

Equality Delivery System

1. Introduction

Addressing inequalities for services users and staff is fundamental to everything that we do at HPFT, and our new five-year strategy, to be finalised in May 2023, sets this as an integral strand.

The NHS Equality Delivery System (EDS) is one of the improvement tools and mechanisms which will support this approach. All NHS trusts are required to complete and publish a grading review using EDS, and this report sets out the findings of the review completed for 2022/23. HPFT's last EDS grading review was undertaken and published in 2019/20, although since then the framework has been refined.

The 2022/2023 review is considered as a transitional year for EDS with implementation not mandatory until 2023/24. The next review will be expected to have a broader, systems focus, and work will be done with HWE partners over the next 12 months.

The report shows an overall rating for 2022 for HPFT as “achieving”, with a score of 23 against a maximum of 33. All three of the domains have been rated as achieving, but the priorities included in our annual plan for 2023/24 show how further improvements will be made towards achieving a rating of “excelling.” These priorities include the co-production of a Patient Carer Race Equality Framework (PCREF) plan for 23/24, which will work with underserved communities to identify actions to improve equity of access, and the launch of our new Belonging and Inclusion strategy.

2. Background

Implementation of the Equality Delivery System (EDS) is a requirement for both NHS commissioners and NHS providers. The EDS is an improvement tool for patients, staff and leaders of the NHS. It is intended to support organisations to review and develop their approach in addressing health inequalities through three domains which cover services, workforce and leadership. It is driven by data, evidence, engagement and insight.

In 2022/2023 the EDS assessment framework was refined nationally to be a more robust assessment method, aligned with the evolving NHS landscape as well as with the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS People Plan. Subsequently, the EDS2022 framework became comprised of 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services	Focuses on service user access and experience, reducing inequalities and enabling better health outcomes
Domain 2: Workforce Health and Wellbeing	Focuses on ensuring that all staff in the workforce are fully supported in relations to health and wellbeing

Domain 3: Inclusive Leadership	Explores how leadership demonstrates commitment to equality and how it identifies equality issues and manages them.
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Each of the domains have set outcomes that must be evaluated and scored against set criteria using available evidence. These ratings provide assurance and/or provide direction for further improvement. The outcomes are scored from 0 – 3 and added together to reach an overall rating.

3. EDS 2022 Summary for HPFT

Appendix 1 sets out the findings, evidence and ratings for EDS 2022. In summary:

i) Domain 1 - Commissioned and Provided Services

This domain for this iteration of the EDS is rated only on a selection of services, rather than across all services provided. There are four elements, all scored out of 3:

Patients (service users) have required levels of access to the service	2
Individual patients (service users) health needs are met	2
When patients (service users) use the service, they are free from harm	2
Patients (service users) report positive experiences of the service	2
Overall rating	8

ii) Domain 2: Health and Wellbeing

This domain covers four elements, each scored out of 3:

When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	2
When at work, staff are free from abuse, harassment, bullying and physical violence from any source	2
Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2
Staff recommend the organisation as a place to work and receive treatment	3
Overall rating	9

iii) Domain 3: Inclusive Leadership

Domain 3 has three elements, scored out of 3:

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	2
Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	2

Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	2
Overall rating	6

All three of the domains have been rated as achieving, and this gives an overall rating for 2022 for HPFT as “achieving”, with a score of 23 against a maximum of 33.

4. Next Steps and Recommendations

As referenced earlier in this paper, our annual plan for 2023/24 demonstrates how our approach to equalities will be delivered during the next year and includes actions for implementation and measures to help us assess how we are doing. The Board will receive regular progress reports on this as well as a range of other reports on specific aspects of equality and diversity.

The Board is asked to note the findings set out in this report and to support the proposed grading.

NHS Equality Delivery System (EDS)

Name of Organisation	Hertfordshire Partnership NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Janet Lynch, Interim Director of People and OD		
Name of Integrated Care System	Herts and West Essex			

EDS Rating and Score Card

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)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Summary of services reviewed</p> <p>Inequalities in access, experience and outcomes from mental health services exist for a number of groups with protected characteristics or other inclusion groups. This version of the EDS focuses on the Enhanced Primary Care Mental Health Service (EMPHS) for the purpose of ratings and improvements.</p> <p>EMPHS was established in Watford and Lower Lea Valley as part of an England pilot to implement the Community Mental Health Framework for Adults and Older Adults. Addressing Inequalities, Partnership working with communities and personalised practice are core requirements of this transformation programme.</p> <p>Watford and Lower Lea Valley deprivation scores are below the mean (interquartile range) for all local authority districts, with Lower Lea Valley been the most deprived area. Watford is one of the most ethnically diverse communities in Hertfordshire, with 61.9% of the population identifying as White British and 38.1% identify as other ethnicity (Black/Black British 5.8%, Asian/Asian British 17.9%).</p> <p>The service was evaluated in September 2022 using the following measures:</p> <ul style="list-style-type: none"> • DIALOG • Access Data • Stakeholder Feedback • Friends and Family Survey • Incident Reporting System • Complaints 	2	Deputy Director Integration and Partnerships/ Chief Operating Officer

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<p>Key findings:</p> <ul style="list-style-type: none"> - The data quality index score for gender was 99.9% <ul style="list-style-type: none"> ▪ 67% of service users identified as female and 32% as male. ▪ Data capturing systems were optimised which enabled identification of service users who identify as non-binary (3), trans man (2) and trans woman (2). - The data quality index score for ethnicity was 82.1% <ul style="list-style-type: none"> ▪ 62.4% of service users accessing the service identified as White British. ▪ 19.5% of service users identified as other ethnicity. ▪ 3% of service users identified as Black/Black British ▪ 4% of service users identified as Asian/Asian British - The data quality index score for sexual orientation was 72% <ul style="list-style-type: none"> ▪ 1% of service users identified as Gay Men ▪ 2% of service users identified as Gay Woman /Lesbian ▪ 3% of service users identified as bisexual ▪ The data quality index score for age was 100% <ul style="list-style-type: none"> ▪ 23% of service users were 18-24 ▪ 75% of service users were 25-65 ▪ 1% of service users were 65+ 		
	1B: Individual patients (service users) health needs are met	<p>Key findings:</p> <p>Outcomes by gender were broadly consistent, however data suggests overall improvement was 5.2% higher for service users who identified as Male in comparison to others</p> <ul style="list-style-type: none"> • Most significant improvement for service users who identified as female was with Mental Health (32%), Leisure Activities (13%) and Medication (8%) • Service users who identified as male had significant improvements in their Mental Health (38.5%), Leisure Activities (19%), and Medication (7.7%) 	2	Deputy Director Integration and Partnerships/ Chief Operating Officer

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> • There were some limitations with collection of outcomes data for other gender groups. Paired scores will be available once service users have completed treatment. • Outcomes by sexual orientation and ethnicity indicates significant improvements for all service users with their mental health. • Service users who do not identify as heterosexual/straight had overall improvement 1% higher in comparison to service users who identify as heterosexual/straight. They had their most significant improvement in Mental Health (28%), Leisure Activities (18%) and Medication (12.5%). • Service users who identify as White British had an overall improvement 3.6% higher than other ethnic groups. • In comparison to service users who identify as White British, service users who identify as other ethnicity had higher improvements in their Mental Health (35.5%), Leisure Activities (14%), Personal Safety (11%) and Medication (11%). • Areas of noticeable deterioration for service users who identify as other ethnicity includes Physical Health (-1.5%), Job Situation (-3.4%) and Accommodation (-3.1%). • Service users across all age bandings have had their most significant improvements in mental health outcomes. Notably within the 65+ banding, Mental Health improvement was 43.8%. • Overall outcomes for the 65+ cohort was 11.3% which was skewed by the domains for Job Situation, Medication and Practical help. • Overall outcomes for service users aged 25-65 was 11%. • Service users 18-24 had the lowest improvement in their outcomes with overall score of 2.8%. Noticeable deterioration in physical Health (-2.6%), Job Situation (-6.8%), Accommodation (-2.2%) and Practical Help (-5.3%). 		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • EMPHS has a low number of safety incidents • Safeguarding concerns are proactively reported 	2	Deputy Director Strategy and Partnerships/ Chief Operating Officer
	1D: Patients (service users) report positive experiences of the service	<p>Key findings:</p> <ul style="list-style-type: none"> • Service users were generally satisfied with the Mental Health professional and the practical help they received. • Satisfaction with practical help received was higher for male (4.3%) in comparison to other genders. • Service users aged 65+ had the highest level of satisfaction (5.9%) with practical help in comparison to other age groups. Satisfaction with the mental health professional for this cohort was skewed (-2.4%) however, majority of service users scored their mental health professional higher during their second assessments. • Service users who identify as other ethnicity had a higher level of satisfaction with practical help (2.9%) in comparison to service users who identify as White British (2.1%). Satisfaction with mental health professionals was high across all ethnic groups however, service users who identify as White British scored their mental health professional higher (23.6%) in comparison to service users who identify as other ethnicity (14.4%). • Satisfaction with mental health professional was high for service users irrespective of their sexual orientation. Satisfaction with practical help received was relatively low for service users who identify as heterosexual/straight (0.2%) in comparison to other groups (8.5%). 	2	Deputy Director Integration and Partnerships/ Chief Operating Officer
Domain 1: Commissioned or provided services overall rating			8	

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"> Occupational Health support Sickness absence data e.g. absence due to mental health conditions has reduced during 2022/23 Provision of health checks Health and wellbeing strategy supported by health and wellbeing team, health and wellbeing champions. Regular review through People and OD group. Here for You service Employee Assistance Provision – independently provided 	2	Chief People Officer
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Staff Survey 2022:</p> <ul style="list-style-type: none"> 95% staff reported violence (improvement from 2021 and close to national best score) 72.5% said trust takes positive action on health and wellbeing (improvement from 2021) 18.2% of staff had experienced violence from service users, their relatives or members of the public (reduction over the past 5 years but still above average and further action required) Freedom to Speak Up Guardian and champions 	2	Chief People Officer/ Executive Director of Quality and Safety
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> Employee Assistance Programme Here for You service Schwartz rounds Occupational Health Health and wellbeing champions Freedom to Speak Up Guardian and champions 	2	Chief People Officer/ Executive Director of Quality and Safety

	2D: Staff recommend the organisation as a place to work and receive treatment	<p>Staff Survey 2022:</p> <ul style="list-style-type: none"> • 71.9% of staff would recommend HPFT as a place to work (average across MH/LD providers 62.8%) • 68.9% of staff would recommend as a place to receive care (average across MH/LD providers 63.6%) 	3	Chief People Officer
Domain 2: Workforce health and well-being overall rating			9	

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 Board Chair champions equality through regular engagement with chairs of seven staff networks. • CPO acts as responsible executive for equalities • Executive Board members take on the role of Executive Sponsors of each of the 7 staff networks and regularly engage in their meetings. • Chief Executive has made EDI a key priority and regularly raises these issues in her blogs and also in the regular Chief Executive briefings. EDI has also been identified to be a core part of the revised Trust strategy. • Belonging and Inclusion strategy due to be launched following engagement with staff across Trust. • Regular specific items at Board and updates also through monthly people and OD reports. • Reviewing the makeup of the Board membership indicates that there is broad demographic representation including; disability, sex, sexual orientation, faith and ethnicity. • 2022 Staff Survey results 2022 broadly support that leadership is inclusive – 7.7 for the relevant theme, above average for MH/LD trusts • Within this theme, the Trust scores average or above average on all four elements. • There remains room for improvement - Staff Survey and WRES data indicate that there remains a lower level of satisfaction with the organisation from BAME and disabled staff, although 9 of 13 scores have improved since 2021. 	2	Chief People Officer/ Involvement and Inclusion Lead

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	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"> • EDI is a consistent feature in board papers where equality and health equality impacts are a standard consideration. • EDI considerations have been consistently featured in every Board meeting in 2022 as outlined in the minutes of all 7 Board meetings held during the year. • Actions plans are monitored through performance reports, there is now a quarterly performance report to the Board on some EDI issues. • Staff risk assessments have been introduced and include demographic considerations. Some reports also set out issues identified and actions to be taken to mitigate that issue where appropriate. • However, the dept of EDI coverage in reports to the Board vary from report to report and is an area that would benefit from more consistency. 	2	Chief People Officer/ Involvement and Inclusion Lead

	<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"> • The Board considers reports on the performance of the Trust particularly but not exclusively identified through the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and gender pay gap reporting data. • Data is also gathered on service user facing activities including demographic considerations. Relevant issues/concerns reported to the Board. • Actions to inform improvements is also monitored by the Board. Each Board meeting consistently features EDI considerations. • Mechanisms such as service user and carer councils are in place to reflect on areas for improvement through their regular meetings that feeds into the Board. • Arrangements are in place for Experts by Experience to be engaged in recruitment processes for roles at all levels in the Trust; all board level recruitment during the period included experts by experience on the final selection panel. • Various initiatives have also been put in place to support improved performance in areas of EDI including: <ul style="list-style-type: none"> ○ Reverse mentoring programme ○ Inclusion Ambassadors programme with a focus on BAME and disabled staff ○ Disciplinary Review Decision making panel to address discrepancy in the disciplinary process etc ○ During and since COVID arrangements have been put in place to ensure risk assessments are done and reported to the Board including demographic data. • However, the governance structure for EDI performance has become less well defined than had previously been the case and this is an area that has been identified for improvement. 	<p>2</p>	<p>Chief People Officer/ Involvement and Inclusion Lead</p>
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Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> Ethnicity pay gap reporting has been introduced but needs to be embedded into the regular performance reporting. 		
Domain 3: Inclusive leadership overall rating			6	

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s): Unison & RCN	Independent Evaluator(s)/Peer Reviewer(s): Staff networks
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EDS Organisation Rating (overall rating): 23

Organisation name(s): **Hertfordshire Partnership University NHS Foundation Trust**

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**

