Date of Meeting:	4th January 2023		
Agenda Item:	Equality Delivery System (EDS) 2022 – grading report		
Executive Sponsor:	Karen O'Brien		
Author:	Mark Johns, Engagement Diversity and Inclusion Manager		
Title:	Equality Delivery System 2022 – grading report		
Paper Type:	For Decision	For Assurance	For Information
	☐	☒	☒
Paper Status:	Public	Private	Internal
	☒	☐	☐
Purpose:	• This report provides details of the recently introduced NHS England mandated requirement to undertake an annual grading against the Equality Delivery System framework. • The report will provide the committee with the grades we achieved for each of the EDS 2022 objectives and the areas that require further development. • This report will discharge our duty to report on our progress in relation to EDS 2022 and the actions outlined within will feed into and feature in the review of the Equality Strategy due in April 2023. • We achieved an overall 'achieving grade'.		
Previously Considered By:	The report will also be made available on our website, sent to stakeholders, our staff networks and the EDI steering group.		

Please indicate how paper links to the following key considerations:

NEAS 9 Plans:	Operations & Performance ☒	Planning & Finance ☐		Green & Estates ☐
	NEASUS & Commercial Growth ☐	People ☒		Digital ☒
	Quality Improvement & Transformation ☒	Quality & Safety ☒		Clinical Model ☐
Triple Aim:	Better health and wellbeing ☒	Better quality of health services ☒		Sustainable use of NHS resources ☐
Values:	Compassion ☒	Accountability & Responsibility ☒	Respect ☒	Excellence & Innovation ☒	Proud to Make a Difference ☒
CQC Domains:	Safe ☒	Effective ☒	Caring ☒	Responsive ☒	Well-Led ☒

Equality Delivery System (EDS) 2022 Grading Event

1.0   Executive Summary

1.1   In April 2022 NHS England launched a revised equality framework – EDS 2022 which replaced EDS2. The new framework reduced the number of objectives and increases the frequency that they need to be reviewed with staff, stakeholders and unions.

1.2   To meet the mandated requirements we undertook a grading event in November 2022.

1.3   At the event the following number of grades were achieved for the objectives:

> 1 x Excelling
> 1 x split Excelling / Achieving
> 8 x Achieving
> 1 x Undeveloped

1.4   Comparing against a similar grading under the previous less prescriptive framework indicates three areas have declined and two have improved.

2.0   Background

2.1   In April 2022 NHS England launched a revised equality framework – EDS 2022.

2.2   The revised framework reduced the number of objectives NHS organisations needed to statutorily grade themselves against in the previous EDS2 framework from 18 to 11. It also increased the frequency of the grading from every three years for each objective to every year.

2.3   NHS organisations need to undertake an assessment, identify areas for improvement and report to the board by the end of February 2023 and annually thereafter.

3.0   Grading process

3.1   We decided to undertake a grading and involve staff, unions and stakeholders as set out in the EDS 2022 guidelines. Following consultation with stakeholder on the guidelines we held a separate session for staff and unions in the morning, grading the workforce objectives; and invited stakeholders, staff and unions to the afternoon to grade patient focused and governance objectives. Appendix 2 outlines the staff, union and stakeholders who attended.

3.2   The format of each objective was for the relevant subject matter expert from the Trust to provide a 15-20 minute presentation outlining the evidence, data, metrics and examples relating to each objective. Each presenter explained how these applied to the protected characteristics covered by the framework.

3.3   Each attendee was supplied with a list of the requirements for undeveloped, developing, achieving and excelling and were asked to listen to the presentation, ask questions and make a judgment on which grade they believed we had achieved. The Mentimeter app was used to collect anonymous responses and give instant feedback on the grade each objective had achieved.

4.0 Summary of results

4.1   The assessment achieved 1 x excelling, 1 x split excelling / achieving, 8 x achieving and 1 x undeveloped grade.

4.2   Eight of the 11 objectives have comparative objectives in EDS2 which were graded between 2018-2021. For those comparative objectives:

> 8 - remained at achieving grade.

1 - increased to excelling – service users have required levels of access to the service.

1 - moved up to a split grade of excelling/achieving – staff are free from harassment, bullying, and physical violence from any source.

1 - declined to developing – staff recommend the organisation as a place to work and receive treatment.

EDS 2022 Objective	EDS3 Descriptor	EDS 2022 Grade	EDS 2 Grade (2018-21)	EDS2 Objective
1A	Service users have required levels of access to the service	Excelling	Achieving	Similar to 1.1
1B	Individual service user's health needs are met	Achieving	Achieving	Similar to 1.2
1C	When patients use the service, they are free from harm	Achieving	Achieving	Similar to 1.4
1D	Service users report positive experiences of the service	Achieving	Achieving	Similar to 2.3 & 2.4
2A	At work staff are supported to manage obesity, diabetes, asthma, COPD and mental health issues	Achieving	n/a	No equivalent
2B	Staff are free from abuse, harassment, bullying and physical violence from any source	Achieving / Excelling	Achieving	Similar to 3.4
2C	Staff can access support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source	Achieving	n/a	No equivalent
2D	Staff recommend the organisation as a place to work and receive treatment	Developing	Excelling	Similar to 3.6
3A	Board members, leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequalities	Achieving	Excelling	Similar to 4.1
3B	Board/Committee papers identify equality and health inequality impacts and risks and how they will be mitigated and managed	Achieving	Excelling	Similar to 4.2
3C	Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients	Achieving	n/a	No equivalent

4.3   Appendix 1 provides a full breakdown of the number and level of grades for each objective. Under the EDS 2022 Scoring matrix you get points for each grade.

0 points   – undeveloped
1 point   - developing
2 points   - achieving
3 points   - excelling

Appendix 1 calculates the number of points each objective obtained to help identify areas that are strong and areas for improvement.

5.0 Areas for improvement

5.1   The only area graded at 'Undeveloped' was 2D - Staff recommend the organisation as a place to work and receive treatment. The grading criteria for this is based around the staff survey metrics and to move this towards achieving we would need to improve our staff experience scores across the board as well as across all protected characteristic groups.

Outcomes we would need to achieve to improve in this area include:
   A. 70% of all staff including people with specific protected characteristics would recommend the place as a place to work.
   B. 70% of all staff including people with protected characteristics would recommend the services we provided to friends and family.
   C. Improve the use of sickness absence data by protected characteristics for staff retention purposes.
   D. Improve the use of exit interview data by protected characteristics to identify trends and make improvements.
   E. Continue to act upon and provide examples of improvement made considering differences in staff survey data by protected characteristics groups.

To move towards excellence in these areas, we would need to achieve 85% across both indicators and work with partner organisations to better the experiences of all staff.

5.2   Of the objectives that achieved the 'Achieving' grade, the following scored an average of below 2. Although these objectives were graded achieving a large proportion of attendees also graded these objectives below this grade. These included:

2C   Staff can access support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source – average of 1.9
   A. Embed Freedom to speak up guardians across the Trust.
   B. Develop systems to learn from FTSU issues.
   C. Evidence staff networks engagement in the equality analysis assessment process for bullying and harassment.

3A   Board members, senior leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequalities - average 1.7
   A. Include both equality and health inequalities are standing agenda items and discussed in board and committee meetings. (3A & B)
   B. The board demonstrates commitment to health inequalities and Core20PLUS.
   C. Board members hold services to account and allocate resources relating to Health inequalities and ED&I.
   D. Improve managers visibility on the EDI agenda
   E. Implement the Leadership Framework for Health Inequalities Improvement.

3C   Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients – average 1.6
   A. Implement the PCREF (Mental Health), EDS 2022 and impact of actions.
   B. work with partners to refocus work to meet unmet need demonstrates change.
   C. Monitor the implementation of the NHS Oversight and Assessment Framework.

5.3   Other suggestions for improvement to ensure we continue to meet the requirements of the achieving level include:
1A
   - BSL Relay Service and Braille flashcards for frontline staff.
   - introduction of an access to services questions in patient surveys.
1B
   - Evidence that NEAS consult with patients with higher risks to design increase/ decrease commission, de-commission and cease services provided.

1C
- Free from harm actions particularly people with learning disabilities, autism and other at-risk groups).
- encourages an improvement culture considering equality and health inequality themes in safety incidents and near misses.
- Staff and patients feel confident, and are supported to, report incidents and near misses.
- promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.

2A
- People are provided with support to manage obesity, diabetes, asthma and COPD including support to exercise.
- Using sickness absence data to support staff to manage long term conditions.

2B
- Zero tolerance policy for harassment and bullying from staff and patients.

3B
- Equality and health inequalities impact assessments are completed for all projects and policies.
- Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs.

5.4   A further event was delivered with six representatives from the Deaf, hearing impaired and Deafblind communities to look at EDS Domain 1 around access to services. This was held separately to the main event to better meet the specific communication needs of this group of people. The event grading was useful but focused very heavily on Deaf, hearing impaired and Deaf blind access to the service and gave very little consideration to our wider diversity and inclusion work. The grades have been included in the Appendix 1 but this narrow focus means they are not a true reflection of our work across all protected characteristics as per the EDS technical guidance.

5.5

EDS 2022 Objective	EDS3 Descriptor	EDS 2022 Grade
1A	Service users have required levels of access to the service	Developing
1B	Individual service user's health needs are met	Developing
1C	When patients use the service, they are free from harm	Achieving
1D	Service users report positive experiences of the service	Achieving

5.6   The grades from this event were as follows:

1A - 6 x developing grades

1B - 4 x developing and 2 x split developing/achieving

1C – 1 x split undeveloped/developing, 1 x split developing/achieving and 4 x achieving

1D - 2 x split developing/achieving and 4 x achieving

5.7   Actions to support the organisation to address all of the above will be developed with managers and be included in the review of the Equality Strategy and action plan 2023-27.

6.0　Event Evaluation

6.1　The event was managed well and delivered on its aims. Various systems and process to manage people with a range of diverse needs worked well and people were able to participate.

6.2　Feedback using Mentimeter at the event was very positive with 97.1% of respondents - all but one person - rating the event good or very good. The 'word cloud' below highlights some of the common words used to describe the day. The larger the word the more frequent it was used.

6.3　Some learning points from delivering the first event under the new framework included:

- Improve how presenters link their evidence to specific parts of the framework so they are clearer in the grading event.
- Support those attending better by providing them with a tick box for each piece of evidence required. This will also allow us to collate feedback on which specific parts of the framework the audience think we do not meet.
- Provide a blank space on the back of each page rather than one at the back for people to collate notes if they wish after each objective.
- Ensure presenters do not use acronyms which are not widely understood.

7.0　Finance and Resource Implications

7.1　A budget is available to support our work on equality diversity and inclusion.

8.0　Risks

8.1　A number of risks and issues in relation to equality, diversity and inclusion have been identified and these will be managed and mitigated through the EDI action plan, monitored through the EDI group and People Group.

8.2　The Positive Impact Officer role is a temporary NHS Charities funded resource and should this role not continue it will impact on our ability to deliver some of the proactive work ethnic minority and faith communities after April 2024.

8.3　Support from some colleagues within the Trust to prioritise this work within their annual work plan is concerning and could have had a more significant impact on our submission once verified.

9.0   Recommendation

9.1   The group is asked to note the assurance within the report and the outcomes.

10.0   Next steps

10.1   The EDI Team will use the areas for improvement to inform further conversations with managers and agree actions that will be incorporated into the Equality Strategy review 2023-2027.

10.2   Upload this report to the website once signed off to ensure we publicly report the outcome of the grading and share with internal staff network groups and external stakeholders.

10.3   Meet with subject matter experts to ensure learning from this event informs our 2023 grading.

10.4   Agree a date and plan for a similar event in 2023 to meet the Equality Delivery System annual requirements.

11.0   Author

11.1   Mark Johns, Engagement, Diversity and Inclusion Manager

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Appendix 1 - Grading Scores
(Please note the Deaf community event only reviewed Domain 1)

	EDS Descriptor		Undeveloped	Developing	Achieving	Excelling	Score	Average Score	Grade
1A	Service users have required levels of access to the service	Votes		7	14	22	101	2.3	Excelling
		Points		7	28	66			
1B	Individual service user's health needs are met	Votes		7	30	7	88	2	Achieving
		Points		7	60	21			
1C	When patients use the service, they are free from harm	Votes	0.5	7	27.5	10	92	2.1	Achieving
		Points		7	55	30			
1D	Service users report positive experiences of the service	Votes		2	26	16	102	2.3	Achieving
		Points		2	52	48			

			Undeveloped	Developing	Achieving	Excelling	Score		Grade
2A	At work staff are supported to manage obesity, diabetes, asthma, COPD and mental health issues	Votes			16	12	68	2.4	Achieving
		Points			32	36			
2B	Staff are free from abuse, harassment, bullying and physical violence from any source	Votes			13	13	65	2.5	Achieving / Excelling
		Points			26	39			
2C	Staff can access support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source	Votes		4	23		50	1.9	Achieving
		Points		4	46				
2D	Staff recommend the organisation as a place to work and receive treatment	Votes	2	21	4		29	1.1	Developing
		Points	0	21	8				

			Undeveloped	Developing	Achieving	Excelling	Score		Grade
3A	Board members, leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequalities	Votes		15	14	6	61	1.7	Achieving
		Points		15	28	18			
3B	Board/Committee papers identify equality and health inequality impacts and risks and how they will be mitigated and managed	Votes	2	3	23	7	70	2.0	Achieving
		Points	0	3	46	21			
3C	Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients	Votes	1	13	21		55	1.6	Achieving
		Points	0	13	42				

Appendix 2 – Stakeholder, staff, executive, non-executive and union attendance

Staff/Executive/Non-Executives/Union representatives – 30

Name	Role
Alison Slater	Non-Executive Director
Andrew Lumsden	Health and Safety Manager
Andrew Walton	Mental Health Lead
Angela Longstaff	Patient Experience Officer
Annette Gibson	Human Resources Business Partner
Brian Dodds	Unison
Caroline Edwards	Human Resources Business Partner
Craig Stott	Scheduled Care Manager
Denise Moorhead	EOC Team Leader
Emily Grant	Performance Manager & Vice Chair Proud@NEAS staff network
Hannah Marshall	Patient Experience manager
Helen Ray	Chief Executive Officer
Ian Davies	Volunteer Development Officer
Jane Farrelly	Trust Secretary
Karen O'Brien	Director of People and Development
Kate Rogers	Senior Organisational Development Officer
Kelly Shutler	Senior Communications Officer
Lesley Ellison	Occupational Health Manager
Lowri Eastick	Senior health Advisor
Mark Cotton	Assistant Director of Communications
Paul Aitken Fell	Lead Consultant Paramedic
Paul Tarbit	Education Development Lead
Robert Sibbet	Strategic Resourcing lead – Recruitment
Sarah Bushell	Dispatch Supervisor – Unscheduled Care
Sheila Wylie	Recruitment Advisor
Shumel Rahman	Paramedic & Chair Together@NEAS staff network
Steven Pratt	Systems Manager
Stu Holiday	Strategi Head Emergency Preparedness & Resilience
Tracey Mullen	Assistant Trust Secretary
Wendy Profit	Risk Manager

Stakeholders - 11

Name	Organisation
Alison Blackburn	Newcastle Disability Forum
Darren Taylor	Empowerment Community Interest Company (CIC)
Denise Robson	Patient Advice and Liaison Service (PALS)
Denise Rudkin	HealthWatch
Jay Anderson	Be North
Julie Walker	Hillcare – Dementia Care
Julia Catherall	HealthWatch
Julia Wysocka	International Community Organisation Sunderland (ICOS)
Nisa Shah	Health and Race Equality Forum (HAREF)
Olalekan Odedeyi	Save the Woman
Sarann Valentine	North East Forum on Aging

Stakeholders – Deaf and hearing-impaired event - 6

Name	Organisation
Julie Stephenson	Becoming Visible
Debra Wherett	Becoming Visible
Rachel Austin	Hartlepool Deaf Club
Jo Fortune	Deaflink
Fahmi Syeda	Deaflink
Alison Burton	Durham Deafened Support

Event organisation and support

Holly Walker
Loveness Scott
Mark Johns
Rebecca Goodwin
Rebecka Nordstrom
Samantha Johnson
Susan Coldron
Yeshentha Naidoo

Report approved by Executive Management group on 04th January 2023