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| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
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| Version 1, 15 August 2022 |

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| Classification: Official |
| Publication approval reference: PAR1262 |

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## Equality Delivery System for the NHS

***The EDS Reporting Template***

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. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leadersof 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 their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Reportis a template which is designed to give an overview of the organisation’s most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation’s website.

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| **Name of Organisation**  | East Lancashire Hospitals NHS Trust | **Organisation Board Sponsor/Lead** |
| Kate Quinn, Executive Director of People and Culture  |
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| **Name of Integrated Care System** | Lancashire and South Cumbria Integrated Care System |
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## NHS Equality Delivery System (EDS)

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| **EDS Lead**  | Emma Dawkins, Associate Director of Organisation Development and Nazir Makda, Inclusion and Belonging Lead | **At what level has this been completed?** |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | 20/02/2024 (Domain 1 and 3) **Completed at ICS level**19/02/2024 Domain 2**Completed at Trust Level**  | **Individual organisation**  |  |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** | Domain 1 and 3 completed at an ICS level.East Lancashire Hospitals Trust (ELHT)Lancashire and South Cumbria Foundation Trust (LSCFT)University Hospitals Morecambe Bay (UHMB)Blackpool Teaching Hospitals (BTH)Lancashire Teaching Hospitals (LTH) |

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| **Date completed** | February 2024 | **Month and year published**  | July 2024 |
|  |  |  |  |
| **Date authorised**  |  | **Revision date** |  |

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| **Completed actions from previous year** |
| **Action/activity** | **Related equality objectives** |
| This is the first year that ELHT has completed EDS 2022 and the first time that Domain1 and Domain 3 has been completed from a system perspective.  | [Integrated EDI Action Plan 2023 - 2024](https://elht.nhs.uk/about-us/equality-diversity-inclusion/edi-action-plan-2023-including-workforce-race-and-disability-equality-standards) |

## EDS Rating and Score Card

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| Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly.Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below |
|  |
| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**  |
| **Developing activity** – **organisations score out of 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 out of 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 out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

## Domain 1: Commissioned or provided services (ICS)

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| **Outcome** | **ICS Evidence/Process** | **Gradings achieved**  |
| **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 | EDS Domain 1 was completed at Integrated Care System (ICS) level with system providers. System provided included were: * East Lancashire Hospitals Trust (ELHT)

Lancashire and South Cumbria Foundation Trust (LSCFT)University Hospitals Morecambe Bay Trust (UHMBT)Blackpool Teaching Hospitals (BTH)Lancashire Teaching Hospitals (LTH)A working group was established, and regular meetings took place to plan the systems approach to EDS Domain 1. On Tuesday 20 February 2024, LSC ICS hosted an EDS Domain 1 grading event virtually. Representatives from Healthwatch, Horizon and Anti-Racist Cumbria were part of the grading panel. Evidence packs were sent to graders prior to the grading event and the grading panel were asked to score EDS Domain 1 judging how well the system has performed. Evidence provided was based on three services: one that was performing well, one that was not performing well and another service where performance data was unknown. BTH, ELHT and UHMBT provided case studies for the following three areas:* Industrial Action
* Unplanned Care
* Elective Recovery

LSCFT provided different case studies than the above (based on the Trust being a Mental Health Provider and there was not “like for like” services available) – case studies provided were based on:* Talking Therapies service
* Patient Carer Race Equality Framework
 | Grades received for each outcome in Domain 1 for BTH, ELHT and UHMBT are as follows: |
| Grades received for each outcome in Domain 1 for LSCFT:Case Study: Talking TherapiesAn over-arching case study was provided by LTH. However, the grading panel felt that they could not formally grade the evidence provided by LTH as the evidence was not based on three services as per other Providers in LSC. Therefore, graders felt that the evidence provided by LTH did not meet the EDS 2022 brief that was provided. |
| **Domain 1: Commissioned or provided services overall rating** | **Overall ICS grade:****Underdeveloped** |

## Domain 1: Commissioned or provided services

**Additional narrative:**

An over-arching case study was provided by LTH. However, the grading panel felt that they could not formally grade the evidence provided by LTH as the evidence was not based on three services as per other Providers in LSC. Therefore, graders felt that the evidence provided by LTH did not meet the EDS 2022 brief that was provided.

Overall grades received for each outcome in EDS Domain 1 (at an ICS level) are as follows:



There is an acknowledgement by those that took part in EDS Domain 1 from an ICS perspective that more work is required for 2024/2025. It is recognised that this is the first time that Domain 1 has been completed at ICS level and that this submission has provided the system with future learning for the next reporting cycle.

It is universally felt by those organisations that took part in EDS Domain 1 as a system that they did not totally understand what was required in terms of evidence. Hence, organisations did not fully demonstrate all the evidence that was available to them, so the panel only had access to limited evidence on the day of the grading event. However, the grading panel could only grade the evidence that was presented to them. Subsequently, the grades that were received are not a true reflection of the performance in each of the organisations. The panel felt that there were gaps around evidence relating to some protected characteristics and that some of the evidence that was provided did not have a distinct link to EDI. It is recognised at ICS level that if the right stakeholders were actively engaged with throughout the EDS process, the evidence provided to graders would have been more relevant and proportional. Furthermore, the services/case studies that were chosen made it difficult for organisations to provide evidence relating to all of the protected characteristics.

Additionally, time constraints were also an issue. It was not decided which services the case studies would be based on until November 2023 consequently there was not sufficient time to gather the evidence required for the case studies. Due to time restrictions, the evidence provided by each organisation could not be reviewed prior to being sent to the grading panel.

As this is the first time that EDS2022 has been completed at system level, there is areas to develop and improve upon in the 2024/2025. The next steps required for EDS Domain 1 are:

* To start the process earlier and tackle each Domain individually
* To ensure the right stakeholders are involved for each Domain
* To involve the grading panel throughout the year with the view of developing an easier grading process

## Domain 2: Workforce health and well-being (ICB)

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| **Domain** | **Outcome** | **ICB Evidence**  | **Rating** | **Owner (Dept/Lead)** |
| ***main 2:*** ***Workforce health and well-being*** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Colleagues currently have access to a range of health support and resources relating to outcome 2a, summarised as follows:* Vivup EAP - this is a 24/7, 365 days-a-year service where you can access qualified professionals who can provide counselling, and mental health support on a range of topics
* To support colleagues to help identify early health risks and positive lifestyle changes Occupational Health offer 30-minute health checks with our expert advisors. During the appointment, they measure your weight, blood pressure, height, waist, and cholesterol levels and provide staff with immediate results and offer personalised advice and guidance based on the individual’s needs
* Flex and agile working supports staff who may wish to work on a flexible/ work-life balance basis and this includes staff who may wish to work flexibly due to health reasons.
* Wellbeing and engagement champions
* The Trust signposts to regional and national support e.g. Crisis support, The initial response team
* Well service widely/regularly communicate about available support to staff about health conditions
* Well newsletter
* Promotes self-management of conditions to all staff
* DAWN, Mental Health and Neurodiversity Staff Networks
* In-house referrals to Occupational Health specialists, with a single point of contact. Support includes Occupational Health advice including access to Physiotherapy and both internal and external counselling services.
* Trust-wide staff vaccination programmes
* Menopause support service
* Signposting to smoking cessation service
* Clinical Psychologist
* Wellbeing & Adjustment passport
* Managers are required to conduct a wellbeing conversation as part of the staff appraisals process. The intention is to promote staff health and wellbeing and ensure that staff are made aware of any support services available and are enabled to access those services where needed.
* Colleague Care Month- offer a variety of virtual sessions including ‘Goal Setting’ ‘Boosting your Mood’ and ‘Mini Sleep Better' which aim to take the best possible care of your wellbeing and why this is important along with how to make positive changes to your home and work life.
* Our ELHT Staff wellbeing website has a range of services colleagues can access including internal, and external support and the latest wait times and contact details.
* Health & wellbeing events across all sites
* Refreshed and improved our Attendance Management Policy
* Mini Health Check including BP check, healthy weight management, physical activity & exercise guidance, weight & BMi, nutritional guidance, guidance on cholesterol, smoking cessation support, alcohol guidance and more!
* Qigong (pronounced chee gong) practice involves gentle repetitive movements co-ordinating deep rhythmic breathing and gathering your Qi. Its benefits are endless and in China it is practiced as: regular exercise, preventative medicine, self-cultivation of good Qi (energy) and training for the effect of martial arts.
* Mental Health Toolkit
* Mental health campaign– I know you’re not okay, let’s talk about it.
* Able-Futures -If staff experience anxiety, stress, depression or other mental health issues that affect them at work, Able Futures could give staff nine months' one to one personalised support from a mental health professional, at no cost to our colleague, it is 100% confidential.
* Our restaurant provides access to healthy menu choices for staff and patients and twice the Trust has won national Chef of the year.
* The Gym provides staff with access to fitness equipment, including showering facilities and we also promote membership with local gyms at discounted rates.
 |  **Achieving activity** **2 points** | ELHTPeople and Culture DirectorateAssociate Director of Wellbeing |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | EDS evidence provided in respect of 2b:* HR07 Early resolution policy.
* FTSU Guardians and champions with protected characteristics
* Staff safety group
* Zero tolerance policy on abuse of staff
* Freedom to Speak Up month.
* HR Best Practice Training
* Bystander Training for Medical Staff
* Sexual Safety Charter
* Embedding of the Trust Behaviour Framework.
* Speaking up safely training
* Employee relations review group
* EDI training
* Staff networks
* Staff Survey Action plan
* Big Conversations
* We contact employees who leave the trust via the “Moving on survey” to get feedback about their time with ELHT and to understand the reason for leaving so we can explore areas of concerns to improve future retention rates.HR Team maintain a record of all employee relations cases, these cases relate to:
* Requests for resolution
* Complaints under the early resolution Policy
* Disciplinary Investigations and Hearings

**Staff Survey 2022 / WRES and WDES data**Harassment, bullying or abuse from patients, relatives or the public in last 12 months* WDES 29.7%
* WRES 24%

Harassment, bullying or abuse from line managers in last 12 months* WDES 12.3%

Harassment, bullying or abuse from other colleagues in last 12 months* WDES 22.7%
* WRES 23.2%

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.* WRES 14.2%

Our Early Resolution Policy encourages positive working relationships as well as constructive and lasting solutions to workplace issues which have arisen. Staff can raise their concerns via a number of routes:  | **Developing activity** **1 point**  | ELHTPeople and Culture DirectorateDeputy Director of HR&OD |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | ELHT evidence provided for Outcome 2C:* FTSU Guardians
* FTSU Champions have been recruited to help signpost colleagues to appropriate support.
* Referral process to Occupational Health
* Vivup EAP - this is a 24/7, 365 days-a-year service where you can access qualified professionals who can provide counselling, and mental health support on a range of topics
* The 12 staff network chairs/co-chairs provide support to their members at their respective meetings and networking events.
* Mediation service
* Buddy scheme for colleagues
* Chaplaincy team
* Veteran Support Services
* Staff side representatives are on hand to offer independent advice, signposting and support

Equality Impact Assessments (EIA’s) are carried out for all policies.Panels for hearings and disciplinary have been changed to mirror representation on the panel.FTSU Champions are diverse, protected characteristics and professions have been taken into consideration. | **Achieving activity** **2 points** | Deputy Director of HR&OD |
| 2D: Staff recommend the organisation as a place to work  | Examples of good practice relating to Outcome 2D include;* Colleague Care Month
* Staff Networks and Staff Stories
* Moving on survey
* Flex and agile working
* Anti-Racism framework
* Festival of Inclusion
* EDI Action Plan
* Project M is a new Peer Support Group, specifically aimed at supporting managers and their wellbeing. This is for anybody who is responsible for line managing a member of a team. The aim of the Peer Support Group is to provide a forum where managers can hear from guest speakers, discuss their own wellbeing and take away strategies which can be supportive for them and their own teams in the workplace.
* The Trust celebrates various cultural days and awareness days via the Inclusion & Belonging annual calendar.
* Events are communicated to staff and staff are encouraged to participate. Examples Inc.
* Discover Islam month & Ramadan
* International Women’s Day
* Black History Month
* Diwali
* LGBTQ+ History Month
* Disabilities Month
* Christmas

Leadership & Management training and modulesPennine lancs e-learning. Health equity training.* Staff survey 2022
* 63% stated that they would recommend the Trust as a place to work.
* 64% state that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust
 | **Developing activity** **1 point** | ELHTPeople and Culture Directorate Associate Director of OD & Inclusion |
| **Domain 2: Workforce health and well-being overall rating** | **6 Undeveloped** |

**Additional Narrative:**

EDS Domain 2 and EDS Domain 3 were completed at organisation level. Evidence relating to both Domains were collected from relevant colleagues within Staff Networks, relevant leads and from the Intranet and Internet publications.

Colleagues were invited to a grading event on 19 February 2024. Grading for EDS Domain 2 was completed during this single grading event. Evidence packs were circulated to colleagues prior to the grading event, the evidence packs provided in addition to colleague’s own experiences of working at ELHT would inform their grading. The grading event was facilitated by the Inclusion and Belonging Lead. The grading event was attended by members of the diverse staff networks, trade unions, people and culture team and wider stakeholders and managers.

Grades received for EDS Domain 2 are as follows:

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| **EDS Domain 2: Workforce Health and Wellbeing** | **2023/2024 Grade** |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | **Achieving** |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | **Developing** |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | **Achieving** |
| 2D: Staff recommend the organisation as a place to work | **Developing** |

## Domain 3: Inclusive leadership (ICB)

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| **Domain** | **Outcome** | **Evidence**  | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 3:*** ***Inclusive leadership*** | 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 | * ELHT cover sheet for meeting papers includes a question which asks if an Equality Health Inequality Impact and Risk Assessment has been completed.
* Executive and Non-Executive Sponsorship of all of the Trusts Diverse Staff Networks is in place.
* CEO is Executive Sponsor of the Trust’s Anti-Racism project which forms part of the Clinical Quality Academy, taking a QI approach to anti-racism through compassion and inclusion.
* Executive and NED sponsorship of Festival of Inclusion (5th year) hosting sessions, safe spaces, Q&As.
* Teams Brief regularly focuses on ED&I awareness and topics and does not shy away from talking about issues of challenge and calling our behaviours that are not inclusive.
* Patient and Staff Stories collated and shared with key committees to ensure we learn and respond from the experience and lived experience of patients, families and staff
* Board objectives – EDI and health equity
* Strategic Priorities for 24/25 include both workforce belonging and wellbeing and health equity with specific anti-racism project and focus
* Programme of board development includes inclusion and health equity sessions
* Executive Director for Community, Partnerships and Health Equity chairs the Pennine Lancashire Health Equity Alliance with wider system partners to develop a coherent approach to health equity. Anti-Racism as focus for April session to influence system action.
* Health Inequality Committee being established in 2024 which will pull together the existing health equity work and oversee the progress during the delivery phase for 2024/25 and will report to Quality Committee and People and Culture Committee.
* Board have previously participated in Reciprocal Mentoring
* Board supported diverse NED development programme across the ICB including coaching and mentoring support.
* Health Equity and Inclusive Leadership event held as part of the wider Operational Leadership Development Programme in 2023/24 with external facilitator and ELHT faculty.
* Yvonne Coghill commissioned for October 2024 Board development session.
* Discover Islam Month (February 2024)
 | **Achieving**  | ELHTBoard Senior Leadership TeamPeople and Culture Team Health Inequalities Committee  |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Various Board papers were reviewed as part of an audit and equalities/health inequalities are referenced as follows:Trust Board Meeting 8 March 2023:* Action matrix – action TB/2023/006
* Maternity and Neonatal Service Update
* Our Staff Health and Wellbeing Strategic Action Plan 2023/2024

Trust Board Meeting 12 July 2023: * Minutes of 10 May 23 – FTSU
* Item 84: CEO Report – EDI Improvement Plan, Launch of ASPE+ Leadership, Armed Forces Day, Awareness Days
* BAF Risk 4
* Item 91: Anti-Racist Framework and EDI Improvement Plan

Trust Board Meeting 8 November 2023:* Item 137:CEO Report: Festival of Inclusion focused on Compassionate and Inclusive Leadership and Allyship, Family and Carer’s Network, ELHT Leadership Forum focused on Compassionate and Inclusive Leadership, Islamic faith and bereavement support, Awards Events, Awareness days
* BAF Risk 4

Trust Board Action Matrix:10 May 202313 September 202310 January 2024Quality Committee Report 6 November 2023:* Action Matrix

People and Culture Committee 6 November 2023:* PCC/2023/012 Minutes of 4 September meeting
* PCC/2023/18 Leadership Strategy Update
* PCC/2023/20 Workforce Update
* PCC/2023/21 Corporate risk register
* PCC/2023/22 BAF

People and Culture Committee 8 January 2024:* PCC/2024/006 Staff Story
* PCC/2024/009 Culture and Performance Dashboard
* PCC/2024/010 ED&I Update
* PCC/2024/011 FTSU Update
* PCC/2024/012 Corporate risk reg
* PCC/2024/013 BAF
* Workforce Report

Quality Committee Packs and Action Matrix:* 29 March 2023
* 28 June 2023

29 November 2023:* QC/2023/208
* QC/2023/217 Patient Experience Strategy
* QC/2023/218 Patient Participation Panel Update

QC/2023/221 Safeguarding Committee Minutes**Evidence packs can be provided upon request.** | **Split score:****Achieving (in respect of workforce inequalities)** **Developing (in respect of health inequalities)** | Culture and Inclusion TeamCorporate Governance TeamHealth Inequalities Lead  |
| 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 | * Trust strategic planning process takes place annually with strategic priorities developed with senior leaders for ratification by Board aligned to improvement priorities. These include both workforce belonging and health equity as priorities for 2024/25.
* Board and Senior Managers to have EDI objectives in place by March 2024
* Board development session planned in June 2024 (delayed from February 2024) to oversee performance, challenge progress and ensure that we have the relevant governance in place.
* People and Culture (P&C) Committee established in 2023 as a subcommittee of Board to strengthen governance.
* Development of People and Culture Dashboard and walkabouts – from Q1 2024/25.
* Health Inequality Committee is being established in 2024 to report to the P&C and Quality Committee to oversee coordinated delivery of health equity programme including the Core20Plus5.
* Trust assurance and performance framework in place with divisional performance meetings where senior leaders have check and challenge in respect of all metrics.
* Inclusion Group and BAME Assurance Group in place.
* EDI Improvement Plan and Integrated action plan in place.
* FFT / Patient Experience Team in place reporting to Quality Committee.
* FTSU Guardian and Ambassadors report to Board.
* Staff Networks in place with Executive/ NED Sponsorship.
* Integrated Performance Reporting in place and currently under review to ensure we adopt best practice from review of national exemplars.
* Equality impact assessment process is in place with EIAs completed for papers, policies and strategies.

**Evidence packs can be provided upon request.** | **Developing** | ELHTExecutive DirectorsPeople and Culture Team Strategy and Planning Team  |
| **Domain 3: Inclusive leadership overall rating** | **ELHT grade: Developing** |

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| **Third-party involvement in Domain 3 rating and review** |
| **Trade Union Rep(s):** As staff side we can confirm our involvement with the evidence collation, review and grading of Domain 2 as per the original plan and support the statement and self-assessment. The self-assessment ratings are indicative of current progress and the ongoing commitment.Julie Rigby, Unison Carla Ellis, UnisonLynette Wade, GMB | **Independent Evaluator(s)/Peer Reviewer(s):**The ICB and wider system worked together to pilot a system approach to the EDS 2022 in 2023/24. The system put in place an independent panel to review the evidence submitted for Domains 1 and 3. This was ambitious and reflects the value placed on independent scrutiny, transparency, and the value of different perspectives to drive improvements. Representatives from Healthwatch, Horizon and Anti-Racist Cumbria were part of the grading paneELHT submitted evidence and Board papers to that effect to enable this external and independent review. The panel provided a ‘system score’ which is included. Our self-assessed scores are included in this submission for information. |

**Additional Narrative:**

Grading of EDS Domain 3 was completed at organisation and system level. Evidence relating to both Domain 3 was collected from relevant colleagues within the Trust, SharePoint and Internet. Significant evidence was submitted by the Corporate Governance team in including Board Agendas and Papers. Questionnaires were also completed by Board Members.

**Grades – Trust level self-assessment of Domain 3 as follows:**

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| **EDS Domain 3: Inclusive Leadership** | **2023/2024 Grade** |
| 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 | **Achieving** |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | **Developing/Achieving** |
| 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** |

**Grades – System level external assessment of Domain 3 as follows:**

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| **EDS Domain 3: Inclusive Leadership** | **2023/2024 Grade** |
| 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**Whilst there is some discussion around equality and health inequalities there is a lack of consistency with some better than others.Attendance with staff networks and religious/cultural events isn't consistent, and one member saying 'not applicable to their job role' is concerning.The process for escalating concerns appears inconsistent |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | **Developing**There is an inconsistency across boards with some more proactive than others. |
| 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**Not all boards have a standing item linked to inclusionNot all board members regularly attend staff networksWhilst the action trackers are implemented it's unclear as to how unmet goals and objectives are addressed |

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| EDS Organisation Rating (overall rating): **Developing** |
| Organisation name(s): **ELHT**  |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

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| **EDS Action Plan** |
| **EDS Lead** | **Year(s) active** |
| Emma Dawkins, Associate Director of OD | 2024 - 2025 |
| **EDS Sponsor** | **Authorisation date** |
| Kate Quinn, Executive Director of People and Culture  | July 2024 |

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| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | The 2024 EDS 2022 cycle was to test the process.Learn the lessons from the 2024 cycle and improve the process.  | Presentation to the Health Inequality Committee to agree process for 2024/25 | 16 July 2024 |
| 1B: Individual patients (service users) health needs are met | As above. |  |  |
| 1C: When patients (service users) use the service, they are free from harm | As above. |  |  |
| 1D: Patients (service users) report positive experiences of the service | As above. |  |  |

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| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 2:****Workforce health and well-being** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Review the health needs of the workforce to ensure we are meeting needs and can adapt the offer.Strengthen the MH offer for staff based on previous feedback. | * Survey of health needs and priorities ensuring that results can be viewed by protected characteristic to enable greater targeting.
* Review into MH provision.
 | August 2024September 2024 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Develop as an anti-racist organisation to improve range of measures for staff and patient experience.Improve the process of reasonable adjustments to support colleagues to thrive in work. | * Achievement of Bronze award (NW BAME assembly).
* CQA – Aarushi Project – Anti-racism and allyship training offer.
* Anti Racism campaign.
* Support divisions to take up the AR charter at a local level.
* QI project to improve reasonable adjustments process and experience of staff with disabilities and long-term conditions.
* Training offer to support reasonable adjustments.
 | September 2024January 2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source |  |  |  |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Improve staff experience and reduce negative experiences  | * Revise people and culture priorities and plan
* People Promise Exemplar
* Big conversations
 | April 2024March 2025June 2024 |

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| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 3:****Inclusive leadership** | 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 | Board members and senior leaders to have inclusion objectives and objectives to support health inequalities. Board members to develop their understanding of Inclusion and Anti-Racism to support the achievement of strategic aims. Strengthen the links between networks and Board members.  | Review Board Objectives Board Development SessionsNED sponsorship of staff networks.Inclusive leadership development offer  | March 2024July and October 2024March 2024October 2024 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Review equality impact assessment process to ensure it includes health inequalities. Internal audit to include audit of HEIA process. Health inequalities workstream to be fully established with impact measures to enable this to be tracked. | Review of HEIA process and training.Internal Audit into HEIA Health Inequality work plans and delivery plans. | August 2024October 2024October 2024 |
| 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 | Ensure performance and monitoring processes are aligned re corporate and divisional EDI goals. | Review of Inclusion Group and People and Culture Committee Governance and work plans.Development of divisional data packs as part of culture dashboard. | October 2024 |

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