NHS
England

NHS Equality Delivery System 2022
EDS Reporting

Contents

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/

The EDS is an improvement tool for patients, staff, and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement, and insight.

The EDS Report is 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.

NHS Equality Delivery System (EDS)

Name of Organisation	Liverpool Heart and Chest Hospital	Organisation Board Sponsor/Lead
		Jane Royd's Director of HR
Name of Integrated Care System	Knowsley	

EDS Led	Claire Harvey	At what level has this been completed?	
			*List organisations
EDS engagement date(s)		**Individual organisation**	Healthwatch
		Partnership* (two or more organisations)	Members of the public Governors
		Integrated Care System-wide*	

Date completed		Month and year published	
Date authorised		**Revision date**	

EDS Rating and Score Card

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 with 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**
– **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**

Background

In August 2022, NHS England and Improvement published the latest version of the Equality Delivery System (EDS), this is a tool that requires NHS organisations to collate evidence against several outcomes relating to equality, diversity, and inclusion (EDI) and health inequalities.

The evidence is then required to be graded by a range of key stakeholders from LHCH and the wider community.

The EDS will review the Knowsley Pulmonary Rehabilitation (PR) Team were PR should be offered to all patients with COPD, as well as other respiratory conditions. The service aims to improve breathlessness, exercise tolerance and overall quality of life for individuals living with a long-term respiratory condition.

Domain 1: Commissioned or provided services.

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	Appendix 5 different group venues Located in high populated centres Home and Digital PR can be accessed anywhere Patient Feedback EDIB Objectives Inphase good care / incidents Inclusivity Statement Interpreting and Translation information	**Achieving activity**	CH
	1B: Individual patients (service users) health needs are met	.Apprendix Patient Feedback and involvement in the service PRSAS Standards followed EDIB Objectives Patient Experience events Shared Decision-Making Baseline result Inclusivity Statement Interpreting and Translation information	**Achieving activity**	CH

	1C: When patients (service users) use the service, they are free from harm	APPENDIX Patient Feedback EDIB Objectives Patient Experience and Engagement Inphase records Shared Decision-Making Baseline results Inclusivity Statement HALT Call 4 concern initiative. Learning and Sharing forum Daily trust wide safety huddle Weekly Patient Safety Learning meeting. Swarm huddles After action reviews Patient safety Incident investigations (PSII)	**Achieving activity**	
	1D: Patients (service users) report positive experiences of the service	Appendix Patient survey Patient Experience and Engagement Inphase records – Good care FFT Patient Feedback Survey Shared Decision-Making Baseline results Interpreting and Translation information	**Achieving activity**	
Domain 1: Commissioned or provided services overall rating				

Domain 2: Workforce health and well-being

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 EDIB Objectives Trust WRES/WDES Reporting Sickness absence reporting from Integrated Performance Reports Information on the Trust Wellbeing Offer. Information on the Occupational Health Service. Information on the EAP support Information on the Psychological staff service Information on the activity of the Health and Wellbeing Lead. 2024 Staff Survey – health and wellbeing questions split by protected characteristic. Procedure Information on the Trust approach to flexible working Staff networks Staff Psychology support Reasonable Adjustments	**Achieving activity**	CH

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 Policies on bullying, harassment, and abuse A breakdown of incidents relating to violence and aggression reporting via In Phase in 2024, split by protected characteristic. 2024 Staff Survey – bullying, harassment and physical violence questions split by protected characteristic. Restraint training Speak out safely campaign Freedom to speak up guardians InPhase Reporting Training Sessions Staff Networks External Charter Marks	**Achieving activity**	CH

	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 EDIB Objectives Trust WRES/WDES/GPG Reporting Information on Freedom to Speak Up Information on employee relations policies, including equality impact assessment of those policies. Information on Staff Networks Occupational health support EAP	**Excelling activity**	CH
	2D: Staff recommend the organisation as a place to work and receive treatment	LHCH staff survey results for 2024 have been scored as top Trust in Country for Place to Work and Care is our top Priority. Staff demographics Trust People Plan Trust EDIB Objectives Trust WRES/WDES/GPG Reporting 2024 Staff Survey –engagement and experience questions split by protected characteristic. Trust leavers from 2024, split by protected characteristic. Information on exit interviews Reduced Turnover rates	**Excelling activity**	RMc
Domain 2: Workforce health and well-being overall rating				

Domain 3: Inclusive leadership

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	Board papers Exec away day agenda – Anti racism framework EDIB agenda People committee agenda Attendance at staff networks Neurodiversity workshops Trust Chair and NED support EDIB and Wellbeing Weekly Newsletter promoting Training and Event information	**Achieving activity**	CH
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board Reports People Committee	**Developing**	JR

	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	National Patient survey FFT Trust Strategy 2022-2025 Trust EDIB Objectives Trust People Plan Details on EDIB Steering Group Details on Health Inequalities Steering Group WRES/WDES/GPG Reporting Information on exit and stay interviews Information on menopause policy	**Achieving activity**	CH
Domain 3: Inclusive leadership overall rating				

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s):	**Independent Evaluator(s)/Peer Reviewer(s):**

EDS Organisation Rating (overall rating): Achieving
Organisation name(s): Liverpool Heart and Chest Hospital
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.**

EDS Action Plan	
EDS Led	**Year(s) active**
Claire Harvey	
EDS Sponsor	**Authorisation date**
Jane Royd's	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Review all Patient Feedback on the service to ensure all patients have the correct access.	Ensure the PR service is accessible to all potential patients. PR service requirements are discussed with patients	
	1B: Individual patients (service users) health needs are met	Complaints and concerns and incident data	Review of service 6 monthly Review all patient feedback Greater use of service user feedback methods, giving a clearer idea of patients understanding of the service	

1C: When patients (service users) use the service, they are free from harm	Incident data Staff Feedback	Monthly review at Divisional board meetings. Staff reporting any issues with the service or risks to patients Impact of PSIRF to be evaluated	
1D: Patients (service users) report positive experiences of the service	Review Patient Feedback	Continue innovation in the service to work towards positive experiences All responses discussed at divisional board.	

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	To continue staff wellbeing events at least twice per year Supporting staff with Health checks at Live Well Work Well Events Wellbeing Champions refreshed offer	Set dates for Wellbeing Events for the next 12 months including Live Well Work Well events. Meetings with Broadgreen to support joint wellbeing events. EDIB Action Plan – The Trust to continue developing and actioning EDIB actions for both staff and patients Health Inequalities Work Programme – Supporting the community with health checks and employment opportunities. Patient Experience and Engagement delivery plan.	RM

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Freedom to speak up guardian in post Anti-Racism campaign promotion Continuing development of HR policies Staff Networks Themed Afta Thought Sessions	Reports from FTSU – Reviewed and supported by HR There was evidence of the Trust taking a zero-tolerance approach to bullying, harassment, and abuse with clear policies in place. There was strong evidence of actively implementing approaches to reduce bullying, harassment, and abuse from patients and the public.	RM

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source	Staff support offer currently in consultation. Psychology staff support Chaplaincy support Employee Assistance Programme Mental Health Wellbeing practitioners Staff Networks	Incident reports review Staff story's Published and shared There is evidence of a range of different support staff could access which was independent from line management, however evidence of how they are accessed by staff was limited. It was noted that Network Leads do not have protected time which limits their ability to support staff and prevented a higher score. Staff networks to have more involvement in the development of polices relating to bullying and harassment.	PC AH

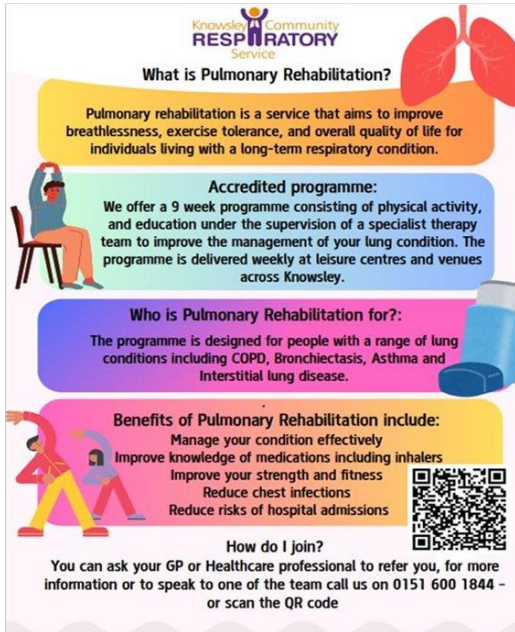| Domain	Outcome	Objective	Action	Completion date
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff survey 2024 departmental action plans LHCH received top Trust in the Country for Place to work in the 2024 staff survey results. Report Exit Interview Information	Exit interview information to be reported at Operation Board on a monthly basis. Updated Leaver form to incorporate 3 exit interview questions to ensure data received each month Work with managers to develop staff survey action plans. Managers to support staff to attend Staff Networks	

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	All executive team to have EDI objectives within their appraisal Trust Strategy 2022-2025 Trust People Plan Details on EDIB Steering Group	EDI to be continued to be discussed at Board, including Gender Pay Gap, WRES & WDES, Workforce Monitoring report. There is evidence demonstrating understanding and commitment of senior leaders on EDI as well as engagement on cultural events –	

		Details on Health Inequalities Steering Group Review of discussion relating to EDBI and Health Inequalities at Board Meetings Information on Staff Networks Details of Board member engagement with EDIB and Health Inequalities, including comms produced and events attended	More engagement with the planning of EDI events On-going training and support for managers on EDI. All Staff Networks to have a senior sponsor,	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	. Findings from Domain 1 and Domain 3 identify that use of equality impact assessment across the Trust is inconsistent. From Domain 1, services do not routinely consider the equality impacts of their Standard Operating Procedures (SOPs). Domain 3, shows that equality impacts are not considered for all decisions being made at Board level meaning the rating for Outcome 3B was limited to developing.	All policy documents that were reviewed did have a full equality impact assessment, although discussion of health inequalities in these assessments was still limited.	

| | 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 | Board papers providing assurance on EDI and Patient Safety | EDIB and Health Inequalities action plans

WRES/WDES metrics developed

Promoting WRES/WDES metrics | |
|---|---|---|---|---|

Appendix

Pulmonary Rehabilitation

Service Location

Knowsley Pulmonary Team Charter

KNOWSLEY PULMONARY REHABILITATION

TEAM CHARTER

- We will work as a team to promote the benefits of Pulmonary Rehabilitation and integrate Pulmonary Rehabilitation as an essential part of the Management of patients with Chronic Lung Disease.

- We will aim to facilitate a positive as possible experience to patients whilst under our care.

- We will encourage patients to take ownership and become confident in managing their condition.

- We will work to reduce any barriers to participation and take action to reduce health inequalities.

- We will see each patient as an individual and provide personalised and holistic programmes of care to ensure their needs are recognised.

- We will work to provide a service that is safe and timely for patients working as is practicable within any constraints we may have.

- We will as a team strive to continuously improve, take opportunities to learn and apply best practice to benefit patients participating in the programme.

- We will work to improve health care professionals understanding of the patients who are likely to benefit from Pulmonary Rehabilitation with guidance from NICE and BTS.

- We hope to demonstrate that we can improve on health outcomes and equally improve patients' quality of life.

- We will ensure that parents and carers are involved in service redesign and take learning from their experience, utilising ideas when implementing change.
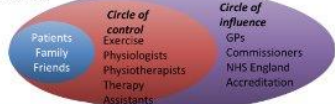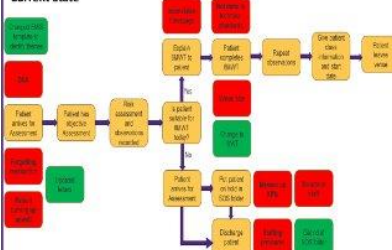
Knowsley PR Accreditation

Background
As part of the Pulmonary Rehab Services Accreditation Scheme (PRSAS) the Knowsley PR Team at Liverpool Heart & Chest Hospital (LHCH) will be introducing a new functional capacity test (FCT). The recommendation is to move from the 6-minute walk test (6MWT to the incremental shuttle walk test (ISWT) for clinically suitable patients.
The implications of this change will be widespread & impact on culture & practice, venues, equipment & patients.
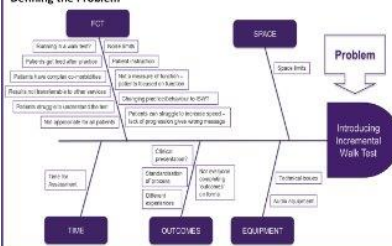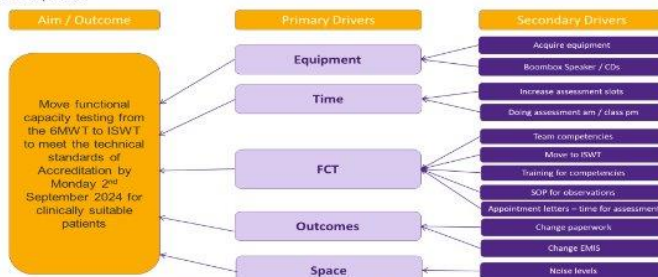The PR team have enlisted support from the QI Team.

Stakeholders

Circle of control
Exercise
Physiologists
Physiotherapists
Therapy Assistants

Patients
Family
Friends

Circle of influence
GPs
Commissioners
NHS England
Accreditation

Current State

Defining the Problem

Problem: Introducing Incremental Walk Test

Aim
Move functional capacity testing from the 6MWT to the ISWT to meet the technical standards of Accreditation by Monday 2nd September 2024 for clinically suitable patients.

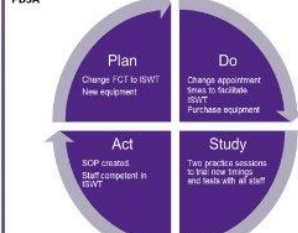| Aim / Outcome	Primary Drivers	Secondary Drivers
Move functional capacity testing from the 6MWT to ISWT to meet the technical standards of Accreditation by Monday 2nd September 2024 for clinically suitable patients	Equipment	Acquire equipment
		Boombox Speaker / CDs
	Time	Increase assessment slots
		Doing assessment am / class pm
	FCT	Team competencies
		Move to ISWT
		Training for competencies
		SOP for observations
		Appointment letters – time for assessment
	Outcomes	Change paperwork
		Change EMIS
	Space	Noise levels

Measures

Baseline	Number of patients completing ISWT
	Number of patients completing practise ISWT
	Pre and post outcomes for patient
Process	Team competencies and training
	Increase assessment time slots
Outcome	Move all patients to ISWT
Balancing	Percentage of patients accepted onto PR
	Class size (numbers)
	Class wait times
	Assessment wait times
	Assessment numbers per day
	Class DNA rates

PDSA

Plan — Change FCT to ISWT. New equipment

Do — Change appointment times to facilitate ISWT. Purchase equipment

Study — Two practice sessions to trial new timings and tests with all staff

Act — SOP created. Staff competent in ISWT

Future State

Next Steps/Action Plan
- Implemented from May 2024
- Continue to test and trial
- Continue to liaise with other services to ensure best service is provided for our patients