

Trust Board 1st February 2024

Title of the paper:	Equality Delivery System (EDS) Report 2023/ 2024			
Agenda Item:	Leave blank for admin			
Presenter:	Andrew McMenemy - Chief People Officer			
Author(s):	Kayleigh Rockett – Head of Staff Experience (Domain 2 & 3) Michelle Hope – Acting Deputy Director of Nursing – Quality & Safety (Domain 1)			
Purpose:	Please tick the appropriate box For approval For discussion For information			
Executive Summary:	This paper provides an overview of the Equality Delivery System (EDS) review conducted in 2023. The paper presents our scoring and feedback from key stakeholders along with outlined areas for improvement to support reducing inequalities in the workplace and the services provided.			
	The EDS comprises eleven outcomes spread across three Domains, which are: 1) Commissioned or provided services 2) Workforce health and wellbeing 3) Inclusive leadership			
	Overall, including our Domain 1 scores and stakeholder scores from Domain 2 and 3 the Trust is working at an 'Developing activity level'.			
	For Domain 1, three services were selected, one which is doing well, one which requires improvement, and one where we don't know. These were selected as follows:			
	 Service 1 – maternity services doing well (excelling activity) Service 2 – diabetes services – needs improvement (achieving activity) Service 3 – gypsy and traveller empowerment (GATE) – not enough data. (underdeveloped activity) 			
	Overall feedback from stakeholders under Domain 2 was that good progress has been made and, the Trust is meeting the level required across this domain. This was reflected in the scoring whereby 'developing activity was attained for Domain 2.			
	Domain 3, stakeholders indicated that there is varying perception of senior leadership involvement and engagement across the networks. Elements of good practice were noted but feedback indicated this was not consistent across the networks. Consequently, the 'Developing Activity' score was provided across the majority of the outcomes.			

To achieve and monitor the progress of the gaps highlighted in the report, we Align action plans for each domain with the WDES, WRES, and EDI improvement plan 6 high impact actions. Put working groups in place for the EDI high impact actions & Staff Experience. Track and monitor actions through both the EDI Steering Group and the Wellbeing and Engagement steering group. **Trust strategic** Aim 2 Aim 3 Aim 4 Aim 1 **Best care** Best value Great place aims: Great team (Please indicate which of the 4 aims is relevant to the subject of the report) **Objectives 5-8** Objective 10-12 **Objectives 1-4** Objective 9 Χ Χ Χ Links to well-led ☐ Is there the leadership capacity and capability to deliver high quality, key lines of sustainable care? enquiry: ☐ Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? □ Is there a culture of high quality, sustainable care? ☐ Are there clear responsibilities, roles and systems of accountability to support good governance and management? ☐ Are there clear and effective processes for managing risks, issues and performance? ☐ Is appropriate and accurate information being effectively processed, challenged and acted on? ☐ Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? ☐ Are there robust systems and processes for learning, continuous improvement and innovation? □How well is the Trust using its resources? **Previously** considered by: Committee/Group Date **Action required:** Trust board is asked to receive and review the Equality Delivery System report - 2023/ 2024 and approve it for publication on the Trust website, in line with statutory requirements.



Agenda Item: To be left blank

Trust Board

Equality Delivery System (EDS) Report 2023/ 2024

Presented by: Andrew McMenemy - Chief People Officer

1. Purpose

This paper provides an overview of the Equality Delivery System (EDS) review conducted in 2023. The paper presents our scoring and feedback based on current achievements with a particular focus on the planned activity and actions to strengthen our impact for the coming year.

The purpose of the EDS is to help the Trust review and improve the experience of staff with protected characteristics. This annual report is a published summary of findings and implementation. The paper includes an update on;

- Progress update from EDS 2022/2023
- Domain 1 commissioned or provided services
- Domain 2 workforce health and wellbeing (scores, summary, and feedback)
- Domain 3 inclusive leadership (scores, summary, and feedback)
- Implementation plan

2. Background

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations, in active conversations with patients, the public, staff, staff networks, and trade unions, to review and develop their services, workforces, and leadership. It is driven by evidence and insight.

To take account of the significant impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, and those with underlying and long-term conditions such as diabetes, the EDS now supports the outcomes of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members.

The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will, in turn, increase the quality of care provided for patients and service users.

The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and wellbeing
- 3) Inclusive leadership

Scoring

The Trust is required to grade its performance by using a grading system as shown below in line with NHS England guidance. Each outcome for each domain is to be scored based on evidence provided in the evidence portfolio. Once each outcome has a score, they are added together to gain a domain rating.

Each of the outcomes is scored from 0-3. Once all stakeholders have provided their scores, an average of all scores for each outcome is calculated to get a representative score for each outcome. These are added together to get to gain domain ratings.

Rating	Score	Description
Underdeveloped activity	0	No or little activity taking place
Developing activity	1	Minimal/ basic activities taking place
Achieving Activity	2	Required level of activity taking place
Excelling Activity	3	Activity exceeds requirements

Total domain scores are added together to provide the organisation rating, which is out of 33 with a maximum score of 12 in Domain 1, 12 in Domain 2 and 9 in Domain 3.

- Those who score under 8, adding outcome scores across domains, are rated Undeveloped
- Those who score between 8 and 21, adding outcome scores across domains, are rated Developing
- Those who score between 22 and 30, adding outcome scores across domains, are rated Achieving
- Those who score 31 and above, adding outcome scores across domains, are rated Excelling

When rating Domain 1 and Domain 2, the stakeholders were asked to measure the project/initiative presented against the nine protected characteristics. The nine 'protected characteristics' include:

- Age
- Disability
- · Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity (and paternity)
- Race
- Religion or belief
- Sex and
- Sexual orientation.

3. Progress update from EDS 2022/ 2023

Appendix One provides an update against domain 1 and 2 actions which were set from the 2022/2023 report.

The progress update indicates positive developments in domain 2, but there is limited advancement in domain 3. Nevertheless, addressing these issues has become a priority as outlined in the NHS EDI improvement plan, specifically in high impact action 1, with support from the Chief People Officer. It's important to note that certain actions are part of longer-term projects spanning over a year.

Where actions have not been progressed, these have automatically moved over and will become a priority action for this year. Where actions have been completed, these will become business as usual (BAU) for the Trust.

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In summary, key actions of priority carried over include;

- More targeted promotion and signposting of wellbeing activities across the protected characteristics.
 Provide health forums for the protected groups, improving inclusion & accessibility.
- To create a standard Terms of Reference (TOR) for all staff networks to include the roles of network chairs, protected time, and executive chairs.
- Increase communication on EDI awareness campaigns, events and national reports, outcomes and actions –2024 inclusion calendar
- Review the Equality Impact Assessment form and process
- Review and update the reasonable adjustment plan & process to be more inclusive
- To have a specific FTSU guardian or champion trained in disability hate crime

4. Domain 1 – commissioned or provided services

4.1 Summary

For Domain 1, three services were selected, one which is doing well, one which requires improvement, and one where we don't know. These were selected as follows:

Service 1 – maternity services doing well

Work has been ongoing within our maternity services backed by the 4 pillars of the Ockenden review to ensure sustained continuous safety improvements in our maternity services. We are also focused on our ongoing transformation work taking place in maternity services. Additionally, our Trust works closely with the maternity voice partnership to better understand the women they are speaking to triangulate patient experience.

Service 2 – diabetes services – needs improvement

We expected that this service was performing well with some areas for improvement.

Service 3 – gypsy and traveller empowerment (GATE) – not enough data

We felt this was an underrepresented area of our service and wanted to explore this further.

There are 4 questions in Domain 1:

- 1A: Patients (service users) have required levels of access to the service.
- 1B: Individual patients (service users) health needs are met.
- 1C: When patients (service users) use the service, they are free from harm.
- 1D: Patients (service users) report positive experiences of the service

4.2 Data collection

For each service, we have explored the following data: Friends & Family Test (FFT) rating including patient reported demographics, compliments & complaints, translation services top languages, ethnicity data, religion data, maternity equity, and equality action plan, maternity voices partnership group meetings, incidents reported on Datix, CQC rating, Ockenden report, waiting lists backlogs, performance, GP referrals, access rates, triage, reasonable adjustments & MDT clinics.

Patient engagement activities for service 1 were provided by the Director of Midwifery based on the evidence available from the Maternity Voices Partnership. For service 2 following discussion and evidence provided by the Lead Diabetes Specialist Nurse for Herts Valleys Integrated Diabetes Service the Lead Nurse for Patient engagement and the Deputy Director of Nursing Quality & Safety spoke with a sample of inpatients and outpatients to support the rating. For service 3 despite making several attempts via email with the GATE community as suggested by Healthwatch Hertfordshire there was no response and as such we were unable to provide evidence of patient engagement to support the rating.

4.3 Domain 1 scoring

Below is a summary of our scores and feedback, further details on evidence and data can be seen in Appendix two.

Service 1	Overall rating	
1A	Excelling activity	
1B	Excelling activity	
1C	Achieving activity	
1D	Excelling activity	
Overall rating - Excelling activity		

Service 2	Overall rating	
1A	Achieving activity	
1B	Achieving activity	
1C	Excelling activity	
1D	Excelling activity	
Overall rating - Achieving activity		

Service 3	Overall rating	
1A	Undeveloped activity	
1B	Undeveloped activity	
1C	Undeveloped activity	
1D	Undeveloped activity	
Overall rating - Undeveloped activity		

5. Domain 2 – Workforce health and wellbeing

5.1 Summary

Appendix three shows the EDS evidence packs that were sent out to all key stakeholders including staff members, staff networks, staff side, and Freedom to Speak up guardian. On this occasion, we were unable to obtain a review from Chaplaincy due to a vacancy in the post and we received only one score from Staff Side. Due to not having scores from all stakeholders, this could have contributed to a slight decline in our overall score. Despite reaching out to other Trusts to gain a peer review, we were unsuccessful in doing so for this year's report, and this will be something we need to consider for the next report.

In addition to the evidence packs shared, an invitation for two virtual meetings was set up, open to all stakeholders as an opportunity for the evidence to be presented and discussed. This year we were reviewed and scored by 10 stakeholders which included responses from all our staff networks.

Below is our assessment summary of our scores and feedback.

EDS Outcome	Overall rating	Feedback	
Domain 2 - Workforce health	and wellbeing		
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Achieving activity 2.2	 Health initiatives needed from the Trust for the protected characterises including ethnicity. Unfortunately, while the Trust has worked hard with several initiatives, a significant issue remains staff facilities: Not all areas have suitable staff kitchens and rest areas to enable staff to store and reheat healthy food brought in from home. Additionally, the lack of sufficient rest areas is detrimental to staff mental health. I really did feel that the Trust is indeed meeting the level required across all domains. Positive feedback made on the upcoming activity and acknowledgements that projects are in place to address actions 	
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Developing activity 1.3	 Most felt we have not quite reached zero tolerance in this area and the hope is that the Anti-racism strategy will help address some of these behaviours. 	
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Achieving activity 2	 Generally good but protected time for staff networks remains an issue. No evidence of supporting union representatives to be independent. Some initiatives to still be implemented. 	
2D: Staff recommend the organisation as a place to work and receive treatment	Developing activity 1.6	Good progress overall	
Domain 2 overall rating - Developing activity			

The overall feedback from stakeholders is that good progress has been made and, the Trust is meeting the level required across this domain.

The scoring system allows the Trust to identify gaps and areas requiring action. It is important to show improvement across all the protected characteristics fairly and consistently by ensuring our actions are

inclusive. From the stakeholder feedback comments, it is important to consider that a lot of these areas include wider workstreams than the staff experience team, these include, operational HR, occupational health, environment, and freedom to speak up.

Since our EDS 2022/23 report, efforts have been made to improve our EDS score and address the feedback and actions. Our recent 2023 Staff Survey results show improvements to questions 2B and 2D.

Below are the average scores obtained from each stakeholder group across Domain 2.

	Staff members	Staff Side	Staff Networks	FTSU Guardian
2A	2	2	1.7	3
2B	2	0	1.3	2
2C	2	1	2.1	3
2D	1	2	1.3	2

5.2 Upcoming activity

The Trust will aim to continuously improve services for all service users, especially those that are categorised as having protected characteristics and underrepresented groups. This will be done through collaborative working with staff networks, staff side, and key stakeholders.

There are key priorities of upcoming activity that will strengthen our EDS requirements, these include:

- Create a women's/ menopause network
- Offer menopause 1:1 consultation clinics
- Update training for wellbeing champions & Mental Health first aiders to combine and strengthen our peer-to-peer support
- Support our staff educational talks with speakers
- Update our fitness classes to include more inclusive classes
- Launch an inclusion calendar to align all EDI and Wellbeing campaigns and events
- Achieve carers accreditation Level 2
- Achieve disability confidence Level 3
- Develop an anti-racism policy to support the pledge
- Introduce a new behavioural framework and values that represent compassion and kindness
- Update our EDI e-learning module
- Enhance our reciprocal mentoring programme

This year, the Trust is initiating a 'Year of Culture in Action,' encompassing a variety of projects aimed at enhancing the Trust's practices in culture, training, awareness, and understanding. Over time this will improve our scores around bullying, harassment and the would you recommend questions.

6. Domain 3 - Inclusive leadership

6.1 Summary

The EDI improvement plan, high impact action 1 will support achieving this domain. This improvement plan highlights the principles of EDI should be embedded as the responsibility of every leader and every member of staff. It is in this context that all chief executives, chairs, and board members should have distinct objectives for improving inclusion in their organisation and have a commitment to mainstream EDI.

We have seen good initial steps taken over the past year with more senior engagement on the Staff Survey data, attending reciprocal mentoring, and cultural awareness programmes. Stakeholder feedback is that while some staff members and network chairs are aware of the senior leader's involvement in the EDI

agenda, this doesn't reflect all staff across the Trust. A lot of staff on the 'shop floor' are unaware of the work the Trust is doing around wellbeing, EDI, and Staff experience. Therefore, there is a requirement to improve our communications to improve sharing messages, outcomes, and action plans. As well, as highlighting what the board and senior team are committed to achieving.

Below is our assessment summary of our scores and feedback.

EDS Outcome	Overall rating	Feedback	
Domain 3 - Inclusive leadersh			
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Developing activity 1.8	 Wider board and leadership team to engage more with Staff Networks. To assign an executive chair for all Staff Networks. To include EDI KPIs as part of divisional performance. Regular updates on how many board members have signed up for EDI programmes including reciprocal mentoring. 	
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Developing activity 1.2	 To include EDI KPIs as part of divisional performance. No BME staff risk assessments are being undertaken. 	
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Developing activity 1.5	Commitment has been made, however, with limited progress on some actions it is a working progress with more actions needed to address feedback from other reports.	
Domain 3 overall rating - Developing activity			

Below are the average scores obtained from each stakeholder group across Domain 3.

	Staff members	Staff Side	Staff Networks	FTSU Guardian
3A	1.6	2	1.4	2
3B	1.3	1	1.6	1
3C	1.6	1	1.4	2

6.2 Upcoming activity

The EDI Improvement plan, high-impact action 1 is measurable objectives on EDI for Chairs Chief Executives, and board members. It is expected that all Trusts achieve their success metrics under this action by March 24.

These will be taken forward by collaborative working with the director of governance to be measured by the Board Assurance Framework.

Some initial actions we have identified include,

 All board members are required to have specific measurable EDI objectives. Best practice has indicated that this can be achieved through aligning one executive and one non-executive member of the board to each of the Staff Networks;

- To invite Staff Networks chairs to an annual meeting with the board to identify how they as senior leaders can support the networks and the wider EDI agenda;
- To invite Staff Network chairs or members to contribute to relevant board committee meetings to share experiences and progress;
- For CEO and CPO to have dedicated Staff Network meetings to create parity across network experience.

7. Organisational rating

Overall, including our Domain 1 scores and stakeholder scores from Domain 2 and 3 the Trust is working at an 'Developing activity level'. Due to the nature of the scoring system being on a scale of 0-3, it wouldn't necessarily show incremental year on year differences. Therefore, to provide better insight for Domains 2 and 3, we have provided scores to 1 decimal place instead of rounding to the closest who number. This could have contributed to a slight decline in our overall score.

8. Implementation plan

While acknowledging the achievements highlighted in this report, it is important to emphasise that substantial efforts are still required to accomplish the Trust's strategic objectives and fully integrate Equality, Diversity, and Inclusion across the organisation.

Advancing the aspects outlined in the People Strategy, coupled with enhancing values-based recruitment and HR practices, will play a pivotal role in fostering the extensive cultural transformation necessary to establish the Trust as a genuinely inclusive and favourable workplace.

To achieve and monitor the progress of the gaps highlighted in the report, we will;

- Align action plans for each domain with the WDES, WRES, and EDI improvement plan 6 high impact actions.
- Put working groups in place for the EDI high impact actions & Staff Experience.
- Track and monitor actions through both the EDI Steering Group and the Wellbeing and Engagement steering group.

9. Recommendation

The committee is asked to receive and review the Equality Delivery System report – 2023/ 2024 and approve it for publication on the Trust website, in line with statutory requirements.

Andrew McMenemy Chief People Officer

Appendices 10.

Appendix one: EDS reporting template



Appendix two: EDS Action update 2022/ 2023



Appendix three: EDS evidence packs



EDS Domain 2



EDS Domain 3 portfolio of evidenc portfolio of evidenc



EDS Scoring sheet.docx