NHS Equality Delivery System 2022
Chelsea & Westminster NHS Foundation Trust

Version 1, 9 August 2024

Section 1: Introduction

This paper provides an overview of the outcome of Equality Delivery System 2022 (EDS2022), at our Trust and in partnership across the NWL APC. The Equality Delivery System (EDS) is a system that helps NHS organisations improve the 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. EDS helps NHS organisations comply with their Public Sector Equality Duty (PSED), while enabling the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by connecting those outcomes and the health and wellbeing of staff members.

EDS2022 implementation by NHS provider organisations is mandatory in the NHS Standard Contract.

Section 2: Methodology

The grading exercising took place between Q3 2023/24 and Q1 2024 /25. It is important to note that EDS 2022 is not a self-assessment tool. Performance must be assessed and graded by NHS organisations in discussion with external stakeholders and their workforce. There are 11 outcomes (illustrated below) spread across three domains that stakeholders were asked to assess and grade using available evidence and insight leading to actions for further improvement.

Domain 1: Commissioned or provided services	Domain 2: Workforce health and well-being	Domain 3: Inclusive leadership
1A: Service users have required levels of access to the service	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	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
1B: Individual service user's health needs are met	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
1C: When service users use the service, they are free from harm	2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients
1D: Service users report positive experiences of the service	2D: Staff recommend the organisation as a place to work and receive treatment	

Stakeholders were asked to rate chosen services against the respective domain's outcomes based on evidence packs provided and using the following rating scale:

Undeveloped activity	Developing activity	Achieving activity	Excelling activity

National requirements recommend Trusts to consider three services for domain one (commissioned or provided services). The services chosen can be a service where data indicates it is doing well, not doing so well or where its performance is unknown.

Domain 1 – Each APC Trust collated evidence across their three services and evidence packs were sent for grading collaboratively across the APC. For our Trust, we chose Maternity Services, Chaplaincy and the Discharge Ready Unit. Stakeholder groups invited to take part included patients, patients' friends and families, carers, patient experience group members and community and voluntary sectors members. Overall, there were 6 responses for this domain. Stakeholders who responded and

graded identified as friend and family, carer, members of patient experience group and community and voluntary sector.

Domain 2 - Due to the variations across the four APC Trusts, this domain was assessed and graded at individual Trust level. There were 13 responses for this with stakeholders from health and wellbeing champions, Mental Health First Aiders, staff networks, FTSU and staff side / trade union representatives.

Domain 3 - Domain 3 was completed in partnership across the APC with each Trust having collated their own evidence. Stakeholders were asked to grade each of the four Trusts and also the NWL APC. There were 15 responses across the APC. Stakeholders who responded and rated the APC were members of the Acute Provider Collaborative, a Peer Reviewer from another NHS provider, NWL ICS, Board Member, Union or Staff Side representative and EDI Subject Matter Experts.

Section 3: outcome of the grading exercise

The **EDS Rating and Score Card** (illustrated below) was applied and a summary of the grading for each domain is set out below.

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**

This report summarises the grading outcome. Additional information and details of the analysis are available on request.

Domain 1 findings: Commissioned or provided services

Stakeholders were asked to grade the three areas (Chaplaincy, Maternity and Discharge Ready Unit).

Overall, 6 people graded domain 1 and the outcome based on their grading is set out below.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Patient Data Patient Experience Data Quality Reports Trust Policies CQC data Patient & Public Engagement & Experience Group	Developing	Corporate Nursing
	1B: Individual patients (service users) health needs are met	Patient Data Patient Experience Data Quality Reports Trust Policies CQC data Patient & Public Engagement & Experience Group	Achieving	Corporate Nursing
	1C: When patients (service users) use the service, they are free from harm	Patient Data Patient Experience Data Quality Reports Trust Policies CQC data Patient & Public Engagement & Experience Group	Achieving	Corporate Nursing
	1D: Patients (service users) report positive experiences of the service	Patient Data Patient Experience Data Quality Reports Trust Policies CQC data Patient & Public Engagement & Experience Group	Achieving	Corporate Nursing
Domain 1: Commissioned or provided services overall rating			Achieving	Evidence pack for domain 1 PDF EDS2022 Domain 1 CWH Stakeholder gra

Domain 1 conclusion

It is noted that the sample size was extremely small for us to draw any real conclusions. However, the feedback will be taken into account for the purposes of understanding the overall picture and outcome of this report. This year, we faced challenges with insufficient participation for our EDS reporting, which has limited the breadth of our insights. Moving forward, we will enhance our outreach efforts to ensure broader participation in the next cycle, reflecting on lessons learnt from this cycle to allow for more comprehensive representative assessment.

Domain 2 findings: Workforce health and well-being

This domain looks at access to health and wellbeing support for the workforce. It looks at data collected on the workforce, including WRES and WDES, sickness and long term conditions data. There were 13 responses for this with stakeholders from health and wellbeing champions, Mental Health First Aiders, staff networks, FTSU and staff side / trade union representatives.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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	Staff demographics Trust People Plan Trust EDI Objectives Trust WRES/WDES/GPG Reporting Information on the Trust Wellbeing Offer Staff Survey Results and broken down by protected characteristics Information on the activity from Health and Wellbeing Lead. Information from Freedom to Speak Up Guardian Trust Policies	Achieving	People & OD Occupational Health
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staff demographics Trust People Plan Trust EDI Objectives Trust WRES/WDES/GPG Reporting Information on the Trust Wellbeing Offer Staff Survey Results and broken down by protected characteristics Information on the activity from Health and Wellbeing Lead. Information from Freedom to Speak Up Guardian Trust Policies	Developing activity	People & OD Occupational Health Divisions
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Staff demographics Trust People Plan Trust EDI Objectives Trust WRES/WDES/GPG Reporting Information on the Trust Wellbeing Offer Staff Survey Results and broken down by protected characteristics Information on the activity from Health and Wellbeing Lead. Information from Freedom to Speak Up Guardian Trust Policies	Achieving	People & OD
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff demographics Trust People Plan Trust EDI Objectives Staff Survey Results and broken down by protected characteristics	Achieving	People & OD
Domain 2: Workforce health and well-being overall rating			Achieving	Evidence Pack for Domain 2 PDF EDS2022 Stakeholder grading

Domain 2 conclusion

The grading exercise revealed that although the Trust has developed an extensive range of resources aimed at promoting self-care and support for managing their medical conditions, there is a need to enhance the visibility and accessibility of these resources. It has also revealed what is known, that despite improvements across our staff survey and targeted campaigns to increase safety, too many of our staff continue to experience violence and aggression at work—in particular, from patients and

members of the public. Bullying and harassment between colleagues is experienced too frequently and, at times, colleagues do not feel confident in reporting these issues. Therefore, a primary people aim in 2024/25 will be ensuring that our colleagues 'feel safe' both psychologically and physically. We

We have also set priorities aimed at supporting our colleagues who are underrepresented to develop their careers, providing opportunities for development and progression and ensuring we are proactive in implementing reasonable adjustments for our people who need them. We will be bold in tackling poor behaviour wherever it occurs, equipping our workforce, in particular, through focussed and inclusive leadership development—with the skills needed to make effective challenge while ensuring there are strong mechanisms in place for people to raise concerns.

Domain 3 findings: Inclusive leadership

Overall across the APC there were 15 graders. The ratings following the grading exercise are set out in the table below. The overall rating for the Trusts within the APC is "achieving," indicating a commendable level of commitment. However, there remains room for improvement, particularly relating question 3B, which pertains to the thoroughness with which board and committee papers, including minutes, identify and address the impacts and risks related to equality and health inequalities.

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	Trust Strategic objectives Trust BAF for EDI (Belonging) Trust EDI Plan • Trust People Plan • Details on EDI Steering Group • Details on Health Inequalities Steering Group • Review of discussion relating to EDI and • Information on Staff Networks • Details of Board member engagement with EDI and Health Inequalities	Achieving	Trust Executive Board
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Review of a random sample of papers from meetings of Trust Board, meetings at Board in Common for NWL APC. Local People and Workforce Committee	Developing	Trust Executive Board
	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 objectives Trust BAF for EDI (Belonging) Trust EDI Plan Trust People Plan Details on EDI Steering Group Details on Health Inequalities Steering Group Review of discussion relating to EDI and Details of Board member engagement with EDI and Health Inequalities	Achieving	Trust Executive Board
Domain 3: Inclusive leadership overall rating			Achieving	Evidence Pack for Domain 3 EDS2022 NWL ACP -Domain 3 Grading Pa
Third Party involvement in Domain 3 rating and review. Trade union Rep(s): Engaged Independent Evaluator(s) / Peer Reviewer(s): Engaged				

Domain 3 conclusion

Overall, the feedback suggests that while there are positive elements and efforts within the NWL APC, further improvements are needed. These include ensuring leadership stability, enhancing data integration and use, fostering genuine partnerships, committing to EDI, demonstrating tangible outcomes, and accelerating collaborative efforts.

By the time of concluding of the EDS 2022 grading exercise, the APC had made further strides by approving an APC Equity, Diversity and Inclusion Action Plan 2024 / 26, which set out actions to be achieved locally by individual Trusts and those we should assure and apply once across our collaborative. The latter include the creation of an Equitable Employer Dashboard, transparency and standardisation across job evaluation and pay awards between our organisations, shared online hub to support international staff, common approach, and training to tackle bullying and harassment, and standardised approaches to making reasonable adjustments. There is an underpinning action for all Trusts to incorporate EDI objectives into 2024/25 board member and executive team appraisals as well as strengthening the links between the board and our staff networks.

The APC has taken a phased approach, with the above recommendations "Phase 1" focused on our people. An equivalent group is to established for "Phase 2" to focus on the actions our APC should pursue to support higher-quality, equitable patient care and additional contributions we should make in addressing health inequalities amongst our communities. This group should report before March 2025.

Section 4: Overall conclusion

While the sample size across all domains was too narrow for us to draw any real conclusions, we recognise that many of the emerging issues are known and are being addressed through existing programmes of work and priorities, some of which are described above. We have made progress in our equity, diversity and inclusion (EDI) priorities, reinvigorating our staff networks with additional financial support and executive sponsorship, which has seen membership grow and several staff-led celebrations throughout the year. We have pledged our commitment to race equality by signing the Race Equality Charter, joining the Diversity in Health leadership programme and rolling out Leading with Cultural Intelligence training for a large cohort of our senior leaders. Our staff survey results tell us many of our staff feel they have a voice and are confident to raise concern and we have supported this with the introduction of shared decision-making councils, invested in a dedicated FTSU Guardian, and recruited and trained more FTSU champions. We will continue to build on this through the introduction of the new staff forum and the roll out of the new Patient Safety Incident Response Framework. Colleagues report a better experience of health and wellbeing and there is excellent take-up of our H&W and staff benefits offer. We have trained many more health and wellbeing champions and ran regular Wellfest events, maintaining our focus on the physical and psychological safety of our staff, with a particular focus on staff experience of violence and aggression which saw the launch of our nationally-recognised kindness campaign.

For our patients, we have recently refreshed our Clinical Services Strategy and an important touchstone is the need to look beyond the walls of our Trust to address the inequities that can lead to poorer health outcomes. We know that if we are to make a real impact on for the people we care for, we need to start thinking beyond traditional approaches and collaborate across the system to reduce health inequities. Bedded within this strategy are a number of action plans including the staff experience action plan and the development of the long term conditions model. We have also taken huge strides in implementing the Patients Safety Response Framework, which we are actively embedding in all our work. Our Quality Improvement methodology has also embedded the Quality, Equality and Health Inequalities Assessment Framework to support our quality, workforce and efficiency plans within the Trust Improvement Programme and ensuring these can be delivered without impacting on the quality and safety of care for patients, families, friends and staff.

We are required to publish our EDS 2022 report and action plan on our website. Similar to our WRES, WDES and Gender Pay Gap (GPG), our EDS 2022 action plan will be part of our wider EDI action

plans 2024 / 25 which we have now mapped to the APC Equity, Diversity and Inclusion Action Plan 2024 / 26 (appendix 1).

The EDI action plan will be delivered through the Belonging in in the NHS subgroup. Further, a number of the issues identified here will also be addressed through specific activities in Looking after Our People subgroup. The aims, deliverables and measures for these two subgroups under the People Strategy are illustrated below:
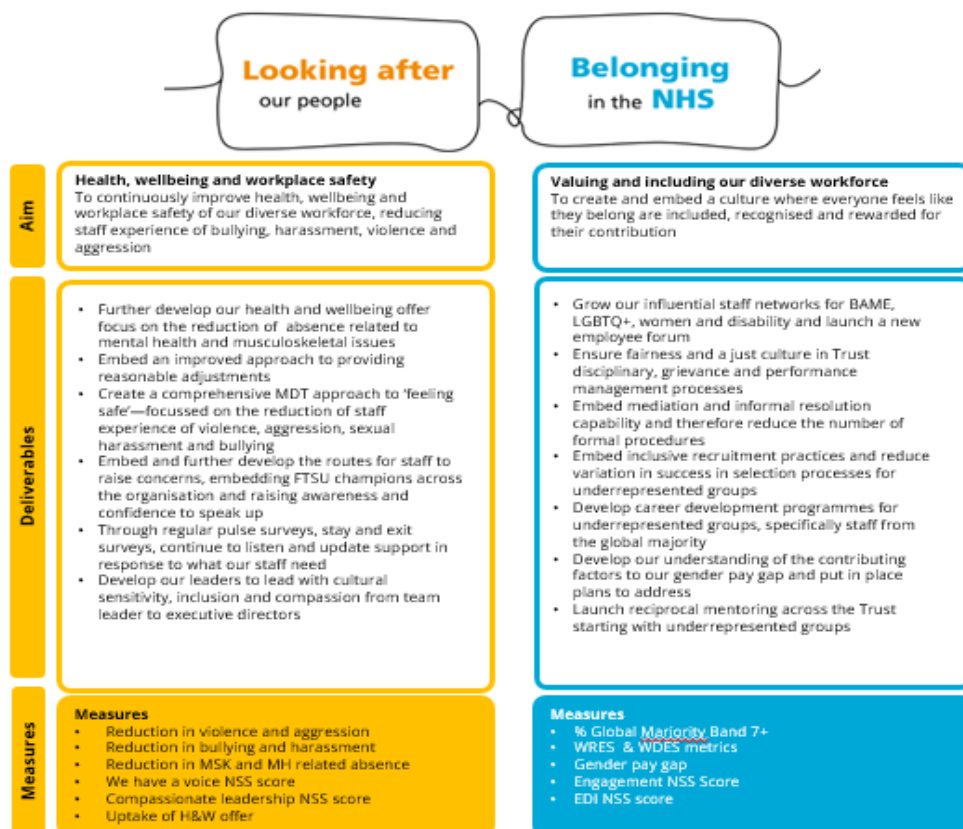
The Workforce Development Committee will oversee delivery against the plans for both these subgroups and report into People and Workforce Committee.

Section 5: Next steps

This year, we faced challenges with insufficient participation for our EDS reporting, which has limited the breadth of our insights. Moving forward, we will enhance our outreach efforts to ensure broader participation in the next cycle, reflecting on lessons learnt from this cycle to allow for more comprehensive representative assessment.

It is planned to commence the engagement and grading for the next cycle in September 2024 in order to meet the publication deadline by 28 February 2025 and to allow sufficient time to engage with stakeholders.

Section 6: Recommendations

The Executive Management Board is asked to note the steps taken by the Trust to comply with the NHS Standard Contract and approve the outcome for publication.

Appendix 1 - ChelWest and APC EDI actions

CW EDI plans 2024/25	APC EDI action plan 2024 / 26 Ordinary text = consistent actions expected locally within each Trust. **Bold italicised text = recommend collaborative actions**
1. Support the development of our leaders to embed equalities impact into all elements of Trust service provision.	**Incorporate EDI objectives into 2024/25 board member and executive team appraisals Strengthen the links between the board and our staff networks** **Create APC director pairing programme**
2. Grow our influential staff networks for BAME, LGBTQ+, women and disability and launch a new employee forum	**Strengthen the links between the board and our staff networks**
3. Ensure fairness and a just culture in Trust disciplinary, grievance and performance management processes	Address unconscious bias and promote inclusive environments in local areas
4. Embed mediation and informal resolution capability and therefore reduce the number of formal procedures	**Implement a common approach in supporting colleagues across the APC in tackling bullying, discrimination, harassment and physical violence, with a specific focus on addressing the worse experiences of Black, Asian and Ethnic Minority colleagues**
5. Embed inclusive recruitment practices and reduce variation in success in selection processes for underrepresented groups	Implement the NHSE Inclusive Recruitment Framework **Create an Equitable Employer Dashboard for measuring employment outcomes across the APC and agree targets to track progress** Reinforce local systems for inducting and on boarding internationally recruited staff **Develop and implement a digital overseas staff "app" and/or online hub that supports their induction, captures overseas staff experience to support improvements and provides on-going support**
6. Develop career development programmes for under-represented groups, specifically staff from the global majority 7. Launch reciprocal mentoring across the Trust starting with underrepresented groups	Implement inclusive talent management initiatives
8. Develop our understanding of the contributing factors to our gender pay gap and put in place plans to address	**Promote transparency and standardisation across job evaluation and pay awards to support pay gap elimination**
	Conduct local review of health inequalities within trust workforce and implement local interventions to support their health and wellbeing