EDS refresh update report

1. Background

The Equality Delivery System (EDS) was first made available to the NHS in November 2011. It was named EDS because: the focus is on **E**quality; it is designed to improve what the NHS **D**elivers for both patients and staff; and it is a **S**ystem that brings together different elements – engagement, review, evaluation, planning and action – into a coherent whole.

The EDS was revised and simplified to an extent in 2013 to take account of issues and concerns that had arisen since 2011, and which were identified in a report by Shared Intelligence of November 2012. Since 2013, EDS2 has become the overarching equality framework for the NHS. Going forward it has been identified that EDS2 requires further work, to align itself to the new NHS system-wide changes (both architecture and policy related) that have taken place since 2013, and to prepare for those changes yet to take place.

Furthermore, based on roadshows run by NHS Employers in 2016, and subsequent reports to the EDC, further refinements to EDS2 are now required. Principally, the 18 outcomes of EDS2 pose a significant challenge to NHS organisations to get to grips with, coupled with a grading system that can be complicated for some. Comparisons were also made with the Workforce Race Equality Standard, which draws, on part, on available data from the NHS Staff Survey.

Since 2016, the EDC had received two main reports on EDS2:

- Equality and Diversity Council paper EDC02 from 18th April 2018
- Report EDC from the EDS2 Sub Group: EDS2 Road Show 2016/17

2. Operational Engagement

For the refresh of EDS2, three workshops took place during August and September 2018. The aim of the workshops was to present a revised version of EDS2, titled EDS3, which attempted to, first, acknowledge the changed and changing landscape of the NHS; and, second, to take account of the suggestions and challenges raised at the 2016 roadshows. In response to the revisions and proposals within EDS3, those attending were asked for their feedback, include overall views and suggestions for further improvement.

The workshops took place in Birmingham on 14 August 2018, Leeds on 24 August 2018, and London on 4 September 2018, and were planned to ensure the best possible attendance from all NHS regions. With only one or two exceptions, all those attending the workshops were from CCGs, CSUs and provider trusts and held key roles in implementing EDS2 for their organisations. In total 117 people attended the three workshops. There were 24 at the Birmingham workshop; 48 at the Leeds workshop; and 45 people at the London workshop.

The workshops were organised and minuted by Gaynor Walker, EHI Project Co-ordinator, Equality and Health Inequalities Unit, Nursing Directorate, NHS England. The Birmingham workshop was chaired by Kevin Holton, Head of Experience of Care and Equalities and Health Inequalities, NHS England. The Leeds and London workshops were chaired by Dr Habib Naqvi, Policy Lead, NHS Workforce Race Equality Standard, NHS England. The proposals for EDS3 were designed and presented by Ray Warburton, original architect of the EDS, EDC member and currently Lay Deputy Chair of Lewisham CCG.

3. EDS3 proposals

The proposals for a revised EDS – EDS3 – emphasise that the EDS is an improvement tool for the NHS. EDS3 has 10 outcomes instead of the 18 outcomes of EDS2. The 10 EDS3 outcomes are grouped into three goals: Commissioned or provided services; Workforce development and well-being; and Inclusive leadership.

The outcomes within the 'Commissioned or provided services' goal focus on: good access to services; needs being met; patients being free from harm; and positive patient experience. NHS organisations and their stakeholders are asked to choose, evaluate and grade up to three services on these four outcomes. Data and insight for these outcomes can be drawn from a mix of national and local sources.

The outcomes within the 'Workforce Development and Well-Being' goal focus on: staff being free from bullying and other harm; staff believing they have equal opportunities for career development; staff who would recommend their organisation as a place or work or treatment; and the fair and balanced composition of the workforce. Data for these outcomes can be drawn to some extent from Key Indicators from the NHS Staff Survey, and are aligned with the WRES. The data and other insights should be evaluated and graded by NHS organisations working with staff networks and unions.

The outcomes with the 'Inclusive Leadership' goal focus on: leaders demonstrating their commitment to equality; and board and committee papers having good and appropriate equality content. Evidence for these outcomes should be assembled and graded by an independent person or organisation through direct contact with Board and committee members and through a review of the equality content of committee papers.

The proposals for EDS acknowledge the new NHS architecture and current/emerging national policy, and suggestions are made for applying the EDS across commissioning alliances, provider alliances, STPs, integrated care organisations. For example, services may be chosen, evaluated and graded across some of these groupings; peer review can be carried out by neighbouring NHS organisations within these groupings.

As with previous versions of the EDS, the new proposals again emphasise the critical part that engagement with patients, service users, the public, local community and voluntary sector organisations, staff networks and unions play in all stages of the EDS process. Results should be published on local websites, and good practice should be shared across all NHS organisations.

EDS3 has been designed to be fit for purpose for the next three to four years or so. It will need to be reviewed at that time to ensure that it still matches whatever new NHS architecture is in place by then, and whatever major policies have been introduced.

4. What was said

Overall

Positive:

- It was clear that the EDS is an established brand. EDS3 was given a good reception by the majority of delegates, with better and simpler links to WRES and WDES being particularly welcomed.
- A good many delegates approved of the slimmed-down and simpler EDS3.

- Many delegates said EDS3 should be mandatory, with more than one line in the NHS standard contract; it should feature prominently in the CCG IAF and in CQC inspections, and it should be given the same profile as WRES, WDES by NHS England and the EDC.
- Other delegates saw the EDS as the foundation for equality work in their organisations.
- Some said that WRES, WDES, SOM should be clearly linked to EDS3, with just one report to local Boards and Governing Bodies.

Negative:

- Only one delegate, from an ambulance service, said the EDS was not relevant to them as they were doing fine on the equality agenda.

Specifics

Leadership

- A good number of delegates said that the support and understanding of NHS leadership, including middle management, for equality in general and EDS3 in particular is essential; and asked how can this be hammered home. Some delegates added that getting the culture right is a key element.
- Some delegates that said that Non-Executive Directors and Lay Members can be equality champions.
- Some delegates believed that good governance arrangements need to be put in place for the completion of EDS3.
- One delegate said that service managers should take part in local patient/public discussions about EDS gradings.
- The evidence required for testing EDS3 Inclusive Leadership outcomes seemed a little loose to one delegate.
- Two delegates regretted the removal of the third Leadership outcome of EDS2 – that focused on middle management – but acknowledged it was hard to obtain good data or insight for grading purposes.
- It was noted that plans and actions derived from EDS programmes should feed into corporate objectives.

Patient outcomes

- Some delegates felt there should be more focus on patient outcomes in EDS3, although it was acknowledged that three services can be reviewed at any one time.
- A few delegates suggested that outcomes need bullet points on what is expected. Perhaps KLOEs would help.
- Guidance on how to choose services for review would be useful. (Looking at JSNAs or Equality Analyses, for example, could be helpful in this regard.)
- One delegate suggested that care pathways, cutting across CCGs and providers, can be included for EDS3 review.
- Some delegates welcomed the involvement of patients and the public in choosing services for the EDS3 evaluation and grading.

Workforce outcomes

- Several delegates welcomed the inclusion of workforce composition as an outcome, and suggestions were given on how to do this.
- A few delegates suggested that the gender pay gap, and the results of exit interviews, should be, at least, referenced in EDS3 reporting.

Templates for the collation of data

- Several delegates said that the collation of data required for EDS3 needs to be standardised, through the provision of templates, and with results collated via a central location/service.
- The above comment applied to aspects of the WRES.

Grading

- A good number of delegates said that the EDS2 grading can be too difficult for everyone including patients – and that more guidance and/or a methodology for looking at and/or grading at the evidence would be helpful.
- Grading, and other aspects of the EDS, can also be tough on E&D leads who feel unsupported by their organisations.
- Some delegates said the EDS grading system is too blunt.
- Several delegates suggested using a CQC-style grading system because it is simpler.
- It was noted that grading is difficult where hard data on some protected characteristics is missing. NHS Digital should extend protected characteristics in their collections, including Mental Health MDSs.

Engagement

- Some delegates asked for renewed and strong guidance on engagement with stakeholders, including patients and services users, with case studies provided to support and promote channels of engagement.

Training and sharing

- One delegate said that the WRES experts programme should be replicated for EDS3.
- Another delegate asked for EDS3 training to be run by the NHS Leadership Academy.
- Several delegates welcomed a website for EDS3 discussion and sharing of good practice case studies, with specific examples of how to complete EDS3.

Frequency

- A few delegates requested that the EDS cycle be extended from one to two years, as this would allow time for EDS3-related plans to be incorporated into core business and actioned.
- However, it was noted that EDS evidence and grading can contribute to the annual reporting of specific duties of the PSED. (Although of course, EDS grades and results are not sufficient by themselves to meet the PSED.)
- Some delegates asked for an agreed EDS3 reporting schedule, with a deadline for submission.

STP/ICO/collaborative possibilities

- Some delegates suggested that NHS England could ask for STPs/ICOs to promote equality.
- A few delegates said that CCGs should become the lead EDS organisation in a STP or ICO.
- Some delegates said that a common approach with a shared resource across STPs is needed, with stronger links established with councils and their use of the Equality Framework for Local Government.
- Independent or peer review from within STPs and other collaborations would be useful according to a good number of delegates.

National and local communication and engagement

- Several delegates said that there should be good communication from NHS England, perhaps a new video, for a national launch of EDS3.
- Others mentioned a 'golden' moment, orchestrated by NHS England and EDC.
- Several delegates said that engagement with patients and the public can be difficult. To make it easier, EDS3 should be more understandable - than EDS2 - for patients and public, with pilots of EDS3 to include them.
- One delegate mentioned the danger of 'engagement fatigue', especially for the CVS where cuts have been made.

E&D capacity and role, and resources

- A good number of delegates noted that E&D local capacity is critical but lead posts are being cut and where they sit in an organisation can be critical
- In general, it was pointed out by some delegates that there is a lack of E&D resource in the system which has an impact on the delivery of EDS and other tools.
- One delegated said that required competencies of E&D staff need to be made clear and communicated – there should be a standard.
- It was pointed out that E&D networks can provide a useful source of peer reviewers.

CQC role

- Several delegates said that EDS3 needs to be more embedded and more prominent in CQC's inspections.
- One delegate said that there need to be penalties for non-completion of EDS3.
- Another delegate suggested that CQC should provide guidance on EDS3 use and how it features in the inspection process.

5. Suggested next steps

5.1 Strategic engagement

It is suggested that further engagement is done with the system, on a strategic and leadership level. The aim of this engagement will be to provide a platform for senior managers and those leading within the system to understand the requirements suggested in, and provide their opinions on, concerns for, and the proposals for EDS3. This will also be an opportunity to gain buy in from those senior managers, as the benefits and requirements for the EDS can be reiterated. This is because strong and clear leadership for EDS3 was a key theme to emerge from the August and September workshops.

In order to deliver this, it is suggested that the EDC host breakfast round-tables with CEOs, chairs and senior leaders, to gain interaction with the intended target audience. It is thought that more delegates will be available at this time of day, and are more likely to attend if it is easily fit into their diaries. The format of the day should be similar to that of those events that have recently taken place, in that delegates should have an opportunity to understand the changes that have been implemented to date, and suggestions of how this should be implemented and/or changed should be discussed. These suggestions should be considered and included in the final draft of the new EDS3.

5.2 Task and Finish Group

Previous discussions have led to a suggestion that a task and finish sub group should be set up, to oversee the final stages of development for the new EDS3. During these discussions it was highlighted that both NHS Improvement in its current form, and the CQC, should be involved in the task and finish group. This suggestion still stands. As highlighted above, the

CQC are seen as an important partner and can provide an important lever in the delivery of the EDS3, by providing a more extensive audit of EDS upon visits to trusts and NHS settings. The involvement of NHS Improvement alongside NHS England is vital to ensuring that those charged with completing the EDS3 are doing so, and feel fully supported in doing so. During the workshops it was proposed that consideration was given towards penalisation for none completion of the EDS3 – this should also be assessed and suggestions submitted to the EDC.

Again, drawing on suggestions highlighted above, it was recommended within the workshops that operational NHS staff that implement and deliver on the EDS should be involved in the task and finish group. The main aim of having this involvement will be for contribution towards the update of the guidance for the EDS3, which is also required

The role of the task and finish group will be to drive the delivery of the improved EDS3, support in the promotion of the EDS3, and report back to the EDC on its progress.

5.3 Pilot

It is suggested that 10 separate NHS organisations pilot the EDS3, with the inclusion of acute, mental health and ambulance services. It is essential that corporate settings are also included, and so at least one CCG and one CSU will be included in the pilot, and a national ALB organisation will be invited to participate.

Those who agree to pilot the EDS3 will provide case studies on how they have engaged with stakeholders, service users and peers. These case studies will be made available alongside the updated guidance to support the wider system.

Below is the current list of organisations that have requested to take part in the pilot of EDS3:

Lucy Ettridge	Sheffield CCG
Rachel Higgins	Lincolnshire Community Health Services
Lindsay Kirby	Salford CCG
Valarie Richards	Lewisham CCG via NEL CSU
Dan Whally	Corby CCG and Nene CCG via NEL CSU
Haseeb Ahmad	University Hospitals Leicester
Samina Arfan	NHS Heywood Middleton and Rochdale CCG
Karl Portz	Northern Lincolnshire & Goole FT
Colin Brotherston-Barnett	Barnsley Hospital FT

5.4 Relaunch and training

It is suggested that we aim to relaunch the EDS3 in March/April 2019, in line with the new financial year. This will also fall in line with planned changes to the wider NHS system, more specifically the alignment of NHS England and NHS Improvement. It is suggested that there should be a launch event, aimed at senior and very senior managers, to try and raise awareness of the EDS3. This launch could take place at the scheduled EDC meeting, due to take place around that time
Training and support on the EDS3 should be made available using the following formats;

- Face to face
- Webinars
- Written guidance
- Video guidance

NHS Employers should be requested to provide support with communication to the system, advertising and marketing of the EDS3 to help embed the new system.

The goal here is for the transition between EDS2 and EDS3 to be as smooth as possible for organisations – as was the case in 2013 when EDS was refreshed and to EDS2 and rolled out to the NHS. All support and guidance will therefore be available from the point of circulation of the EDS3. Please see the below grid for the suggested planning and development schedule.

Action	Owner	Due date
Creation of EDS3 Task and Finish Group – group to include CQC, NHS Improvement and CCG and Provider representatives	Melanie Walker/Gaynor Walker	October 2018
Breakfast engagement – engagement with senior leaders for their input into new EDS3 system. Also an opportunity to raise the profile of EDC and EDS3	EDC Secretariat	November – December 2018
Amendment of technical guidance – EDS2 guidance to be updated and aligned with the changes that have appeared into EDS3	EDS Task and Finish Group	October – December 2018
Amendment of supporting guidance – these amendments will also include the video currently available and the creation of a virtual hub for support. Possibility of "EDS Experts Network" to support the system	EDS Task and Finish Group	October – December 2018
LGA Diversity Framework alignment – meeting to ensure EDS3 is aligned with the LGA Equality Framework	NHS England	November – December 2018
Final version of EDS3 – completion and sign off of the EDS3 and its accompanying guidance.	EDS Task and Finish Group	January 2019
Launch – national event to coincide with EDC meeting in March/April 2019	EDS Task and Finish Group	April 2019
Pilot – year long pilot to include various different NHS organisations. All who take part will be required to provide a case study which will be added to a virtual hub as examples of delivery methods and good practice in every NHS area applicable	NHS England/EDC Secretariat	February 2019 – January 2020
Training and communication - to be delivered face to face and via webinar, with the inclusion of "EDS Experts"	NHS England/NHS Employers	April 2019 onwards