



Equality Delivery System (EDS) - Summary of reporting template

Introduction

The Equality Delivery System (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 comprises of 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services - This focuses on patient access and experience, reducing inequalities and enabling better health outcomes.

Domain 2: Workforce Health & Wellbeing - This focuses on ensuring that all workforce members are fully supported in relation to health and wellbeing.

Domain 3: Inclusive Leadership – This domain explores how leadership at LAS demonstrates a commitment to equality and how it works in a way that identifies equality issues and manages them.

Each of the above domains has set outcomes that must be evaluated and scored against the set criteria, using available evidence as well as insight and experiences of stakeholders. It is these ratings that provide assurance and/or provide direction for further improvement.

The Trust overall scored: “**Developing**” (18/33)

- Domain 1: Patients overall scored: “**Developing**” (6/12)
- Domain 2: Staff overall scored: “**Achieving**” (7/12)
- Domain 3: Leaders overall scored: “**Achieving**” (5/9)



The purpose of this report is to:

- Summarise the Trust process undertaken to deliver on the EDS for this reporting year.
- Report on the EDS ratings that have been achieved, along with the evidence collated and scored against
- Make recommendations that will be taken to improve on EDS ratings.

This is the first EDS submission the Trust has made. Further details about the EDS can be accessed [here](#).

Methodology

The Evidence Packs were created by the EDI team following engagement with multiple teams across the Trust to provide data, reports, evidence and case studies against the criteria and sub-criteria for each Domain including: Business Intelligence, Governance, Quality, Fleet, IM&T, Communications, Wellbeing, 111, EOC, Freedom to Speak Up (FtSU), Staff Networks, Resolution Hub, HR, Safeguarding, Staff Survey, EDI, Strategy, IPR and others. Within the Evidence Packs and Reporting Template you can see the evidence, rationale and criteria for the scores, as well as the recommended actions to reach “Achieving” or “Excelling”.

Once compiled, the Evidence Packs have been shared with various teams, groups and individuals including the Patient Council, Staff Networks, P&C SLT and the EDI Implementation Group(s) and have been deemed by each group to accurately reflect the criteria and the Trust’s current position against them with feedback having been consistently positive that the evidence, data and scoring are fair. As this is the first year, the team will develop a process to collate evidence through the EDI Implementation Group for next year.

Evidence

Domain 1 Summary

Domain 1 focusses on patients and their access and experience of the service. For this Domain, evidence was gathered from a wide-range of patient-facing teams including, but not limited to: 999, 111, Fleet, IT, Clinical, Audit, Operations, and Communications – alongside a variety of internal data sources and reports.

The Domain overall scored “**Developing**”, this was almost entirely driven by the Trust’s current lack of protected characteristics data relating to patients in terms of both capturing and reporting. While some areas of the Trust capture more data than others, if characteristics are captured, they tend to only be Sex and Ethnicity, and in some cases those are not reliably completed. This means that for half of the criteria we were not able to confidently score higher than “1” due to the inability to demonstrate impact on multiple/any characteristics. However, while this is limiting factor for this submission, the Trust is well

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aware of the need to capture more demographic information at a variety of points within the patient journey and is already seeking technological solutions to connect multiple systems together, improving training for staff in asking/collecting information on characteristics, and understanding the needs to report more regularly with more characteristics.

There are also many great examples of good practice, embedded inclusivity and strategic approaches to building a service that can deliver for all of London. Areas such as the accessibility of our incoming fleet, our investment in our Mental Health teams, our auditing/clinical safety are all clear examples of characteristics being strongly considered in the current and future work of the Trust. Furthermore, the 2023-2028 Strategy launched this year codifies much of the patient experience and its need to be individualised, responsive and of quality means that we are confident that our Domain 1 scores will continue to improve and strengthen in any future submissions to the EDS.

Domain 2 Summary

Domain 2 focusses on our workforce and their health, wellbeing and experiences within the Trust. For this Domain, evidence was gathered from a wide-range of teams including, but not limited to: EDI, Wellbeing, Workforce (data), IT, HR, FtSU, Safeguarding and our Staff Networks – alongside a variety of internal data sources and reports.

The Domain overall scored “**Achieving**”. This score reflects the large amount of work that has been put in by teams across LAS, especially the Wellbeing, FtSU and Safeguarding teams to create and grow a culture where staff are physically and mentally healthy as well as working in an environment that challenges and does not accept bullying or (sexual) harassment. There are a large range of self-service and support-driven options for staff looking to improve or manage their health at work, this is predominantly coordinated by the awarding-winning Wellbeing team, who also manage our external Occupational Health service, and Health & Safety teams. 2023 in particular has seen a wholesale shift in the approach to developing and maintaining work environments free from bullying and harassment, and where people feel able to speak up and report. This is a long journey for which there is still some way to go, but there has been significant progress made.

Similar to Domain 1, areas of improvement mostly lie with the use and collection of protected characteristic data. For staff the data is actually much more readily available, but the routine use of the data is limited, though this will change in 2024. While steps have been taken to improve support, there is much coming in 2024 that will enable our “*developing*” scores to become at least “*achieving*”, particularly regarding bullying and harassment, as new policies/charters come through and current processes are reviewed and strengthened. We are confident that future submissions will see all sub-criteria shift to at least “*achieving*” as there are strong foundations and directions of travel, particularly within Mission 2 of our 2023-2028 Strategy (An Inclusive and Open Culture) and the formalisation of the EDI Governance which will enable actions to be taken to address challenges and build on successes in the staff space across the Trust.

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Domain 3 Summary

Domain 3 focusses on our leaders and their involvement, commitment and knowledge of inclusion and health inequalities. For this Domain, evidence was gathered from a wide range of sources including, but not limited to: Governance reports, papers, Strategies, Plans, Commitments and reflections from stakeholders, all alongside data, reports and other evidence from across the Trust.

The Domain overall scored “**Achieving**”. Such a score has been driven by the very visible and demonstrable commitment of the Board and Executives to begin to seriously consider and mainstream work around inclusion and health inequalities regarding both patients and staff – a shining example of that has been the huge investment in the Trust-wide “Tackling Discrimination” sessions mandatory for all staff. Creating a dedicated, but integrated, EDI team and governance structures has gone a long way to bolster the compliance and oversight in these areas. Coupled with the clear and tangible visions in the 2023-2028 Strategy which commits to really moving the dial of patients and staff experiences and outcomes, has not only improved our scores within EDS, but also lay strong foundations for sustained and improved scores and outcomes in the future.

As has been a consistent theme in the limitations of scoring in previous Domains, consistency of and routine use of data and processes is a (known) challenge. For example, EIAs have been strengthened and improved in terms of completion, training and oversight, but there is still work to do to ensure that they’re done in all areas of the Trust consistently, and that these currently do not, but will, be expanded to cover health inequalities as well. The same can be seen for EDI-related topics being discussed and mainstreamed outside of the EDI Governance, topics *are* discussed and reported on, but this is often not regular or embedded, however, this will also change as LAS’ governance and teams begin to work more closely on inclusion and health inequalities.

Domain 3 is vital for the sustainability and impact of this work, and it has been invigorating to see that our Scores have been good, while still being honest on where there is work to do. We are confident, and so were our stakeholders in the grading activities, that strong foundations are being laid for a strengthened “*Achieving*” or even an “*Excelling*” score in this Domain in the future and that the involvement of leaders in this area has greatly and meaningfully improved.

Scoring

This is the first time the London Ambulance Service has used the EDS and it has been well received as an effective way to highlight areas of success and areas where work is still required. The evidence suggests a positive picture overall, with the majority of sub-criteria at “*achieving*”, but there are a number of “*developing*” areas, mainly relating to our patients, which has meant our overall score is a high “**developing**”.



Details of the scoring matrix and how we scored against them can be found in the Report, alongside summaries of each Domain, with rationales and more detailed information on scoring in the Evidence Packs.

A score summary is below and more information on the EDS scoring and criteria can be found [here](#).

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

Key issues and recommendations

This section focuses on the key issues the evidence highlighted and provides recommendations under each issue for the Trust to consider as a way to improve over the next year.

Domain 1: limited collection and/or use of protected characteristic data regarding patient experiences and outcomes.

Domain 2: limited use of protected characteristic data in reporting and planning in areas such as sickness, Exit Interviews and Occupational Health.

Domain 3: limited mainstreaming of EDI and Health Inequalities within Committees.

The following presents recommendations and suggested owners and timescales for action on the key issues. Detailed action plan is in the reporting template.



Domain 1: **limited collection and/or use of protected characteristic data** regarding patient experiences and outcomes.

Recommendation	Owner(s)	Suggested timescales
Review the electronic patient records system at LAS to identify barriers to data collection	Chief Digital Officer Chief Medical Officer (Supported by the EDI Team)	March 2024
Explore how patient equality data can be ported from NHS sources and integrated as a standardised process within LAS electronic patient records	Deputy Chief Clinical Information Officer	March 2024
Explore how clinicians can be supported and encouraged to collate and record equality data where clinically possible	Chief Paramedic	March 2024

Domain 2: **limited use of protected characteristic data** in reporting and planning in areas such as sickness, Exit Interviews and Occupational Health.

Recommendation	Owner(s)	Suggested timescales
Reduce the variation in equality data between best and worst areas of the Trust for blanks and not stated (Using the EDI data pack)	All Directorates	Feb – June 2024
Teams/managers to create time and access to ESR to complete their equality data.	All Directorates	June 2024
Use the intranet to act as reminders to staff who have not completed their equality data or have opted out.	Chief Digital Officer	Feb- June 2024



Domain 3: **limited mainstreaming of EDI and Health Inequalities within Committees.**

Recommendation	Owner(s)	Suggested timescales
Review NHSE EDI High Impact Actions and develop an action plan as part of the Business Planning Cycle	Head of EDI	March 2024
All Sub-Board Committees to ensure EIAs and where required health inequalities impact assessments are conducted	Director of Governance supported by the EDI team	On-going
Continue to build on the health inequalities self-assessment and introduce/mainstream Health Inequalities Assessments	Chief Strategy and Transformation Officer	March 2024
Ensure EDI is at the heart of all leadership programmes	Associate Director of OD and Talent Head of EDI	March 2024
Ensure EDI is integral to all routine leadership conversations such as away days at all levels	ExCo members supported by EDI/OD&T	June 2024

[Reporting Template and Action Plan](#)

The Reporting Template has been completed as a mandatory requirement from NHS England. The template provides a summary of the evidence and scores against the criteria. As this is an improvement tool, an action plan has been developed based on gaps identified as part of evidence gathering process.

The action plan is formed of the recommendations from the Evidence Packs and specifically address the criteria of the EDS. They were informed by local team discussions, the Evidence Pack consultations and general good-practice. Nearly all the actions already align with many ongoing actions within teams and/or are part of the 2023-2028 Strategy and/or EDI Objectives. There are a lot of case studies and evidential examples that show some strong “achieving” and even “excelling” activity/compliance with the criteria across all Domains and so the action plan seeks to both capitalise on areas of good work and address current gaps.

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Given this is the first time we are reporting the EDS, it provides a clear picture of the current position of the trust while providing an action plan to ensure positive trajectory for next year. There is an expectation that completion of the actions would see a future submission to EDS be “Achieving” or even “Excelling” for the Trust.

Implementation & Monitoring

The EDI Implementation Group will be instrumental in developing a systematic approach to ensure that evidence is collated earlier on and robust engagement with internal and external stakeholders is planned in a timely manner. Further ensuring, robust scoring takes place to provide assurance to the Trust.

Assurance

The EDS reporting template provides assurance to the Board that LAS has completed the mandatory requirements and meets the Public Sector Equality Duty. The EDS Reporting Template will be attached to this paper for approval by the EDI Committee and Board with Evidence Packs as information. See attached EDS Reporting Template.

Appendices

Appendix 1 Domain 1: Commissioned or Provided Services - Evidence Pack

Appendix 2 Domain 2: Workforce Health & Wellbeing – Evidence Pack

Appendix 3: Domain 3: Inclusive Leadership – Evidence Pack