

Cover Sheet

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Title: Equality Delivery System 2023-24 Report

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Equality Delivery System 2023-24 Report

1. Purpose

1.1. The purpose of this paper is to:

- 1.1.1. Summarise the process undertaken to deliver on the Equality Delivery System (EDS) for this reporting year.
- 1.1.2. Report on the EDS Ratings that have been achieved.

2. Background

- 2.1. The EDS is an outcomes framework designed to support NHS organisations to gather effective data, and drive improvement, on equality, diversity, and inclusion (EDI). It forms part of the NHS Standard Contract and requires NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading.
- 2.2. A renewed EDS was published in August 2022, with a requirement to undertake the process and publish a report annually by 28th February. Due to the timing of Board meetings, the Trust has decided to publish its report in March.

3. Process Undertaken

- 3.1. Compliance against the EDS is managed by the EDS Working Group. This consists of representatives from Culture and Leadership, Patient Experience, Strategy and Partnerships, Performance, and Assurance. The Group reports to both the EDI Steering Group and Health Inequalities Steering Group.

Determination of Domain 1 Services

- 3.2. For Domain 1, the Health Inequalities steering Group shortlisted three directorates from the Divisions original submission of eight directorates.

Evidence Packs

- 3.3. To facilitate more effective evidence collation, the criteria for “Excelling” was used to identify the most effective evidence.
- 3.4. For Domain 1, the Patient Experience team initially met with the three chosen directorates, who then submitted presentations detailing their approach to addressing health inequalities.
- 3.5. For Domains 2 and 3, subject matter experts were identified to lead on evidence collation for each outcome. The evidence was then collated centrally to form the evidence packs.

Grading

- 3.6. Grading for Domain 1 was held in person. Each directorate team delivered a presentation, with a Q&A session held after each. For the second part of the day, discussions were held amongst the graders and the directorate team presentations were graded collectively by each table.
- 3.7. For Domain 2, Q&A sessions were held against each of the outcomes. Each of those Q&A sessions featured subject matter experts who were able to talk to, and answer questions on, the evidence packs provided. Following these Q&A sessions, participants were asked to review the evidence and outputs of the Q&As sessions and submit their gradings and feedback via an electronic form. Scores from individual graders were averaged to provide the final grade.
- 3.8. For Domain 3, participants were provided with the evidence packs and asked to review and submit grades and feedback via an electronic form. Scores from individual graders were averaged to provide the final grade.

4. Key Findings

- 4.1. The Trust was graded “Achieving” across all 11 of the EDS Outcomes. This is an improvement from last year where only 4 were rated as “Achieving” and the rest as “Developing”.
- 4.2. Many improvements are attributable to changes made to the evidence collection and grading process. This saw a more robust approach to collating evidence from a range of sources, with the Trust aligning the evidence to the criteria required to score “Excelling”. This approach has allowed for clear identification of gaps in the evidence and taking of mitigating action for this.
- 4.3. There has also been a range of activity within the Trust over the past year which has contributed to improvements. This includes:
 - 4.3.1. Development of the EDI and HI Dashboards.
 - 4.3.2. Introduction of EDI Objectives for all our people.
 - 4.3.3. Approval of protected time for Staff Networks.
 - 4.3.4. Improving understanding of, and access to support for, people with autism and learning disabilities.
- 4.4. Despite scores averaging out as “Achieving”, some outcomes saw a high proportion of individual participants provide a score of “Excelling”. This is seen in Outcome 2A wherein participants were impressed by the approaches taken to support the health and wellbeing of the workforce with innovative services such as Here for Health and the Staff Support Service.

- 4.5. Outcome 2C also received a relatively high proportion of “Excelling” scores, with participants noting the wide range of potential support available for staff and investment in Staff Networks.
- 4.6. Areas for improvement identified in the feedback largely focussed on ensuring that activities the Trust is undertaking are being properly bedded in and made accessible to everyone.

5. Conclusion

- 5.1. The Trust saw improvements on its EDS Grades in comparison to last year. Whilst there have been improvements resulting from interventions that Trust has taken within the last year, a significant contributor was due to a strengthening of the evidence collation process. Increased quality of the evidence packs enabled grading participants to more confidently allocate higher grades.
- 5.2. To support continued improvement on the EDS, the Trust has a Workforce EDI Action Plan and a Health Inequalities Programme. Both support improvement across the EDS Outcomes and progress against them is regularly provided to Board.

6. Recommendations

- 6.1. The Trust Board is asked to:
- Note the contents of the report.

7. Appendix 1 – Participants in EDS Grading

7.1. Below outlines the participants in the grading against each domain and demonstrates that all required stakeholders were represented. There were some participants in the grading who acted as representative for 2 stakeholder groups.

7.2. For Domain 1 there were 15 participants.

7.2.1. 4 of these were Trust Governors

7.2.2. 2 of these were Service Users

7.2.3. 5 of these were Volunteers

7.2.4. 1 was a chaplain

7.2.5. 1 was a patient safety partner

7.2.6. 2 were representatives of local organisations: Action Deafness and Dementia Oxfordshire

7.3. For Domain 2 there were 7 participants:

7.3.1. 3 of these were representatives of Staff Networks

7.3.2. 2 of these were representatives of Trade Unions

7.3.3. 1 was a representative of the Chaplaincy service

7.3.4. 1 was a Freedom to Speak Up Guardian

7.3.5. 1 was a Trust Wellbeing Champion

7.3.6. 1 was a Staff Governor

7.4. For Domain 3 there were 3 participants:

7.4.1. 2 of these were representatives of Staff Networks

7.4.2. 1 of these was a representatives of Trade Unions

7.4.3. 1 of these was an independent peer evaluator from our Integrated Care System (Buckinghamshire Healthcare NHS Trust).

8. Appendix 2 – Summary of Evidence and Rating Against EDS Outcomes

Understanding Ratings

8.1. During the grading process, graders score each outcome 0, 1, 2, or 3. These scores provide an outcome rating. To determine the overall Trust rating, outcome scores are totalled together.

8.2. The table below summarises the ratings, with a description of the rating and the corresponding scores required for those ratings for each outcome as well as the Trust overall.

Rating	Description	Outcome Score	Overall Trust Score
Underdeveloped	No or little activity taking place	0	Less than 8
Developing	Minimal/basic activity taking place	1	Between 8 and 21
Achieving	Required level of activity taking place	2	Between 22 and 32
Excelling	Activity exceeds requirements	3	33

8.3. Further details of the evidence required to achieve ratings for each outcome can be found in the [EDS Ratings and Scorecard Guidance 2022](#).

Trust Ratings

8.4. The table below summarises the evidence presented, the rating achieved, and feedback received against each of the EDS Outcomes. For the rating, a breakdown of scores is also given to provide further context. For Domain 1, Maternity, Acute Medicine Rehabilitation [AMR] and Childrens each did presentations which were scored separately, these have been provided.

EDS Outcome	Evidence Presented	Rating	Feedback
Domain 1: Commissioned or Provided Services			
1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> Expansion of Community Safety Practitioner Service Maternity services for local communities in Oxon and beyond Co production through clinical strategy Ronald McDonald House – support family to stay together as unit 	<p>Achieving Activity</p> <p>0 – 2% 1 – 10% 2 – 64% 3 – 24%</p>	<ul style="list-style-type: none"> Support for patients with Learning Disabilities, or Neuro Diverse patients could be improved. Limited availability of Tetum interpreters could be a barrier
1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> Interpreting and Translation improvement project Examples of online workshops Programme to support education of Healthcare Support Workers [HSW] within complex medical wards around personal care and cultural awareness, nutrition and hydration, patient identity Autism awareness project Hospital Play team / equipment for children with additional needs 	<p>Achieving Activity</p> <p>0 – 2% 1 – 11% 2 – 65% 3 – 22%</p>	<ul style="list-style-type: none"> It would be beneficial for the cultural awareness refresher education more widely accessible for all staff groups. Increase inclusion with patient engagement groups
1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> MDT working Continuous risk assessment Teaching packages / reflective sessions – frailty suits, lived experience ambassadors Pets as therapy Bento Boxes / Finger food options Day Room Refurbishment -inclusion of Reminiscence Technology 	<p>Achieving Activity</p> <p>0 – 0% 1 – 22% 2 – 54% 3 – 21%</p>	<ul style="list-style-type: none"> Focus on improving for young people moving from childrens to adult services

<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> Evidence provided of Daisy Awards / National Awards nominations Improved patient experience in the ED waiting room Friends and Family Test Feedback National Survey Feedback 	<p>Achieving Activity</p> <p>0 – 2% 1 – 23% 2 – 54% 3 – 21%</p>	<ul style="list-style-type: none"> More evidence could have been provided around how +/- feedback was handled. Seek feedback more actively for hard to reach / diverse groups. Young person focussed feedback could be improved
<p>Domain 2: Workforce Health and Wellbeing</p>			
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> Trust People Plan and EDI Objectives EDI Dashboard and Staff Demographics Staff Survey Data Details of how sickness absence is monitored through monthly reporting and how data is used to support improvements. Information on the Trust’s wellbeing offering to support management of conditions in the workplace including Occupational Health, Here for Health, and the Staff Support Service. Details on how services monitor access by protected characteristic and use information to enable access for all staff. Information on initiatives and policies to provide healthy work-life balance, and providing opportunity to exercise, including the Flexible and Agile Working Policies and outdoor gym equipment. Examples of initiatives to improve health literacy, including health and wellbeing roadshows and health assessment kiosks. 	<p>Achieving Activity</p> <p>0 – 0% 1 – 14% 2 – 29% 3 – 57%</p>	<ul style="list-style-type: none"> Evidence of a wide range of services to meet a range of health and wellbeing needs with evidence of increasing communication and signposting to these. Some concerns about whether information on these services was reaching everyone within the Trust. There was evidence of the Trust providing innovative services that support health and wellbeing such as Here for Health and the Staff Support service. Good examples were given to actively develop the health literacy of the workforce. Some felt it was this was not yet mainstreamed but recognised that attention is being paid to it and it is bedding in over time. It was noted there was an improvement in equality monitoring for our health and wellbeing services in comparison to last year.
<p>2B: When at work, staff are free from abuse, harassment, bullying and</p>	<ul style="list-style-type: none"> Trust People Plan and EDI Objectives EDI Dashboard and Staff Demographics Staff Survey Data 	<p>Achieving Activity</p>	<ul style="list-style-type: none"> The Trust Polices demonstrated a commitment to zero tolerance, as did the initiatives put in place. However more evidence was required to show

<p>physical violence from any source</p>	<ul style="list-style-type: none"> • Policies on Respect and Dignity at Work and Managing Violence and Aggression Against Staff. • Information on the Eradication of Bullying and Harassment campaign; including Kindness into Action and No Excuses. • Details of support available to those who experience B&H. • Staff stories on B&H that have been presented to Board. 	<p>0 – 0% 1 – 43% 2 – 43% 3 – 14%</p>	<p>that this zero tolerance approach was always the case in practice.</p> <ul style="list-style-type: none"> • There was evidence from Combined Equality Standards reporting that bullying and harassment had reduced over time, but it was clear there was still differences in experience of it based on protected characteristic. It was felt there should be more focusses activity to reduce these gaps. • It was felt the ambition to ‘eradicate’ bullying and harassment was admirable, however unrealistic and it was felt further details on the plans to achieve this should be publicised more widely. • Noted the activity to improve reporting, especially looking at incidents handled informally. However, more evidence is required that all staff feel safe to raise concerns in the first place.
<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • Trust People Plan and EDI Objectives • EDI Dashboard and Staff Demographics • Staff Survey Data • Freedom to Speak Up Strategy and Policy • Details on Staff Networks and how they are resourced • Trust Equality Impact Assessment Procedure • Examples of how B&H is monitored and reported through Employee Relations Case Updates and WRES/WDES Reporting. 	<p>Achieving Activity</p> <p>0 – 0% 1 – 14% 2 – 43% 3 – 43%</p>	<ul style="list-style-type: none"> • Generally felt there was strong evidence of a range of support and resources for staff to access. The ‘signposting document’ was highlighted as a useful tool. • Not clear in evidence that the various sources of support provided appropriate levels of assistance. The Employee Assistance Programme highlighted as lacking evidence for the support it provides. • Evidence of the impact of, and investment in, Staff Networks was strong, although some concerns that this might not work for all staff if they are not able to join the Networks. • Clear examples of Equality Impact Assessments being done on HR Procedures, however felt that this needs to be extended to associated guidance as well to ensure approaches consistently consider the needs of those with protected characteristics

<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • Trust People Plan and EDI Objectives • EDI Dashboard and Staff Demographics • Staff Survey Data • Details of how sickness absence is monitored through monthly reporting and how data is used to support improvements. • Details on how exit interviews are used to support improvements. • Examples of using experiences of staff with protected characteristics to inform action including WRES/WDES/GPG reporting and a submission to the Stonewall Workplace Equality Index. • Examples of working with partner organisations to improve staff experience, including Kindness into Action. 	<p>Achieving Activity</p> <p>0 – 0% 1 – 14% 2 – 57% 3 – 29%</p>	<ul style="list-style-type: none"> • For 'Achieving', the scoring guidance has a threshold of 70% of staff recommending the organisation as a place to work. Many graders felt that, despite the Trust not meeting that threshold (61%), work to improve staff experience and the higher score for recommending the organisation as a place to receive treatment (74%) warranted the rating of 'Achieving'. • Evidence showed that the Trust was actively trying to listen to staff and respond to feedback. The Time to Talk approach was highlighted, although there were some concerns that this was not reaching everyone and further evidence of ensuring everyone was able to safely provide feedback on the Trust would be useful. There was also some feedback that the Trust could be timelier in its response to feedback. • It was generally felt there was good evidence of using staff experience to inform action, through equality-related reporting as well as exit interviews. • Evidence given of working with partnership organisations was good.
<p>Domain 3: Inclusive Leadership</p>			
<p>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</p>	<ul style="list-style-type: none"> • Trust Strategy, People Plan, and EDI Objectives • Details of EDI Steering Group • Details of Health Inequalities Steering Group • Examples of senior leadership engagement with EDI & HI, including engagement with International Womens Day, Black History Month, Oxford Pride and communications on various holidays and awareness days. 	<p>Achieving Activity</p> <p>0 – 0% 1 – 0% 2 – 100% 3 – 0%</p>	<ul style="list-style-type: none"> • Evidence of Board and Senior Leaders discussing EDI and HI was present, with leadership involved in both the EDI and HI Steering Groups. • There was strong evidence of senior leaders being engaged with Staff Networks having attended a range of their events as well as inviting them to present directly to Board. • Work to ensure all staff had an EDI-based objective as part of their appraisal was seen as a

	<ul style="list-style-type: none"> Information on Staff Networks, their Executive Sponsors, and on presentations given by the Networks to Board. Chief Officer EDI Objectives. 		<p>positive step but further evidence was needed on the impact of this.</p>
<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> Review of Board papers including specific papers on EDI & HI as well as excerpts from Integrated Performance reports that discuss EDI&HI. Quality Impact Assessment (QIA)Tool Equality Impact Assessment (EIA) Tool Documentation on risk assessment for BME staff 	<p>Achieving Activity</p> <p>0 – 0% 1 – 33% 2 – 67% 3 – 0%</p>	<ul style="list-style-type: none"> Evidence of use of EIA was inconsistent and wasn't used as standard for all papers presented to Board. It was felt that the work to improve the QIA process was a step forward.
<p>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</p>	<ul style="list-style-type: none"> Trust Strategy, People Plan, and EDI Objectives Combined Equality Standards Reporting (WRES/WDES/GPG). EDS Reporting Chief Officer EDI Objectives EDI and Health Inequalities Dashboard Divisional EDI Action Plans PLACE Reporting AIS Reporting Examples of working with system partners to identify and action priorities including Kindness into Action. Menopause Health and Wellbeing Policy 	<p>Achieving Activity</p> <p>0 – 0% 1 – 33% 2 – 33% 3 – 33%</p>	<ul style="list-style-type: none"> There was evidence of improvement against some WRES and WDES metrics over time, especially on representation at Board, however not all metrics showed year-on-year improvements. Felt there has been an improvement in the ways the Trust measures performance through the EDI and HI Dashboards. It was felt that the integration of various workforce EDI requirements (WRES etc) into a singular Workforce EDI Action Plan will enable more efficient monitoring and implementation of work.