*Undeveloped*	**N/a**	**N/a**
1	Translation & Interpretation Services	*4*	*Undeveloped*	**N/a**	**N/a**
1	Perinatal	N/a	N/a	**10**	**Developing**
2	Workforce health and well-being	*8*	*Developing*	**7**	**Undeveloped**
3	Leadership	*8*	*Developing*	**6.5**	**Undeveloped**
Overall Trust Rating				23.5	**Achieving Activity**

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[2] EDS Ratings and Score Card Guidance (england.nhs.uk)

Please see Appendix One for more detail and proposed action plans.

3.4 Domain 1 scores have been applied to a system wide assessment and rating – which is being facilitated through the ICB.

3.5 Domain 1 has a "Developing" level of activity. Gloucestershire Perinatal Community mental health service completed an accreditation review on 26/09/2023. The service was reviewed against the Perinatal Quality Network (PQN) Community Standards – Sixth Edition (CCQI, 2022), thus providing the evidence.

3.6 Domains 2 and 3 have moved from "Developed" to "Undeveloped" with our previous score of 8 being the minimum required to achieve that rating. For Domain 3 this is because of a reassessment of the scale of improvements needed to become a progressive and positively anti-racist organisation against Staff Survey scores, Direct to Douglas and IEN colleague feedback. However, our overall Trust rating of 23.5, results in us "Achieving Activity".

3.7 The Ratings rate evidence and our ability to publish it.

4.0   TIMELINE

4.1 There was recognition from NHSE that 2022/23 was a transition year and that we would do as much as possible. This year, noting that any evaluation of compliance needs to be mindful of organisational changes, system challenges and late publication of the guidance (August 22). Organisations have been asked to do as much as possible in 2022/23, with a view that the guidance will be fully adhered to in 2023/24.

4.2 For 2023/2024, timeline was stretched due to changes around ICB meetings and availability of system partners; the following activity has been undertaken/in progress:

Domain 1: Commissioned or Provided Services

- **T**he EDS working group established in Oct 2022. Chaired by Tracey Cox ICB Director of People Culture & Engagement, NHS EDI leads working on Domain 1 **as a system.**

- **Nov 2023 – Jan 2024:** Group selected Maternity services as a system and Perinatal was identified by David Noyes (14th Nov) and led by Kim Tiffney (with on-going review of previous 2 services Cancer Services and Translation & Interpretation Services).

- **29th Feb 2024:** ICB shared template for populating our D1

- **Jan - March 2024:** Initial evidence collated and shared with ICB with the agreed caveat from Tracy Cox that Dour 1 provisional ratings had not been through our approval process.

- **16th March 2024:** ICB to undertook assessment and tested ratings with identified groups – awaiting results

Domain 2: Workforce Health and Wellbeing

- **Feb – April 2024:** Assessment Completed March 2024

Domain 3: Leadership

- **Feb – April 2024:** EDI Lead and contributors led the review of relevant data sources including WRES, WDES, staff surveys, HR data, Board papers, training, Exec/Chair reports, and engagement with diversity networks, FTSU Guardian and staff side.

5.0   KEY THINGS TO NOTE

5.1 Domain 1 is the responsibility of the services, <u>not</u> the EDI Lead. This is to ensure that health equality considerations are truly embedded into the provision of patient care and community services and not seen as an add-on or an EDI initiative.

5.2 2023/2024 is the second year of the new EDS and is fully adhered to, noting that the additional national EDI Improvement plan and the Trust's Anti-Racism Programme has focussed our attention to stamping out racism alongside evidencing where we meet the PSED. It is worth remembering that the EDS is a tool to support our evidence in meeting that duty – not a stand-alone requirement in itself.

5.3 Board sponsor is Director of HR & OD who also has the lead in monitoring Domain 3 – Leadership.

5.4 Evidence relied upon in making the assessment will need to be accessible and maintained. Hyperlinks to the evidence will accompany the final report.

6.0 NEXT STEPS

6.1 The following timeline sets out actions taking us up to our submission targets in line with national requirements and planning ahead for 2024/25 submissions:

2024 Timeline	Actions	Status
Jan – March	Engage with GHC stakeholder groups/assurance across D1, D2+D3	Complete
16th April	Review comments, seek feedback and approval from Executives	Complete
17th April	Finalise Report, evidence and plans and submit papers for GPTWC	Complete
25th April	GPTWC – Sign off final assessment	In progress
30th April	Upload 2023-24 EDS Report onto external facing website	In progress
April - October	Plan for 2024-25	In progress