Putting People First Committee

COVER SHEET

Agenda Item (Ref)	*Secretary to complete*	**Date: 18/03/2024**
Report Title	**Equality Delivery System**	
Prepared by	**Lisa Shoko, EDI Lead. Rachel London Deputy Chief People Officer**	
Presented by	**Lisa Shoko, EDI Lead**	
Key Issues / Messages	The Equality Delivery System (EDS) is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives. This report includes the summary for the EDS implementation including the gaps identified in each of the domains. In the appendix, the full report is provided for the approval and ratification of the committee. It also outlines the process for Domains 2 and 3, including engagement and scoring of all three Domains with the EDI Lead at the ICB. The report details the rationale behind a holding statement being published on the Trust website for the deadline date of 28 February 2024 and provides a report for consideration by the PPF Committee in advance of Trust Board approval on 11 April 2024. The approved report will then replace the holding statement on the website, this is following guidance from the ICB EDI Leads.	

Action required	**Approve** ⊠	**Receive** ☐	**Note** ☐	**Take Assurance** ☐
	To formally receive and discuss a report and approve its recommendations or a particular course of action	*To discuss, in depth, noting the implications for the Board / Committee or Trust without formally approving it*	*For the intelligence of the Board / Committee without in-depth discussion required*	*To assure the Board / Committee that effective systems of control are in place*
	Funding Source (If applicable): n/a			
	For Decisions - in line with Risk Appetite Statement – Y/N *If no – please outline the reasons for deviation.*			
	The Committee are asked to approve the EDS report.			
Supporting Executive:	**Michelle Turner, Chief People Officer**			

Equality Impact Assessment *(if there is an impact on E,D & I, an Equality Impact Assessment **MUST** accompany the report)*			
Strategy ⊠	Policy ☐	Service Change ☐	Not Applicable ☐

Strategic Objective(s)

To develop a well led, capable, motivated and entrepreneurial **workforce**	⊠	To participate in high quality research and to deliver the most **effective** Outcomes	☐
To be ambitious and **efficient** and make the best use of available resource	☐	To deliver the best possible **experience** for patients and staff	⊠
To deliver **safe** services	⊠		

Link to the Board Assurance Framework (BAF) / Corporate Risk Register (CRR)

Link to the BAF (positive/negative assurance or identification of a control / gap in control) *Copy and paste drop down menu if report links to one or more BAF risks*	Comment: Whilst this is a national NHS reporting requirement (EDS 2022) there is a link to

1.1 Failure to be recognised as the most inclusive organisation in the NHS with Zero discrimination for staff and patients (zero complaints from patients, zero investigations)	our Trusts Strategic ambition and BAF risk in relation to being one of the most inclusive NHS organisations.
Link to the Corporate Risk Register (CRR) – CR Number:	Comment:

REPORT DEVELOPMENT:

Committee or meeting report considered at:	Date	Lead	Outcome

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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. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

EDS implementation by NHS provider organisations is mandatory in the NHS Standard Contract. EDS 2022 implementation will continue to be a key requirement for all NHS commissioners. Detailed information on how to implement EDS 2022 is contained in the EDS 2022 Technical Guidance.

Government guidance was for all Trusts to publish a version of their EDS report by 28 February 2023. However, due committees being streamlined, and limited capacity within the EDI Team, there have been delays in completion and reporting within the timescales. As the EDI Team is due to expand in the upcoming financial year, there will be more capacity in the team to ensure that this does not happen. Additionally, there will be a clear schedule for committee and Trust Board dates to ensure timely approval and ratification.

This report includes the summary for the EDS implementation including the gaps identified in each of the domains. In the appendix, the full report is provided for the approval and ratification of the committee.

The report details the rationale behind a holding statement being published on the Trust website for the deadline date of 28 February 2023 and provides a report for consideration by the EDI Committee in advance of Trust Board approval on 11 April 2024. The approved and ratified report will then replace the holding statement on the website, this is following guidance from the ICB EDI Leads.

REPORT

Introduction

The EDS was first launched for the NHS in November 2011. In November 2012, Shared Intelligence published their report 'Evaluation of the equality delivery system for the NHS' which looked at how the EDS had been adopted across NHS organisations. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS, known as EDS 2, was made available in November 2013.

A review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture. Through collaboration and co-production and taking into account the impact of COVID-19, the EDS has been updated and EDS 2022 (also referred to as EDS) is now available, including revisions from the live test in 2022.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS is aligned to NHS England's Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all. The EDS suite of documents and supporting resources are available at the bottom of this page.

Implementation of EDS is a requirement of both NHS commissioners and NHS provider organisations. In light of the inclusion of EDS in the NHS standard contract, NHS organisations should use the EDS reporting template to produce and publish a summary of their findings and implementation.

The EDS 2022 reporting template is designed to give an overview of the organisation's most recent EDS implementation. Once completed, the report should be accessible to the public, and published on the organisation's website.

All NHS providers are required to implement the EDS, having been part of the NHS Standard Contract from since April 2015 (SC13.5 Equity of Access, Equality and Non-Discrimination). In addition, NHS Commissioning systems are required to demonstrate 'robust implementation' of the EDS as set out in the Oversight Framework.

The completion of the EDS, and the creation of interventions and actions plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach, the five Health Inequalities Priorities, and addressing inequalities in elective recovery highlighted in the technical guidance.

<div style="background-color:magenta; color:white;">MAIN REPORT</div>

EDS Ratings and Score 2024

See below the Rating and Score Care supporting guidance document:

EDS Rating and Score Card

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 year, the Trust reviewed a third service in addition to the two services that we reviewed last year, as advised by the ICB and nationally.

In 2022, during the live test of EDS, the scores reflected that we were **Developing with a score of 15 (Maternity and Gynaecology). This year the scores reveal that we have an average score of 16 (Endometriosis).** See the simplified version of the EDS data collection and assessment.

Better than last year, we engaged key stakeholders *(see domain 1 on page 20*) such as Patient Experience and Equality, Diversity, and Inclusion (EDI) leads at Liverpool Women's and in the Cheshire and Merseyside ICB. This approach aimed to capture both quantitative data and qualitative insights, painting a complete picture of our organisation's landscape. Additionally, the Endometriosis Team were supportive of providing information about Endometriosis, ongoing work, and limitations within the service to informed EDS.

Throughout the process, we identified gaps in our statistical data. These were carefully reviewed in collaboration with the Information Team to ensure our data was complete and accurate.

Equality Delivery System (EDS) – Summary Results for Liverpool Women's NHS Foundation Trust, February 2024.

Our 2023 submission was assessed by internal and external stakeholders.

EDS 2022 Outcome:	Score	Assessor Comments/Discussion Points
Domain 1: Commissioned or Provided Services		**Date of Assessment: 16 February 2024**
1a - Service users have required levels of access to the service.	1 - Developing	Service users consistently report good when asked about accessing services. The team is quite small with 2 staff being, a consultant and a specialist nurse. There are 15 supporting champions. The team demonstrates awareness of barriers to accessing services for marginalised groups. Engagement feedback reflects that the service needs to focus on transgender, refugee and asylum seeker, migrant, global majority communities and people with disabilities (particularly, those who

		are profoundly deaf, have learning disabilities and/or have a low reading age) to understand their challenges when accessing the service in an accessible way to them
1b - Individual service user's health needs are met.	1-Developing	The Service takes a patient centred and personalised care approach to the work that they do focussing on supporting each individual case that attends the service, and supporting their individual needs, including looking at hormone therapy, surgery, diet, pain management, physio support and where needed, they can find mental health support. However, this is the sort of service that would benefit from having internal mental health support due to the inherent nature of endometriosis, where it can significantly impact on a person's quality of life and in some cases fertility.

The Service are working effortlessly to engage with service users from diverse backgrounds with the support of Equality, Diversity and Inclusion and Patient Experience and Engagement Teams. |

		The service works to address health inequalities with local GPS to improve triage and referrals.
1c - When service users use the service, they are free from harm	1-Developing	The Trust has procedures in place to enhance safety in services for service users in protected characteristic groups where there is known risk. Colleagues and service users feel confident to report incidents and near misses. Additionally, the Service did not have any complaints. All concerns were mitigated at the earliest stage. The Trust encourages an improvement culture which considers equality and health inequality themes regarding safety incidents and near misses.
1d - Service users report positive experiences of the service.	1-Developing	The Trust collates data from service users from some protected characteristics about their experience of the service. The Trust creates action plans, and monitor's progress. The Trust and the Service will need to build on its engagement plans in 2024-2025.

		It was the view of the assessor that for the Trust to be achieving or excelling in all the above categories it would need to provide good quality evidence in each of the domains.
Total Score	4/12	
EDS 2022 Outcome:	**Score**	**Assessor Comments/Discussion Points**
Domain 2: Workforce Health and Wellbeing		**Date of Assessment: 4 March 2024**
2a - 'When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions' (response to Covid-19)	2 - Achieving	The Trust has a Trauma Informed Service, which is staff with a Consultant Psychologist, Clinical Psychologist, Assistant Psychologist, Counsellor and two Health and Wellbeing Officers. Each of these people play a key role in ensuring that the mental, physical health of all of the staff is well looked after. We offer specific care for staff inhouse through the Menopause Café which is led by Menopause Specialists in the Trust and an Endometriosis pathway specifically designed for the staff.

		Additionally, there are annual health checks available for all staff as a drop in facility from our occupational health physicians. These allow opportunity for blood pressure tests, cholesterol tests, general well-being conversation and health promotion materials e.g., asthma, diabetes, nutrition, physical wellbeing, mental wellbeing, prostate care and women's health care. Annual health and well-being conversations take place for each member of staff with their line manager to support staff to remain healthy at work and consider any reasonable adjustments that may be required.
2b – 'When at work, staff are free from abuse, harassment, bullying and physical violence from any source'	1 - Developing	Internal Policies - Equality and Human Rights Policy - Equality Impact Assessment Policy - Reasonable Adjustments Policy and Reasonable Adjustments Passport - Violence and Aggression Policy - Transitioning in the Workplace Policy - Resolution policy - Anti-Racist Approach

		- Fair and Just Culture - Zero Tolerance to Bullying and Harassment
		The NHS Survey, WRES and WDES reflects that there been an increase in staff reporting experiencing discrimination on the basis of ethnic background and disability (although a reduction on the basis of gender and religion). In addition, more staff have experienced physical violence (2%) and fewer are reporting it. Freedom to Speak Up and HR report low cases of abuse, harassment, bullying and physical violence. Staff are regularly encouraged to report instances of abuse, harassment, bullying and physical violence through staff networks, listening events, HR, EDI, FTSU and Ulysses reporting.
2c – Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source'	1- Developing	Internal Policies - Equality and Human Rights Policy - Equality Impact Assessment Policy

- Reasonable Adjustments Policy and Reasonable Adjustments Passport
- Violence and Aggression Policy
- Transitioning in the Workplace Policy
- Resolution policy
- Anti-Racist Approach
- Fair and Just Culture
- Zero Tolerance to Bullying and Harassment

Staff Networks are invited to contribute to all EDI action plans following national reporting criteria e.g., WRES, WDES.

All EDI policies and procedures are equality impact assessed and staff networks have the ability to comment on these.

Freedom to Speak Up Month run an annual campaign inviting colleagues to speak up. There are two Freedom to Speak Up Guardians, one of whom is from the global majority. The FTSUGs are embedded within the organisation and are members of relevant committees e.g., EDI Committee. The Trust works closely to Staff Side Chair and supports the Union Representatives to be impartial

		and where required, to work with partner organisations.
		The Great Place to Work Group is a platform for staff voices and lived experiences to be heard, there is a staff representative from each team in attendance. We will upskill the Great Place to work representatives to become champions for ensuring that staff have another avenue to raise concerns relating to behaviours. The Trust Board and other Committees have agenda items for lived experiences of staff and patients from protected characteristics. This is an opportunity to listen and learn, making improvements and positive change to practice.
2d – 'Staff recommend the organisation as a place to work and receive treatment'.	1 - Developing	The Trust NHS Staff Survey, WRES and WDES all demonstrate an improvement compared to last years data.

62.46% of staff report that they would recommend the organisation as a place work.

73.88% of staff report that if a friend or relative needed treatment they would be happy with the standard of care provided by Liverpool Women's NHS FT |

There are ongoing plans to deliver on EDI reporting mechanisms through listening events, surveys and Ulysses reporting.

There is planned work to investigate the staff turnover, including the turnover of staff from the global majority.

We have The Big Conversation, twice annually. This includes Executive Directors, Non-Executive Directors and senior leaders visiting each department/team in addition to this, focus groups are held for the following:

- Medics
- Nurses
- Midwives
- HCAs
- Admin Staff
- Racially Minoritised Staff
- Staff with Disabilities and long-term
- conditions

In The Big Conversation, staff make suggestions for how we can improve. Following this, actions are developed and fed into divisional staff survey plans

Total Score	5/12	
EDS 2022 Outcome:	**Score**	**Assessor Comments/Discussion Points**
Domain 3: Inclusive Leadership		**Date of Assessment: 4 March 2024**
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'.	1- Developing	Executive Leaders are continuously engaged about race, racism with the support of the EDI Lead. They also engage with the Anti-Racism Resource Hub on the staff intranet. Executive Leaders have focussed EDI objectives that have a focus on anti-racism and inclusion. Executive Leaders share widely with the Trust their 'anti-racism journey' for their senior leadership team (including our medical staff) and organisation wide. Equality, Core20Plus5, Health inequalities and EDS are standing items in internal meetings including Trust Board and Executive Board including workforce EDI and patient EDI.

		A key area that we are working on as an organisation is reducing health inequalities for people from the global majority in Maternal and Women's Health.
		Currently a key topic being worked on is reducing health inequalities in Maternity.
		Some of the ongoing at the Trust focusses on supporting staff to expand their understanding and knowledge through cascading of information and learning from our senior leaders and Executive Directors. The aim of the above pieces of work has been with a focus to the organisation becoming an anti-racist organisation
3b – 'Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed'.	3-Achieving	Both Equalities and Health Inequalities are discussed at Trust Board and other internal meetings on a regular basis.
		Actions are recorded in the minutes and/or action trackers. These are reported on and followed up at subsequent meetings.
		The Equality Impact Assessments are signed off at senior level through internal committees and any identified risks are highlighted directly to the Trust Board for

		consideration, mitigation and future monitoring.

Accessible Information Standard is included in an action tracker along with Reasonable Adjustments which is monitored and reported on through internal committees where senior leaders ensure actions are implemented and embedded into everyday practice.

The Trust acknowledge that the Equality Impact Assessments for projects and policies, whilst signed off at senior level are not normally reported through Trust Board or other formal committees and this is an area for consideration in the upcoming year to ensure clear and consistent EIA completion. |
| 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 (response to Covid-19)' | 3-Achieving | Trust Board and Senior Leaders monitor and ensure implementation of actions relating to the following: WRES, WDES, Gender Pay Gap and Equality Delivery System. These are all reported through senior leadership committees, discussed with staff inclusion networks and then ratified at Trust Board before publication on the Trust website. |

There is ongoing work in Divisions to review data in relation to leavers from the Trust and the reasons for them leaving. This will inform an action plan to improve the retention of staff particularly those from protected characteristic groups.

Additionally, the Trust commissioned the EDI Mandatory Training and 'Being and Anti-Racist Leader' on the leadership programme to complement the Executives Facilitated Discussions on race, racism, and anti-racism.

The Trust has signed up to:

- Northwest Anti-Racism Framework
- Smallest Things, Employer with a Heart Charter
- Endometriosis Friendly Employer,
- Miscarriage Association, Pregnancy Loss Pledge
- These commitments are supported through local action plans which are monitored through internal committees.

The Executive Leadership have shown commitment and accountability

		throughout, even in the face of challenging situations.
Total Score	7/9	
Final Score	16 - Developing	

EDS 2024 – Identified Gaps and Limitations.

Domain 1: Commissioned or Provided Services
The main gaps that were identified (which are articulated as limitations from hereon) when doing the assessment was around evidence provided being lean – the challenge is to prove that in this service, marginalised groups (as listed below) are being considered, and having a way of proving that this is happening through feedback, care pathways, engagement events, literature etc.
Many of the attendees spoke specifically about the need for improved engagement with the following groups:

- People with disabilities including Merseyside Society for Deaf People
- People from migrant backgrounds, refugees and asylum seekers
- People from Black, Asian and other ethnic minority groups
- Transgender people

The assessors justified the score of 1-developing in each of the outcomes in domain 1 as they felt that these groups face challenges when it comes to access to services, and a lack of information around Endometriosis for these groups and they identified a great need for inclusive engagement activity. They also thought that the Endometriosis Event held in September with the support of the Patient Experience Team was good, and that more work like that was needed.

Stakeholders for domain 1 included the following:
- Liverpool Women's NHS FT

- Integrated Care Board
- Health Watch
- Liverpool Primary Care Network
- BHA for Equality
- Liverpool Heart and Chest
- Merseyside Police
- LGBTQ Foundation

Domain 2: Workforce Health and Wellbeing

Whilst there was evidence that the organisation considers the health of staff, there was no evidence that this was analysed based on protected characteristics and that there were interventions for staff from marginalised groups e.g., monitoring sickness and absence data by protected characteristics 'to reduce negative impact of the working environment' as required for the achieving and excelling criteria of EDS. There was no evidence that the organisation promotes self-management of conditions to all staff including work-life balance, healthy lifestyles, and signposting to national and VSCE support.

Though the Trust has zero tolerance to verbal and physical abuse, there were some limitations around Trust responses to closed cultures. There is ongoing work to understand 'closed cultures' in the organisation related to protected characteristics and otherwise. The Trust is currently recruiting for a People Promise Manager and an Employee Experience Manager to support this work around Culture. The EDI Lead will work alongside these individuals.

In the NHS Staff Survey 62.46 of the respondents reported that they would recommend Liverpool Women's as a place to work. This was 1.15% more people than the previous year and 8.18% less than the national average. 19.8% of respondents with disabilities reported harassment, bullying and abuse from other colleagues in the last month. This is 2.54% less than the previous year and 2.03% better than the national average. 23.71% of respondents from the global majority reported experiencing harassment, bullying or abuse from staff in the last 12 months, a decline of 7.46% compared to the last year and 0.52% less than the national average.

Domain3: Inclusive Leadership

For the developing criteria in Outcome 3A Board members and senior leaders would be required to meet with staff networks 3 or more times a year and each staff network would require an Executive sponsor. The Chief People Officer is the Executive Sponsor for Equality, Diversity, Inclusion and Anti-Racism. However, we would need to identify Executive sponsors with staff networks in their EDI objectives.

In Outcomes 3B and 3C the Inclusive Leadership domain has been assessed as 'Achieving' as both equality and health inequalities are standing agenda items in board and committee meetings. Equality Impact Assessments are completed for projects and policies. To maintain this the Trust and

the Board need to ensure that this is consistent in the organisational business plans to help shape work to address needs. Additionally, the Trust need to ensure that 'those holding roles at AFC Band 7 and above are reflective of the population served'. There are 34 staff from the global majority who are Band 7 and above which is 16.1% of the overall staff population. This is representative of the Liverpool population which is 6.1% (excluding Gypsy and Irish Traveller, Irish, Roma and Other white communities 7.6%). Although Trusts are required to show consistent improvements in WRES and WDES metrics, the ongoing work and investment in EDI and anti-racism shows that the Trust and the Board are committed to inclusion and making improvements to reflect ongoing work and future work with the Anti-Racism Hub.

EDS 2022 – proposed report for ratification and publication on 7 April 2024 following EDI Committee comment and Trust Board approval.

Government guidance was for all Trusts to publish a version of their EDS report by 28 February 2024. Due to internal committees being streamlined and limited capacity within the EDI Team, there have been delays in completion and reporting within the timescales. As the EDI Team is due to expand in the upcoming financial year, there will be more capacity in the team to ensure that this does not happen. Additionally, there will be a clear schedule for committee and Trust Board dates to ensure timely approval and ratification.

This report includes the summary for the EDS implementation including the gaps identified in each of the domains. In the appendix, the full report is provided for the approval and ratification of the committee.

Summary / Actions

Domain 1: Commissioned or Provided Services the following actions are recommended:

- Enhance evidence provision – The Patient Involvement and Experience Sub-Committee along with the assessors recognised that whilst the Endometriosis Service provide an exemplary service, the evidence provided was lean. This was largely attributed to the limited capacity of the team. The first recommendation is to develop mechanisms to gather comprehensive evidence demonstrating consideration for marginalised groups. This could involve feedback mechanisms, care pathways, engagement events, and relevant literature.
- Improved engagement with marginalised groups – As a Trust, there has been improved engagement as reflected in the full EDS report through Patient Experience, particularly, the 'Listen, Learn, Act' method. However, it was identified by the assessors that there were limitations in the engagement and involvement of patients from marginalised groups. It is recommended that services engage with the Patient Experience and EDI Teams to facilitate engagement with marginalised groups and VCSE for opportunities to co-design, co-produce and collaborate. This could involve organizing inclusive events like the Endometriosis Event held in September organised and delivered by the Patient Experience Team.

- Trust to continue working collaboratively with the ICB Business Intelligence Team to deliver Equality and Health Inequalities Dashboards.

Domain 2: Workforce Health and Wellbeing, the following actions are recommended:
- Analyse workforce health data by protected characteristics to ensure that health analysis of staff considers protected characteristics to identify any disparities and implement targeted interventions for marginalised groups.
- Address closed cultures by continuing ongoing efforts to understand and address 'closed cultures' within the Trust, especially related to protected characteristics. Recruitment for positions such as People Promise Manager and Employee Experience Manager can support this work.
- Promote self-management and support for staff by implementing measures to promote self-management of conditions and overall wellbeing among staff, including work-life balance, healthy lifestyles, and access to support resources alongside the support provide by the Trauma Informed Care Service, Health and Wellbeing and Occupational Health Teams.

In Domain 3: Inclusive Leadership, the following actions should be taken:
- Enhance engagement with staff networks by ensuring that board members and senior leaders meet with staff networks regularly and assign executive sponsors to each network to support inclusion efforts.
- Maintain focus on equality and health inequalities by ensuring that equality and health inequalities remain standing agenda items in board and committee meetings. Consistently completing and conducting audits for Equality Impact Assessments related to projects and policies.
- Ensure representation in leadership roles by ensuring that leadership roles reflect the diversity of the population served, particularly at AFC Band 7 and above. Continuously monitor and improve representation metrics, demonstrating commitment to inclusion and anti-racism efforts.
- Showing consistent improvements in WRES and WDES metrics.

Recommendations

The Committee are asked to consider, approve and ratify the Equality Delivery System Report attached, pending approval from Trust Board before publication of finalised version on the Trust's website.

Appendix 1: Proposed Equality Delivery System report for ratification and publication on 11 April 2024

Liverpool Women's NHS Foundation Trust

Equality Delivery System 2024

Scoring

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating. Ratings in accordance to scores are below The scoring system allows organisations to identify gaps and areas requiring action

Undeveloped activity – organisations score 0 for each outcome	Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – organisations score 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 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 3 for each outcome	Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS assessment programme and results

The Trust held multiple engagement and assessment events on:

- July 2023 – Engagement
- August 2023 – Approval
- September 2023 – Engagement
- January 2024 – Assessment
- March 2024 - Assessment

The Trust scored a combination of 16. This score rated the Trust overall the EDS, as **Developing**

Individual scores, domain ratings and assessor recommended EDS actions, follow in this report

Service Selected for Domain 1: Gynaecology – Endometriosis (Trust Score)

NHS England

NHS Equality Delivery System
EDS Reporting Template

Version 1, 15 August 2022

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 Women's NHS FT	Organisation Board Sponsor/Lead
		Michelle Turner, Chief People Officer
Name of Integrated Care System	NHS and Cheshire Integrated Care Board	

EDS Lead	Lisa Shoko, EDI Manager		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	6 July 2023 – Engagement 31 August 2023 – Approval 1 September 2023 – Engagement January 2024 – Assessment March 2024 - Assessment		Individual organisation	Liverpool Women's NHS Foundation Trust
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	NHS and Cheshire Integrated Care Board

Date completed	February 2024	Month and year published	February 2024

Date authorised	February 2024	Revision date	February 2025

Completed actions from previous year	
Action/activity	**Related equality objectives**
• Working with DigiCare to improve the information that we get about patients protected characteristics – EDI Manager working collaboratively with the ICB to influence the development of ethnicity data collection. • Access Audit was conducted to help promote equality for people with protected characteristics in ensuring the environment is fit for purpose. Access Audit was completed at the end of November 2023 with the help of Izzy Garnell – awaiting the full report which should be in by the end of January. • The Trust has developed a local Accessible Information plan monitored by the Patient Experience and Involvement Facilitator – the initial plan was agreed by digital and patient experience senior leaders. • The Trust will continue to review the interpretation policy and follow through on any gaps that are identified. Additionally, there is ongoing work with the Trust volunteers to provide support for people accessing service when they are waiting for a qualified interpreter to attend. There is work being piloted with the Non-English-Speaking Team (NEST) who attend to people requiring maternal services who do not have English as a first language. The Trust will monitor and review the experiences of people using these services including translations provided by Signalise and Language Line.	We will improve access to all services for the population that we serve
• The Trust will continue building positive and enduring relationships with communities to improve services, support and outcomes for people. The Trust has developed a stakeholder map and an inclusion	We will work in Partnership with People and Communities

and engagement calendar which includes both internal and external events. Actions from the events are monitored through Patient Experience Sub-Committee.	
Revie the process for reasonable adjustments to support staff including educating managers and staff on resources available through Access to work – these have been included in the Employee Attendance and Wellbeing Toolkit developed by HR and readily available on the intranet	
Development of health and wellbeing plan in relation to self-management of conditions with the Trust Physical Health and Wellbeing Coach – programme being rolled out in 2024	

EDS Rating and Score Card

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	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Liverpool Women's NHS FT Trust Website https://www.liverpoolwomens.nhs.uk/about-us/ **Services Provided at Liverpool Womens:** Our services - Liverpool Womens NHS Foundation Trust **Endometriosis Clinic** **Locations:** Liverpool Women's NHS FT, Crown Street, Liverpool, L8 7SS (Main Site); Aintree University Hospital, Aintree Lower lane, Liverpool, L9 7AL 0151 525 5980 **Clinic Times:** Endometriosis Clinics are held each Wednesday and Thursday between 9:00am and 11:30am **Contact us** - If you need to rearrange or cancel your appointment, please contact Gynaecology	1	Gynaecology Outpatient Specialist Nurse (Endometriosis), Denise Carter; Equality, Diversity and Inclusion Lead, Lisa Shoko

| | | Access Centre on 0151 702 4328 (option 1), between 8.30am and 4.30pm, Monday to Friday. An answer machine is available out of hours. If you require any clinical information about your outpatients' appointment, please ring 0151 708 9988 ext.: 4617.

How to be seen
• To be seen in our Endometriosis Clinic please request a referral from your GP to the Liverpool Women's Endometriosis Clinic

Accredited Endometriosis Site
• Accredited Endometriosis Site - Liverpool Womens NHS Foundation Trust

Endometriosis Information Video
• This video is delivered by Ilyas Arshad, Consultant in Endometriosis, Manou Manpreet Kaur, Specialist in Endometriosis and Denise Carter, Endometriosis Nurse Specialist.

Click Link: https://vimeo.com/694056513
• What Is Endometriosis and How Does It Develop?
• Do You Have a Specialist Endometriosis Team? | | |

		- Can Endometriosis Affect Fertility? - How Long Is the Waiting Time for Treatment with Laparoscopic Surgery? - Do You Have to Have an MRI Scan for The Precise Localisation of Endometriosis? - Is Endometriosis on The Bowel Likely to Cause Digestion Issues Around the Time of Ovulation? - Can You Give Us the Words to Explain Why It Causes So Much Pain? **Endometriosis Easy Read Leaflet** endometriosis easy read.pdf **Website Accessibility Information** - Liverpool Women's NHS FT is developing key goals around accessibility – the Trust will be implementing the action plan from the access audit last year, in 2024 quarter 2, additionally there is ongoing work focussing on local accessible information standard actions plans and digital inclusion.		
	1B: Individual patients (service users) health needs are met	The service reports strong relationships with other services where people are being referred the Endometriosis Pelvic Pain Clinic, the Pelvic Pain Programme,	1	

		Physiotherapy, Psychosexual Therapists, Occupational Therapists. • In brief, respectively, these areas could help the patient understand pelvic pain, pelvic pain management, how movement can help with pain and mobility, how endometriosis can affect sexual intercourse and what different methods people could use to work more effectively, or to support their team members who are affected by endometriosis. • However, there has been an identified need for some support to be in-house for example mental health professionals to support with the condition which can be quite debilitating. This will help the service to assess the mental health of the patient at different stages of their treatment. • Patients are supported by the Endometriosis Specialist Nurse, who also provides signposting for example to Reasonable Adjustments, ACAS, Personal Independence Payment (PIP), Citizens Advice Bureau. • Due to the service being quite small, the Endometriosis Specialist Nurse		

	1C: When patients (service users) use the service, they are free from harm	• The service is led by a Consultant, a specialist nurse and supported by 15 Endometriosis Champions. • The service has a patient centred approach, and they encourage staff and patients to report any concerns to Ulysses, Freedom to Speak Up and PALS. A pathway has been developed to support staff with Endometriosis working at Liverpool Women's 📄 PDF NSS23 Benchmark Reports_REP.pdf •	1	
	1D: Patients (service users) report positive experiences of the service	• The service identified the need to share more broadly, the importance of making flexible working available to staff who are usually accessing services as patients as well. • To make a focussed and outcome-based effort in engagement the Patient Experience Team developed an Inclusion and Engagement Calendar which identifies awareness/celebration days, internal and external engagement events.	1	

		• The service, and the Trust are working collaboratively with voluntary sector organisations and partners to broader their reach and impact – engaging with patients on site and off site. • We make sure to give patients every opportunity to feedback on the care that they receive from this team through different methods including emails, phone calls, friends and family tests, complaints, British Society Gynaecology Endoscopy databases and lived experience stories. Final Board development slides Engagement & Involvement Calenda •		
Domain 1: Commissioned or provided services overall rating		4	

Domain 1: Commissioned or provided services

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	• The Trust has a Trauma Informed Service, which is staff with a Consultant Psychologist, Clinical Psychologist, Assistant Psychologist, Counsellor and two Health and Wellbeing Officers. Each of these people play a key role in ensuring that the mental, physical health of all of the staff is well looked after. • The two health and wellbeing officers have split responsibilities, with one health and wellbeing officer looking after and promoting Mental Health Wellbeing whereas the other is looking after Physical Health and Wellbeing. • We offer specific care for staff inhouse through the Menopause Café which is led by Menopause Specialists in the Trust and an Endometriosis pathway specifically designed for the staff. • Additionally, there are annual health checks available for all staff as a drop in facility from our occupational health physicians. These allow opportunity for blood pressure tests, cholesterol tests, general well-being conversation and health promotion materials e.g., asthma, diabetes, nutrition, physical wellbeing, mental wellbeing, prostate care and women's health care. • Annual health and well-being conversations take place for each	2	

		member of staff with their line manager to support staff to remain healthy at work and consider any reasonable adjustments that may be required.		

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | • Internal Policies & Culture
 - Equality and Human Rights Policy
 - Equality Impact Assessment Policy
 - Reasonable Adjustments Policy and Reasonable Adjustments Passport
 - Violence and Aggression Policy
 - Transitioning in the Workplace Policy
 - Resolution policy
 - Anti-Racist Approach
 - Fair and Just Culture
 - Zero Tolerance to Bullying and Harassment
The NHS Survey, WRES and WDES reflects that there been an increase in staff reporting experiencing discrimination on the basis of ethnic background and disability (although a reduction on the basis of gender and religion). In addition, more staff have experienced physical violence (2%) and fewer are reporting it.
 • Freedom to Speak Up and HR report low cases of abuse, harassment, bullying and physical violence.
 • Staff are regularly encouraged to report instances of abuse, harassment, bullying and physical violence through staff | 1 | |

		networks, listening events, HR, EDI, FTSU and Ulysses reporting.		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Internal Policies
		    o Equality and Human Rights Policy
		    o Equality Impact Assessment Policy
		    o Reasonable Adjustments Policy and Reasonable Adjustments Passport
		    o Violence and Aggression Policy
		    o Transitioning in the Workplace Policy
		    o Resolution policy
		
		• Zero tolerance approach to bullying,
		• harassment and abuse with a new policy written in a fair and just culture approach.
		• Staff Networks are invited to contribute to all EDI action plans following national reporting criteria e.g., WRES, WDES. All EDI policies and procedures are equality impact assessed and staff networks have the ability to comment on these.
		• Freedom to Speak Up Month with alternative options where they can access support and safely raise concerns. There are two Freedom to Speak Up Guardians, one of whom is from a racially minoritised background and is from a clinical background. The FTSUGs are embedded within the organisation and are members of
			1	

		relevant committees e.g., EDI Committee. FTSUGs have a slot on corporate introduction to explain their role and introduce themselves to new starters. The organisation works closely to Staff Side Chair and supports the Union Representatives to be impartial and where required, to work with partner organisations. Promotion ran during Anti-Bullying Week with a launch of the newly developed Values to Behaviours guidelines. This has been developed by staff through various focus groups and engagement events following the National Staff Survey results. • The Great Place to Work Group is a platform for staff voices and lived experiences to be heard, there is a staff representative from each team in attendance. We will upskill the Great Place to work representatives to become champions for ensuring that staff have another avenue to raise concerns relating to behaviours. The Trust Board and other Committees have agenda items for lived experiences of staff and patients from protected characteristics. This is an opportunity to listen and learn, making improvements and positive change to practice.		

| | 2D: Staff recommend the organisation as a place to work and receive treatment | • The Trust NHS Staff Survey, WRES and WDES all demonstrate an improvement compared to last years data.
• 62.46% of staff report that they would recommend the organisation as a place work.
• 73.88% of staff report that if a friend or relative needed treatment they would be happy with the standard of care provided by Liverpool Women's NHS FT
• There are ongoing plans to deliver on EDI reporting mechanisms through listening events, surveys and Ulysses reporting.
• There is planned work to investigate the staff turnover, including the turnover of staff from the global majority.
• We have The Big Conversation, twice annually. This includes Executive Directors, Non-Executive Directors and senior leaders visiting each department/team in addition to this, focus groups are held for the following:
   o Medics
   o Nurses
   o Midwives
   o HCAs
   o Admin Staff
   o Racially Minoritised Staff
   o Staff with Disabilities and long-term | 1 | |

		○ conditions • In The Big Conversation, staff make suggestions for how we can improve. Following this, actions are developed and fed into divisional staff survey plans		
Domain 2: Workforce health and well-being overall rating			5	

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 | • Executive Leaders are continuously engaged about race, racism with the support of the EDI Lead.
• They also engage with the Anti-Racism Resource Hub on the staff intranet.
• Executive Leaders have focussed EDI objectives that have a focus on anti-racism and inclusion.
• Executive Leaders share widely with the Trust their 'anti-racism journey' for their senior leadership team (including our medical staff) and organisation wide.
• Equality, Core20Plus5, Health inequalities and EDS are standing items in internal meetings including Trust Board and Executive Board including workforce EDI and patient EDI.
• A key area that we are working on as an organisation is reducing health inequalities for people from the global majority in Maternal and Women's Health.
• Currently a key topic being worked on is reducing health inequalities in Maternity.
• Staff Network Chairs are in attendance at EDI Committee and have recently been | 1 | |

		• Some of the ongoing at the Trust focusses on supporting staff to expand their understanding and knowledge through cascading of information and learning from our senior leaders and Executive Directors. The aim of the above pieces of work has been with a focus to the organisation becoming an anti-racist organisation	

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Both Equalities and Health Inequalities are discussed at Trust Board and other internal meetings on a regular basis. • Actions are recorded in the minutes and/or action trackers. These are reported on and followed up at subsequent meetings. • The Equality Impact Assessments are signed off at senior level through internal committees and any identified risks are highlighted directly to the Trust Board for consideration, mitigation and future monitoring. • Accessible Information Standard is included in an action tracker along with Reasonable Adjustments which is monitored and reported on through internal committees where senior leaders ensure actions are implemented and embedded into everyday practice. • The Trust acknowledge that the Equality Impact Assessments for projects and policies, whilst signed off at senior level are not normally reported through Trust Board or other formal committees and this is an area for consideration in the upcoming year to ensure clear and consistent EIA completion.	3	

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 Board and Senior Leaders monitor and ensure implementation of actions relating to the following: WRES, WDES, Gender Pay Gap and Equality Delivery System. These are all reported through senior leadership committees, discussed with staff inclusion networks and then ratified at Trust Board before publication on the Trust website.
	• There is ongoing work in Divisions to review data in relation to leavers from the Trust and the reasons for them leaving. This will inform an action plan to improve the retention of staff particularly those from protected characteristic groups.
	• Additionally, the Trust commissioned the EDI Mandatory Training and 'Being and Anti-Racist Leader' on the leadership programme to complement the Executives Facilitated Discussions on race, racism and anti-racism
	• The Trust has signed up to:
	   o Northwest Anti-Racism Framework
	   o Smallest Things, Employer with a Heart Charter
	   o Endometriosis Friendly Employer,
		3	

		○ Miscarriage Association, Pregnancy Loss Pledge - These commitments are supported through local action plans which are monitored through internal committees. - The Executive Leadership have shown commitment and accountability throughout, even in the face of challenging situations.		
Domain 3: Inclusive leadership overall rating			7	
Total Score			16	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		**Independent Evaluator(s)/Peer Reviewer(s):**		

EDS Organisation Rating (overall rating):
Organisation name(s):
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 Lead	**Year(s) active**
Lisa Shoko, EDI Lead	
EDS Sponsor	**Authorisation date**
Michelle Turner, Chief People Officer	

Domain	Objective	Action	Completion date
Domain 1: Commissioned or provided services	• Enhance evidence provision.	Develop mechanisms to gather comprehensive evidence demonstrating consideration for marginalised groups. This could involve feedback mechanisms, care pathways, engagement events, and relevant literature.	February 2025
	• Improved engagement with marginalised groups using Listen, Learn Act Model	It is recommended that services engage with the Patient Experience and EDI Teams to facilitate engagement with marginalised groups and VCSE for opportunities to co-design, co-produce and collaborate. This could involve organizing inclusive events like the Endometriosis Event held in September organised and delivered by the Patient Experience Team.	December 2024
	• Develop patient focused EDI dashboards.	Trust to continue working collaboratively with the ICB Business Intelligence Team to deliver Equality and Health Inequalities Dashboards	February 2025

Domain	Objective	Action	Completion date

Domain 2: Workforce health and well-being	• Analyse the available understand disparities in workforce health data and provide recommendations	Analyse workforce health data by protected characteristics to ensure that health analysis of staff considers protected characteristics to identify any disparities and implement targeted interventions for marginalised groups.	February 2025
	• Identify and address 'closed cultures' in health and wellbeing for workforce	Address closed cultures by continuing ongoing efforts to understand and address 'closed cultures' within the Trust, especially related to protected characteristics.	February 2025
	• Develop and promote self-management materials for workforce wellbeing	Promote self-management and support for staff by implementing measures to promote self-management of conditions and overall wellbeing among staff, including work-life balance, healthy lifestyles, and access to support resources alongside the support provide by the Trauma Informed Care Service, Health and Wellbeing and Occupational Health Teams.	February 2025

Domain	Objective	Action	Completion date
Domain 3: Inclusive leadership	• Enhance engagement with staff networks by Executive and Senior Leadership	Ensure that board members and senior leaders meet with staff networks regularly and assign executive sponsors to each network to support inclusion efforts	February 2025
	• Maintain focus on equality and health inequalities through meetings and quality assured EIAs	Ensure that equality and health inequalities remain standing agenda items in board and committee meetings. Ensure consistent completion and audits for Equality Impact Assessments related to projects and policies.	February 2025
	• Monitor and evaluate representation metrics including recruitment and retention of diverse staff.	Continuously monitor and improve representation metrics, demonstrating commitment to inclusion and anti-racism through risk management, recruitment and retention monitoring	February 2025
	• Monitor and evaluate WRES and WDES metrics	Showing consistent improvements in WRES and WDES metrics.	February 2025

Appendix:

Liverpool Women's Diversity and inclusion

https://www.liverpoolwomens.nhs.uk/diversity-inclusion-human-rights

Liverpool Women's Commitment to Anti-Racism

https://www.liverpoolwomens.nhs.uk/about-us/diversity-inclusion-human-rights/race-equity-declaration-of-intent/

Anti-Racism Resources Hub

LWH Intranet - Anti-Racism Hub (liverpoolwomens.nhs.uk)

Staff Engagement Survey

https://forms.office.com/e/kRxU6iYMkC

Equality Delivery System 2023 Presentation

EDS 2023
Presentation Feb 24.p

Endometriosis Engagement & Assessment 2023

Endometriosis
Engagement 16 Febru

Diversity in Health Care Programme

Diversity in Health and Care Partners Programme 2023 2024 brochure.pdf (nhsemployers.org)

North West Anti-Racism Framework:

The-North-West-BAME-Assembly-Anti-racist-Framework-FINAL.pdf (england.nhs.uk)

Liverpool Women's Trauma Informed Care Support Service

Staff Support and Trauma Informed Care

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net

Gender Pay Gap Report 2023

Gender Pay Gap
Report _ 31 March 20

WRES and WDES Report 2023

WRES WDES report
2023 Trust Board (002

NHS Staff Survey

NSS23 Benchmark
Reports_REP.pptx

'How We Listen' Patient Experience Presentation 2023

Listening - Patient
Experience July 23.pd

Great Place to Work

Great Place to
Work.pdf

Attendance Manager Toolkit

Attendance
Management Toolkit.