

Classification: Official

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NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 15 August 2022

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	The Countess of Chester NHS FT	Organisation Board Sponsor/Lead		
		Acting Chief People Officer – Mark Dale		
Name of Integrated Care System	Cheshire and Merseyside ICB			

EDS Lead	Surendra Shroff, Equality Diversity & Inclusion Lead	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	18.01.2024, 19.02.2024, 26.02.2024	Individual organisation	Countess of Chester NHS FT	
		Partnership* (two or more organisations)	N/A	
		Integrated Care System-wide*	N/A	

Date completed	28 February 2024	Month and year published	28 February 2024
Date authorised	28 February 2024	Revision date	31 December 2024

Completed actions from previous year	
Action/activity	Related equality objectives
This is the first EDS Assessment following the process refresh in 2022.	

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 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Maternity Service Cheshire West Locality Service Line Review template completed assessing accessibility against all protected characteristics including data from geographical mapping of referrals matching levels of deprivation (IMD). Access examined and examples of improvements/adjustments for each protected characteristic given.</p> <p>Diabetes Outpatient Services Cheshire West Locality Service Line Review template completed assessing accessibility against all protected characteristics including data from geographical mapping of referrals matching levels of deprivation (from Index of Multiple Deprivation). Access examined and examples of improvements/adjustments for each protected characteristic given. Evidence of different approaches of service delivery and location of service to meet needs of patients.</p>	Average score - 1	<p>Samantha Lacey Associate Director of Nursing Natasha McDonald Director of Midwifery</p> <p>Samantha Lacey Associate Director of Nursing Phil Owen, Service Lead</p>

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Maternity Service Cheshire West Locality Evidence of a range of adjustments to meet individual needs. Full assessment of needs at booking scan and personalised care planning</p> <p>Diabetes Outpatient Services Cheshire West Locality Evidence of personalised treatment plans incorporating individual patient needs. Supporting education programmes and Diabetes specialist nurses deliver person centred care.</p>	<p>Average score - 1</p>	<p>Samantha Lacey Associate Director of Nursing Natasha McDonald Director of Midwifery</p> <p>Samantha Lacey Associate Director of Nursing Dr Nair, Clinical Lead</p>
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Maternity Service Cheshire West Locality Services assessment shows relevant governance, patient safety outcomes including Peri-natal mortality tool, incident and risk management, procedures, psychological safety and leadership.</p> <p>Diabetes Outpatient Services Cheshire West Locality Services assessment shows relevant governance, patient safety outcomes including, incident and risk management, procedures, psychological safety and leadership.</p>	<p>Average score - 1</p>	<p>Samantha Lacey Associate Director of Nursing Natasha McDonald Director of Midwifery</p> <p>Samantha Lacey Associate Director of Nursing Dr Nair, Clinical Lead</p>

	1D: Patients (service users) report positive experiences of the service	<p>Maternity Service Cheshire West Locality Assessment of a range of patient engagement and feedback including CQC maternity survey shows strong and improving performance in positive patient experience.</p> <p>Diabetes Outpatient Services Cheshire West Locality Assessment of a range of patient engagement and feedback including Patient Advice and Liaison Service (PALS) and complaints and compliments shows strong and improving performance in positive patient experience.</p>	Average score - 1	<p>Samantha Lacey Associate Director of Nursing Natasha McDonald Director of Midwifery</p> <p>Samantha Lacey Associate Director of Nursing Dr Nair, Clinical Lead</p>
Domain 1: Commissioned or provided services overall rating			4	

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	<ul style="list-style-type: none"> • Workforce and local demographic profile. • Sickness absence data. • Trust Workforce Race Equality Scheme, Workforce Disability Equality Scheme and Gender Pay Gap data. • Information on: <ul style="list-style-type: none"> ○ workplace reasonable adjustments. ○ staff survey health and wellbeing questions. ○ Trust approach to flexible working. ○ Trust wellbeing officer. ○ Trust wellbeing activities and events. ○ Occupational Health Service. ○ Psychological and mental health support. ○ Employee Assistance Programme. • Trust People Strategy. • Trust Equality Diversity and Inclusion Strategy & objectives. 	1	Equality, Diversity and Inclusion Lead through appropriate contacts

	<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"> • Workforce profile. • Sickness absence data. • Trust Workforce Race Equality Scheme, Workforce Disability Equality Scheme and Gender Pay Gap data. • Information on staff survey – bullying harassment and physical violence questions. • Trust Policies on bullying, harassment, and abuse. • Trust Anti-Racism Framework. • Information on Freedom to Speak Up review and activities. • Information on Employee Assistance Programme. • Trust People Strategy. • Trust Equality, Diversity and Inclusion Strategy and objectives. 	<p>1</p>	<p>Equality, Diversity and Inclusion Lead through appropriate contacts</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"> • Workforce profile. • Sickness absence data. • Trust Workforce Race Equality Scheme, Workforce Disability Equality Scheme and Gender Pay Gap data. • Information on employee relations including policies and equality impact assessment of those policies. • Information on staff networks. • Information on Freedom to Speak Up review and activities. • Information on Employee Assistance Programme. • Trust People Strategy. • Trust Equality, Diversity and Inclusion Strategy and objectives. 	<p>1</p>	<p>Equality, Diversity and Inclusion Lead through appropriate contacts</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"> • Workforce profile. • 2022 Staff Survey – engagement and experience questions. • Trust leavers from 2023. • Information on exit and stay interviews. • Trust Workforce Race Equality Scheme, Workforce Disability Equality Scheme and Gender Pay Gap data. • Trust People Strategy. • Trust Equality, Diversity and Inclusion Strategy and objectives. <p>Note - The results from the 2022 Staff Survey on the question that relates to staff recommending the Trust as a place to work did not consistently score high enough according to grading criteria which restricts awarding it a higher score. It was also noted that whilst data was in some areas comprehensive, it was not as up to date as it could have been. It was also observed that it was essential for data to be shared for assessment in a more timely way.</p>	0	<p>Equality, Diversity and Inclusion Lead through appropriate contacts</p>
Domain 2: Workforce health and well-being overall rating			3	

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	<ul style="list-style-type: none"> • Trust Equality Diversity and Inclusion strategy 2023-2026. • Trust People Strategy. • Details on Equality Diversity and Inclusion Steering Group. • Review of discussion relating to Equality Diversity & Inclusion and Health Inequalities at Board Meetings. • Information on Staff Networks. • Details of Board member engagement with Equality, Diversity & Inclusion and Health inequalities, including communications produced and events attended. 	0	EDI Lead through appropriate contacts
	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"> • Papers from meetings of Trust Board in Public and People and Organisation Development Committee in 2023. • Equality Impact Assessment Guidance. • List of 2023 Policy Development priorities including Equality Impact Assessments. 	0	EDI Lead through appropriate contacts

	<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"> • Workforce Race Equality Scheme, Workforce Disability Equality Scheme and Gender Pay Gap reporting. • Equality, Diversity & Inclusion Strategy and Action Plan. • Equality, Diversity & Inclusion reporting schedule. <p>Note: Whilst a degree of evidence is supplied for Domain III that supports activity in this area, there is no demonstration in improving internally defined metrics over time.</p>	0	<p>EDI Lead through appropriate contacts</p>
Domain 3: Inclusive leadership overall rating			0	
Third-party involvement in Domain 3 rating and review				
<p>Trade Union Rep(s):</p> <p>No external TU rep present</p>		<p>Independent Evaluator(s)/Peer Reviewer(s):</p> <p>Healthwatch representative – Tricia Cooper</p>		

EDS Organisation Rating (overall rating): 7

Organisation name(s): The Countess of Chester NHS FT

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
<ul style="list-style-type: none"> Head of Patient Experience – Associate Director of Nursing Trust EDI Lead 	2023/24
EDS Sponsor	Authorisation date
Acting Chief People Officer	28 February 2024

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Maternity service to: Examine accessibility to the service at the first assessment, usually at 10 weeks	Maternity service to: Review booking clinic late attenders and non-attenders to examine barriers for late attendance. Examine for protected characteristics and underrepresented groups.	30.06.2024
		Diabetes Outpatient service to: Assess the accessibility of its Young Persons clinic in Ellesmere Port	Diabetes Outpatient service to: review our outreach pilot clinic for young people in EP, which is a deprived area to assess its impact.	30.06.2024
		Diabetes Outpatient services to ensure patients have appropriate	Ensure Clinical letters continue to detail who to contact if they have an	30.06.2024

		access to the service to change an appointment	appointment query including email and telephone number	
	1B: Individual patients (service users) health needs are met	Maternity service to: Collect and analyse of protected characteristics of patients.	Maternity service to: Continue to improve the collection of protected characteristics data of our patients in particular Ethnicity.	30.06.2024
		Diabetes Outpatient service: To ensure clinical assessment includes correct diagnosis codes in patient EPR+ records.	Diabetes Outpatient service to: Improve the Primary diagnosis data of Diabetes recording for all patients.	30.06.2025
		Diabetes Outpatient service to ensure communications needs of patients are met.	Diabetes Outpatient service to continue to ensure that our patients can access interpretation and BSL services if required for their outpatient appointments	30.06.2024
	1C: When patients (service users) use the service, they are free from harm	Maternity service to: Ensure that unexpected outcomes to patients are not influenced by protected characteristics or under represented groups	Maternity service to: Undertake a Equality Impact Assessment to look at the PMRT cases.	30.06.2024

1D: Patients (service users) report positive experiences of the service	Maternity service to: Continue to drive a positive patient experience for patients and their families.	Maternity Service to drive forwards improvements in our care of our patients and their families and have developed a Patient and Family Experience Vision for 2024-2027	30.06.2024
	Diabetes Outpatient service to; undertake further analysis to better understand broader patient experience feedback in the service.	Diabetes Outpatient service to: Undertake further patient experience satisfaction questionnaires to understand barriers for patients with protected characteristics affecting access to attending the clinic.	30.06.2024
	Diabetes Service to ensure all patients know who to contact with a care query.	Review patient appointment letters to consider better signposting for patients around who to contact if their symptoms get worse, and how to find the clinic.	30.06.2024

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improve understanding of, and specific need for support, of staff dealing with health conditions.	<ol style="list-style-type: none"> 1. Ensure processes to support the development of reasonable adjustments are in place where needed and clarify what these look like 2. Increase support available through the wellbeing hub. 3. Develop support in response to specific issues around wellbeing for and with Staff Networks. 4. Improve protected characteristics data capture and monitoring. 	<ol style="list-style-type: none"> 1. May 2024 2. April 2024 – ongoing. 3. June 2024 – ongoing. 4. Ongoing. <p><i>Activity identified as ongoing requires the development of reportable metrics for longer term assurance</i></p>

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Set targets to reduce incidents of harassment, bullying and physical violence and take steps to embed a culture of civility based on Trust values.</p>	<ol style="list-style-type: none"> 1. Identify gaps in demographics of Trust FTSU Champions and develop plan to address these 2. Carry out the Workforce Racism Survey and complete self-assessment for formal accreditation of the Northwest BAME Assembly. 3. Carry out the Workforce LGBTQIA+ Survey and complete self-assessment for formal accreditation. 4. Establish a baseline of harassment, bullying and physical violence incidents involving all Trust Divisions and Service Areas linked to Staff Survey action plans in 2024 5. Improve assurance reporting processes from Trust Divisions and Service Areas to EDISG and POD to evidence improvement 	<ol style="list-style-type: none"> 1. April 2024 2. May 2024 – ongoing. 3. March 2024 – ongoing. 4. June 2024 5. June 2024 <p><i>Activity identified as ongoing requires the development of reportable metrics for longer term assurance</i></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>	<p>Improve staff awareness of, and access to, independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.</p>	<ol style="list-style-type: none"> 1. Monitor and report on the level of take-up of independent support and advice accessed by staff with regular reports to EDISG and POD. 2. Improve opportunities for staff engagement for individuals who share a protected characteristic and develop membership of Staff Networks. 3. Promote allyship and develop a strong network of allies for each of the 7 Staff Networks. 4. Seek to improve the current Employee Assistance Programme offer demonstrating improved service-uptake from staff with a protected characteristic. 	<ol style="list-style-type: none"> 1. March 2024 – ongoing. 2. March 2024 – ongoing. 3. March 2024 – ongoing. 4. March 2024 – ongoing. <p><i>Provide evidence for the above activities at assurance committees</i></p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Improve staff experience and engagement including the overall Trust Rating across the Staff Survey.</p>	<ol style="list-style-type: none"> 1. Implement Employee Engagement plan to improve take-up rate of and satisfaction scores from NHS Staff Survey. 2. Launch a campaign to improve workforce dataset on protected characteristics. 3. Carry out thematic staff surveys involving staff across different protected characteristics. 	<ol style="list-style-type: none"> 1. Commencing March 2024, embedding period until August 2024. 2. June 2024 3. June 2024

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Strengthen leadership accountability across equality and health inequality.	<ol style="list-style-type: none"> 1. Roll out Leadership and management development programme with associated metrics for assessing improvement. Improvement metrics to be devised. 2. Publish the EDI Board development sessions calendar. 	<ol style="list-style-type: none"> 1. From April 2024 and ongoing 2. April 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Improve integration and embedding of equality and health inequality considerations across the core business of the Trust.	<ol style="list-style-type: none"> 1. Establish a rolling programme of equality Impact Assessments and build a credible evidence base of mitigation measures and improved outcomes. 2. Roll-out next phase of the Elevate Leadership Programme and strengthen collaboration to include other areas of work i.e. peer-to-peer EDS Assessment. 	<ol style="list-style-type: none"> 1. May 2024 – ongoing. 2. May 2024 – ongoing.
	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	Streamline monitoring and reporting mechanisms to address concerns related to, and improve performance management of, equality and health inequalities across the Trust.	<ol style="list-style-type: none"> 1. Confirm named Exec Sponsors for each of the 7 Staff Networks. 2. Develop integrated reporting schedule at Divisional level and upwards for providing assurance on agreed equality improvement measures 	<ol style="list-style-type: none"> 1. March 2024 2. July 2024

Patient Equality Team
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