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REPORT TO: **GREAT PLACE TO WORK COMMITTEE – MARCH 2023**

PRESENTED BY: Tania Hamilton – Equality, Diversity and Inclusion Lead

AUTHOR: Tania Hamilton – Equality, Diversity and Inclusion Lead
Anis Ghanti – Head of OD & Leadership

SUBJECT: **EQUALITY DELIVERY SYSTEM 2022 (EDS22)**

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

This report is provided for:
Decision ☐   Endorsement ☑   Assurance ☑   Information ☑

The purpose of this report is to:

To provide the Committee with an update and assurance on the Trust's planning for its submission for the annual return on the EDS22 by end of March 2023 in accordance with meeting the Equality Act 2010 and our Public Sector Equality Duty (PSED).

Recommendations and decisions required

The Great Place To Work Committee is asked to:

- Note the content of the report
- Approve the ratings
- Approve the publication of this report and the Trust submission Template

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.

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.

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 two services (a) Cancer Services and (b) Translation and Interpretation Service. For 2023/2024 we will need to pick three service areas[2].

Timings of our governance cycle requires our submission for 2022/2023 being presented to this Great Place to Work Committee for approval on 29th March 2023 shortly ahead of publication on 31st March.

Risks associated with meeting the Trust's values

The risks are:

- the Trust does not demonstrate that it meets its 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"

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[1] Services are defined as (1) Cancer Services, (2) Fit for the Future, (3) Maternity Services, (4) Diabetes Services (CPG workstreams), (5) Community Mental Health Transformation & (6) Access to translation & Interpretation (inc. implementation of Accessible Information Standard)

[2] To pick three from the services listed in 1 above.

Resource Implications	Responsibilities for **collating evidence** 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 implication 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 2022/23 Action Plans will also align to existing WDES/WRES actions

Where has this issue been discussed before?
• Service Leads of Domains 1, 2 and 3 – Nov – March
• Workforce Management Group (WOMAG) 21st December 2022 / 15th March 2023 Great Place to Work Committee – EDI deep dive in 2022
• Executive Committee 14th March 2023
• Staff Side 22nd March 2023
• Thematic Networks (Disability, RCAN and LGBTQI+) 23rd March 2023

Appendices:	**Appendix 1** – EDS22 Reporting Template for GHC - March 2023 **Appendix 2 –** ICB Cover Sheet (PSED) **Appendix 3** - ICB Progress Report – Public Sector Equality Duty and the Equality Delivery System (29th March) (*NB refers to pre-final GHC ratings*) **Appendix 4** – ICB's Appendix 1 Demographics of Gloucestershire

Report authorised by: Neil Savage	**Title:** Director of Human Resources & Organisational Development

EQUALITY DELIVERY SYSTEM 2022

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 this year.

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 2022/2023 an EDS 2022 system Working Group agreed that the Domain 1 focus, as a system, would be on two services (a) Cancer Services and (b) Translation and Interpretation Service.

1.6 NHSE recognised that EDS2022 was published late, (including creation of ICS/ICB), so 2022/2023 was to be a transition year and allowed NHS organisations to focus on just two services for Domain 1 as opposed to three as per guidance. Therefore for 2023/2024 we will need to pick three service areas under Domain 1.

1.7 The expectation is that for 2023/2024 all domains will be completed and integrated into existing BAU and plans.

2.0 STRUCTURE AND DELIVERY OF EDS22

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 Overall responsibility for the EDS lies with the Executive 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.

3.0   RATINGS

3.1 The EDS22 Ratings Guidance[3] provides a template for each organisation/system to rate/score its performance and evidence 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/provisional assessments/ratings have been completed with relevant service leads and/or named contacts and the EDI lead. The provisional ratings have undergone testing with a variety of stakeholders, including diversity staff Networks, Staff Side and community groups for Domain 1.

Domain	Topic	Score (draft)	Rating (draft)
1	Cancer Services (MacMillan Next Steps Cancer Rehabilitation Service)	5	Undeveloped
	Translation & Interpretation Services	4	Undeveloped
2	Workforce health and well-being	8	Developing
3	Leadership	5	Undeveloped

Appendix One contains more detail and proposed action plans.

3.4 Note that the ratings apply to GHC only. Domain 1 ratings have been added to the overall system wide assessment and rating, facilitated through the ICB.

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

4.0   TIMELINE

4.1 There is recognition from NHSE that 2022/23 is a transition 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 and comprehensively applied in 2023/24.

4.2 For 2022/2023 the following activity has been undertaken/in progress:

Domain 1: Commissioned or Provided Services

- **October 2022,** an ICS EDS22 working group established, chaired by Tracey Cox ICB Director of People Culture & Engagement, NHS EDI leads working on Domain 1 **as a system.**

- Following guidance from NHSE, we selected 2 services – one large and one smaller less complex service – Cancer Services (Jo Sansom and Parisa David) and Translation & Interpretation Services (Cath Shephard).

- **November - December 2022**: GHC and GHT evidence collated and shared with ICB.

- **February - March 2023:** ICB undertook assessment and tested ratings with identified groups (Appendix 2)

Domain 2: Workforce Health and Wellbeing

- **December 2022:** commence assessment – completed February 2023

- **February - March 2023:** Test with identified groups to provide assurance

Domain 3: Leadership

- **December 2022:** EDI Lead and contributors led the review of relevant data sources including WRES, WDES, staff surveys, HR data, Board papers, training, Exec/Chair reports etc.

- **Feb - March 2023**: undertook assessment and arranged structured 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, not 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 2022/2023 is the first year of the new EDS22 and is "whatever we can do" year. 2023/202 will be more robust and fully embedded.

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

5.4 The current national guidance suggests forms of evidence and the Trust has rated itself against the evidence it has available.

5.5 Evidence relied upon in making the assessment will need to be accessible and maintained. Arrangements for making the evidence in an accessible format suitable for publication will be in place.

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 2023/24 submissions:

Timeline by …	Actions	Status
23rd February – 21st March	Engage with GHC internal stakeholder groups for assurance across D1, D2 and D3	Complete
14th March	Executive Committee	Complete
15th March	Workforce Management Group (WOMAG)	Complete
17th – 21st March	Finalise Report, evidence and plans and submit papers for GPTWC	Complete
29th March	GPTWC – Sign off final assessment	Complete
31st March	Upload 2022-23 EDS22 Report onto external facing website	Planning in progress
April - October	Plan for 2023-24	TBA

7.0   RECOMMENDATIONS

7.1   The Great Place To Work Committee is asked to:

- Note the content of the report
- Approve the recommended ratings
- Approve the publication of this report and the Trust submission Template