



<b>Report to:</b>	Integrated Care Board
<b>Date of Meeting:</b>	11 January 2023
<b>Subject:</b>	<b>Decision regarding Equality Delivery System (EDS) 2022 and wider strategic system EDI leadership</b>
<b>Director Sponsor:</b>	Jayne Adamson, Executive director for people
<b>Author:</b>	Rach McCafferty, Project lead – equality, diversity and inclusion (people team)

**STATUS OF THE REPORT:** *(Please click on the appropriate box)*

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

To flag a change to the equality delivery system (EDS) to EDS 2022 and seek clarity on our approach to this and wider strategic system EDI leadership.

**RECOMMENDATIONS:**

Members are asked to:

- a. Discuss and agree actions based on the information provided within this paper and accompanying EDS 2022 resources (see [section 8](#)).

<b>ICB STRATEGIC OBJECTIVE</b> <i>(please click on the boxes of the relevant strategic objective(s))</i>	
Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input checked="" type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>



<b>IMPLICATIONS</b>	
Finance	Financial implications to be determined based on resource / approach agreed.
Quality	Successful strategic leadership for EDI incorporating EDS 2022 (and public-facing activity eg health inequalities etc) will improve inequity experienced by protected groups both within our communities and our wider system workforce.
HR	HR implications to be determined based on resource / approach agreed.
Legal / Regulatory	Statutory responsibilities include the Public Sector Equality Duty (PSED) and EDS 2022. A risk exists until responsibility for these is assigned and subsequent activity actioned.
Data Protection / IG	None
Health inequality / equality	A lack of ownership and strategic leadership for public-facing EDI in particular reduces our capacity to tackle health inequalities and wider EDI.
Conflict of Interest Aspects	None
Sustainability	The suggested approach, if taken forward by an appropriate strategic lead, will result in a sustainable way of system working for future equality reviews under EDS 2022.

**ASSESSED RISK:**

As detailed in the paper to follow, the following risks exist until a decision and appropriate resourcing is in place:

- Legal and regulatory risk re non-compliance
- Risk to patient experience and quality of care due to missed opportunities to tackle inequalities in care
- Risk to staff experience, retention, health and wellbeing due to missed opportunities to tackle inequalities in our workforce
- Reputational risk as an ICB and a partnership

**MONITORING AND ASSURANCE:**

Monitoring and assurance for this workstream is to be determined by the ICB Executive Board based on the recommendations supplied.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes



## INTRODUCTION

- 1.1 This paper asks the Board to consider our approach to EDS 2022 and other legal and regulatory frameworks (eg Public Sector Equality Duty) in terms of ownership, accountability and approach.
- 1.2 It also seeks clarity on responsibility for strategic leadership for equality, diversity and inclusion (EDI) workstreams with a particular focus on public-facing activity and statutory duties across the system.

## 1. BACKGROUND

- 2.1 The Equality Delivery System (EDS2) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act (2010).
- 2.2 EDS2 has been part of the standard NHS contract since 2015 (section 13.5 equity of access, equality and non-discrimination). It became part of the NHS clinical commissioning group (CCG) assurance framework in April 2015.
- 2.3 In late summer 2022, this system was launched in a new format (see [the launch of EDS 2022](#) below) and included an expectation that some system coordination would be put in place by ICSs.
- 2.4 This issue is being flagged by the ICB's people team. EDI leads from NHS providers across our system have requested a response from the ICB around the system's role and leadership arrangements for this important piece of work. This has been on the back of requests for clarity from senior leaders. Due to this being an overarching review of wider EDI processes, it sits outside the remit of the people team.

## 2. THE LAUNCH OF EDS 2022

- 3.1 A revised version of EDS2 was launched in summer 2022. This is called [EDS 2022](#). The national aspiration (via NHS England) is that NHS providers will 'live test' EDS 2022 for the 2022-23 financial year, seeking to publish their reports on their website by Tuesday 28 February 2023. Although not strictly mandated, there is a national expectation for NHS providers to complete EDS 2022.
- 3.2 The updated EDS 2022 supports the outcomes of the [Workforce Race Equality Standard \(WRES\)](#) and the [Workforce Disability Equality Standard \(WDES\)](#) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. 'Outcomes' is the term used by NHS England to represent the findings of both the WRES and the WDES. For example, if colleagues from an ethnic minority are 1.61 times less likely to be appointed in a role, EDS 2022 pushes organisations to consider the link between this and the impact on colleague health and wellbeing.



3.3 EDS 2022 comprises of 11 outcomes that sit within three domains:

- Commissioned or provided services
- Workforce health and wellbeing
- Inclusive leadership at all levels

3.4 EDS 2022 requires collation and analysis of multiple data sources and meaningful engagement with patients, staff and wider system partners and stakeholders to reach a final score for each outcome.

3.5 The scores for each outcome are combined for each of the three domains using a [formal rating and score card](#). Ratings are determined for each of the three domains. These three ratings are then added together to reach the 'EDS organisation rating'. These run from 'undeveloped outcome' (where the combined scores are below eight) to 'excelling activity' (where the combined scores are 33) and are designed to highlight areas for improvement.

3.6 The results of an EDS 2022 review (and action planned or taken as a result) should feed into each organisation's service-based plans and corporate and strategic objectives. They should also contribute to each organisation's longer-term equality objectives.

### 3. WHY EDS 2022 IS IMPORTANT

4.1 'Everyone counts' is a key principle that applies to everyone served by the NHS and is at the heart of the [NHS Constitution](#).

4.2 EDS 2022 is a useful tool to improve our equality performance for patients, communities and staff through generating regional and local conversations about what is working well and what is not working so well. This will enable organisations to make necessary improvements with lessons being learnt more widely and will help the NHS to meet the requirements of the [Public Sector Equality Duty \(PSED\)](#).

4.2 The implementation of EDS 2022 and resulting interventions can contribute to NHS system and provider organisations achieving delivery on the [CORE20PLUS5 approach](#) – the five health inequalities priorities.

### 4. TIMESCALES

5.1 The national direction is for all NHS provider organisations to pilot EDS 2022 and to upload their reports onto their websites by Tuesday 28 February 2023.

5.2 Each domain has a recommended timeframe during which work should take place running over a year-long period. These are as follows:

- Domain 1 (commissioned or provided services) – quarter two of the financial year (summer)
- Domain 2 (workforce health and wellbeing) – quarters one and two of the financial year (spring and summer)



- Domain 3 (inclusive leadership) – quarter 3 of the financial year (autumn)

## 6. RESPONSIBILITY

- 6.1 Responsibility for piloting EDS 2022 and uploading the report lies with the executive board within each NHS provider organisation.
- 6.2 Day-to-day delivery and implementation can be discharged to operational staff, for example, EDI professionals, patient engagement leads etc but overall responsibility sits with a nominated senior responsible officer (SRO) and, ultimately, each organisation's executive board.
- 6.3 There are questions remaining about the responsibility and / or role of the ICB in the completion and submission of EDS 2022 which this paper seeks clarity on from the executive board.
- 6.4 Guidance released on the launch of EDS 2022 ([see 6.6](#)) has created an expectation among some local provider organisations throughout HNY that the ICB will lead this work on behalf of the system. As EDS 2022 is a new approach (and many organisational EDI leads are new in post), there is a request for system support and leadership from the ICB.
- 6.5 Although being flagged for consideration by the ICB people team, this falls outside the team's remit. The team are, however, happy to support as a stakeholder for workforce-focused review activity in any planned wider approach.
- 6.6 The [EDS 2022 'EDS Technical Guidance'](#) (page 8) suggests the following options for implementing the EDS 2022 pilot:
- by NHS providers working together in a regional or integrated care system (ICS) footprint, or in some other sub-regional boundary
  - by NHS commissioners and NHS providers working together either at a local borough or place level, or at a regional level through ICSs
  - by local place-based NHS and local authority commissioners working with providers and local stakeholders
  - by single integrated care boards (ICBs) working on issues where care pathway and service changes are best addressed at a regional or ICS level
- 6.7 There could be some benefit to ICB involvement in a system response, however, the nuances of the individual challenges faced by each provider or each place in terms of service provision and demographics of the local population / workforce could be lost in a single system-level response.
- 6.8 The ICB could support coordination of activity, for example, suggesting services for review that we consider to be relevant to a system response. However, this would involve a broad stakeholder group including all NHS providers, local authority and third sector partners, a public engagement exercise and a formal project management approach under a named SRO with a resourced project team.



## 7. POTENTIAL COURSE OF ACTION

- 7.1 EDS 2022 is not strictly mandatory (but taking part in the pilot is strongly encouraged as a useful learning exercise for when it becomes so in 2023-24). Should existing resource not already be in place to proceed with EDS 2022 ahead of February 2023, the following course of action could be considered:
- ICB Board to name a senior responsible officer (SRO) for wider equality, diversity and inclusion (EDI) oversight across the system.
  - Plans put in place to ensure appropriate staff resourcing to support the mandatory 2023 / 24 EDS 2022 review (to begin in Summer 2023) and wider system-level EDI activity, specifically around public-facing EDI, statutory duties and health inequalities
  - plans put in place to bring together the relevant stakeholders for the roll-out of EDS 2022 in summer 2023 ( the working group)
  - clarification for place-based EDI leads in terms of role and responsibilities (eg EDS 2022 at place level and more broadly)
  - communication to senior leaders within each NHS provider organisation around ICB decision and encouraging participation in the pilot at provider-level (for onward sharing to EDI leads)
  - statement for the ICS website around our commitment to EDI and intention to roll-out in summer 2023
- 7.2 Any preferred approach for rolling out EDS 2022 in summer 2023 (to publish in February 2024) should be determined by the appointed SRO alongside the appointed operational staff in partnership with wider stakeholders at NHS provider organisations.
- 7.3 The risks and impacts highlighted in the overview for this paper should be considered when making a decision. These could include rising concerns from our two staff network of networks and EDI professionals across our system around a perceived lack of importance or prioritisation for EDI activity.

## 8. MEMBERS ARE ASKED TO

- 8.1 Discuss and agree the actions outlined based on the information provided within this paper and accompanying EDS 2022 resources ([see 9.1](#)).

## 9. EDS 2022 RESOURCES AND SUPPORTING INFORMATION

- 9.1 The following resources and documents provide further information on the roll-out of EDS 2022:
- [NHS England web page on EDS 2022](#)
  - [EDS 2022 reporting template](#)
  - [EDS 2022 technical guidance](#)
  - [EDS 2022 ratings and score card guidance](#)
  - [Domain 1 case study](#)
  - [Domain 2 case study](#)



**Humber and North Yorkshire**  
Health and Care Partnership

**ENDS**

Rach McCafferty

Project lead – equality, diversity and inclusion (people team)

NHS Humber and North Yorkshire Integrated Care Board



**Humber and  
North Yorkshire**  
Integrated Care Board (ICB)