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NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

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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)

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| Name of Organisation | London Ambulance Service Trust (LAS) | Organisation Board Sponsor/Lead | | |
| | | Anne Rainsberry – Non-Executive Director Roger Davidson – Chief Strategy and Transformation Officer | | |
| Name of Integrated Care System | North West London ICB | | | |

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| EDS Lead | Kulvinder Hira – Head of EDI Sebastian Bromelow – EDI Partner | At what level has this been completed? | | |
| | | | *List organisations | |
| EDS engagement date(s) | Domain 1’s engagement session was with the Patient Council which is made up of a range of organisations and individuals from across London Domain 2 & 3’s engagement sessions were with our Staff Networks, EDI Implementation Group(s), People & Culture SLT and other key internal stakeholders | Individual organisation | LAS internally alongside consultation with our Patient Council. | |
| | | Partnership* (two or more organisations) | | |

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| | | | Integrated Care System-wide* | |
| Completed actions from previous year | | | | |
| Action/activity | | | Related equality objectives | |
| This is our first EDS submission and so there are no previous EDS actions to enter here | | | | |

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| Date completed | December 2023 | Month and year published | February /March 2024 |
| | | | |
| Date authorised | January 2024 | Revision date | |
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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

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| 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 1: Commissioned or provided services

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | See Domain 1 Evidence Pack | Developing (1) | Operations & Clinical |
| | 1B: Individual patients (service users) health needs are met | | Achieving (2) | Operations & Clinical |
| | 1C: When patients (service users) use the service, they are free from harm | | Achieving (2) | Operations & Clinical |
| | 1D: Patients (service users) report positive experiences of the service | | Developing (1) | Operations & Clinical |
| Domain 1: Commissioned or provided services overall rating | | | Developing (6) | |

Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| 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 | See Domain 2 Evidence Pack | Achieving (2) | Wellbeing & Health and Safety |
| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | | Developing (1) | People & Culture |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | | Achieving (2) | FtSU, Safeguarding and People & Culture |
| | 2D: Staff recommend the organisation as a place to work and receive treatment | | Achieving (2) | People & Culture |
| Domain 2: Workforce health and well-being overall rating | | | Achieving (7) | |

Domain 3: Inclusive leadership

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| 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 | See Domain 3 Evidence Pack | Achieving (2) | ExCo |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | | Developing (1) | Governance |
| | 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 | | Achieving (2) | ExCo & Governance |
| Domain 3: Inclusive leadership overall rating | | | Achieving (5) | |
| Third-party involvement in Domain 3 rating and review | | | | |
| Trade Union Rep(s): | | Independent Evaluator(s)/Peer Reviewer(s): Staff Networks EDI Implementation Group Members | | |

EDS Organisation Rating (overall rating): **Developing (18)**

Organisation name(s): **London Ambulance Service Trust (LAS)**

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 |
| Kulvinder Hira | 2024/25 |
| EDS Sponsors | Authorisation date |
| Daniel Elkeles (CEO), Roger Davidson (Director of Communication and Strategy) & Anne Rainsbury (EDI Committee Chair & Board Member) | |

| Domain | Outcome | Objective | Action | Completion date |
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| <p style="text-align: center;">Domain 1: Commissioned or provided services</p> | <p>1A: Patients (service users) have required levels of access to the service</p> | <ul style="list-style-type: none"> • Review the electronic patient records system at LAS to identify barriers to data collection • Explore how patient equality data can be ported from NHS sources and integrated as a standardised process within LAS electronic patient records • Explore how clinicians can be supported and encouraged to collate and record equality data where clinically possible | <ul style="list-style-type: none"> • Use the EDI data pack to identify areas for improvement • Explore ways to integrate patient demographic data into our systems from other sources eg. GPs to capture more of the protected characteristics • Our patient-facing teams (111/999/crews) to explore ways to capture more demographic information through our systems and processes • Clinical Education to support patient-facing teams (111/999/crews) with learning on how to ask demographic questions to patients and how to handle challenges from patients • Local managers and leaders to reinforce the need to capture demographic information and the skills to do so via “huddles” and other appropriate opportunities. | <p>March 24</p> <p>FY ‘24/25</p> <p>FY ‘24/25</p> <p>FY ‘24/25</p> <p>FY ‘24/25</p> |
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| | <p>1B: Individual patients (service users) health needs are met</p> | <ul style="list-style-type: none"> Continue to build on the health inequalities self-assessment | <ul style="list-style-type: none"> The Strategy Team, in collaboration with Clinical Teams and internal/external stakeholders to launch a programme of work to understand and tackle Health Inequalities. This work to be monitored by the Transformation Board as part of our 2023-2028 Strategy | <p>March 24 – On-going</p> <p>Ongoing</p> |
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| | <p>1C: When patients (service users) use the service, they are free from harm</p> | <ul style="list-style-type: none"> • Our complaints systems should capture and report on protected characteristics • To expand the Clinical Audit and Research Unit (CARU) | <ul style="list-style-type: none"> • The complaints team to review methods for raising complaints and ways to capture more protected characteristic data of the complainant • That reporting on complaints will report with a greater number of protected characteristics • The Trust to explore the expansion of the number of staff within CARU (secondment, part-time and full-time) • CARU to increase the number of audits and reports it conducts annually, with aligned focuses to the 2023-2028 Strategy | <p>FY '24/25</p> <p>Ongoing</p> <p>FY '24/25</p> <p>Ongoing</p> |
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| | <p>1D: Patients (service users) report positive experiences of the service</p> | <ul style="list-style-type: none"> • Improve the process for collecting positive experiences and “thank yous” • Improved messages of success to the public, particularly from groups who have lower engagement/trust in the service and are focusses within the 2023-2028 Strategy | <ul style="list-style-type: none"> • “Thank yous” to be coded to allow themes to be identified and reported on, alongside reporting by protected characteristic • Where possible, protected characteristic collection to be added to the process by the form owner(s) • The Communications team to review our current “positive stories” communication to identify gaps | <p>Summer ‘24</p> <p>Ongoing</p> <p>Spring ‘24</p> |
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| Domain | Outcome | Objective | Action | Completion date |
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| 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 | <ul style="list-style-type: none"> Protected characteristics to be routinely included in key staff health report e. g. Occupational Health, Sickness | <ul style="list-style-type: none"> All internal reports relating to staff to have protected characteristics included in reporting as standard The Wellbeing Team to work with Optima (Occupational Health) to include more protected characteristic data in their reports to the Trust | FY '24/25 Summer '24 |

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| | <p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> | <ul style="list-style-type: none"> To reduce rates of bullying and harassment within the Trust and increase trust in reporting behaviours | <ul style="list-style-type: none"> Launch Anti-Discrimination and Anti-Racism Charters in 2024 Publish an EDI Policy in 2024 Review the Resolution Hub to ensure that it is fit for purpose and meeting the needs of the Trust Sustain the improvements to, and embedding of, FtSU and Safeguarding across the Trust Involve Staff Networks in shaping a more inclusive culture, informed by their members Implement our 2023 WRES and WDES Actions Plans | <p>Spring '24</p> <p>Spring '24</p> <p>Spring '24</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |
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| | <p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p> | <ul style="list-style-type: none"> • All Sub-Board Committees to ensure EIAs and where required health inequalities impact assessments are conducted • Continue to strengthen our Staff Networks so that they are better equipped to respond and escalate to staff reporting | <ul style="list-style-type: none"> • Ensure all managers have had direct communication about the improved EIA process • EDI Team to deliver regular workshops on EIAs to staff • EDI Team to continue its active support of Networks • All Networks to have an identified committee member responsible for handling members raising such issues e.g. Wellbeing Officer | <p>Spring '24</p> <p>Ongoing</p> <p>Ongoing</p> <p>Spring '24</p> |
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| | <p>2D: Staff recommend the organisation as a place to work and receive treatment</p> | <ul style="list-style-type: none"> • To review our Exit Interview reporting and use • Explore links with sickness in relation to protected characteristics | <ul style="list-style-type: none"> • Exit Interview data to be used more widely in the Trust to inform decision-making • Protected Characteristic data to be standard within exit interviews and reports relating to exit interviews • Continue the work occurring across the Trust and as part of the 2023-2028 Strategy to reduce sickness • Ensure sickness reports and progress reports on reducing sickness include analysis by protected characteristic | <p>FY '24/25</p> <p>FY 24/25</p> <p>Ongoing</p> <p>FY '24/25</p> |
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| Domain | Outcome | Objective | Action | Completion date |
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| 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 | <ul style="list-style-type: none"> Review NHSE EDI High Impact Actions and develop an action plan as part of the Business Planning Cycle All current and new Networks have an Executive (or suitable equivalent) Sponsor Ensure EDI is integral to all routine leadership conversations such as away days at all levels | <ul style="list-style-type: none"> That all Committees and Boards (where appropriate) add "Health Inequalities" as a standing item The Board commits to engaging and completing the "<i>Leadership Framework for Health Inequalities Improvement</i>" in 2024 All current Networks to have an identified Sponsor by March 2024 Network Sponsors to be reviewed on a bi-annual basis | <p>FY '24/25</p> <p>Spring '24</p> <p>Spring '24</p> <p>Ongoing</p> |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | <ul style="list-style-type: none"> Introduce/mainstream Health Inequalities Assessments | <ul style="list-style-type: none"> The Strategy and EDI team to explore the introduction of separate Health Inequalities Assessments, or the merging of HIAs into the current EIA process | <p>FY '24/25</p> |

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| | <p>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</p> | <ul style="list-style-type: none"> • Ensure EDI is integral to all routine leadership conversations such as away days at all levels • Improve the experience and outcomes for staff through our action plans and commitments | <ul style="list-style-type: none"> • Develop tools and resources to enable inclusive conversations by managers • Review our current suite of reporting e.g. EDS, WRES, WDES, GPG and see if these are appropriate and if others should be added e.g. PCREF, OAF, EPG etc. | <p>FY '24/25</p> <p>April 24</p> |
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Patient Equality Team
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