

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		Hertfordshire and West Essex ICB		Organisation Board Sponsor/Lead	
				Beverley Flowers Deputy CEO/ Director of Strategy	
Name of Integrated Care System		Hertfordshire and West Essex			
EDS Lead	Beverley Flowers	At what level has this been completed?			
EDS engagement date(s)	February 2025	Individual organisation	Hertfordshire and West Essex ICB		

Date completed	February 2025	Month and year published	February 2025
Date authorised	February 2025	Revision date	-



Completed actions from previous year	
Action/activity	Related equality objectives
<p>Domain 1:</p> <p>The ICB will work with providers at ICS and Place level to support the implementation of EDS in a way that meets the need at a local level and provides assurance to the ICB that EDS is being delivered.</p>	<p>The ICB provided training and support to providers and monitoring of compliance with EDS took place with individual providers, at ICS wide EDI meetings and through the ICB's three place based teams. It was agreed that, for 2025/6 providers and place teams would decide together what services to assess under Domain 1 to strengthen the link between local commissioning and delivery.</p>
<p>Domain 2:</p> <ol style="list-style-type: none"> 1. The options for enough wellbeing champions at team or directorate level be explored. 2. The ICB Induction training to be strengthened to ensure that the HWE Way behaviours are explained and how to report concerns section is more detailed. Sessions at staff briefing to be held to ensure staff are reminded of these matters. 3. Further embed and promote Freedom to Speak Up support throughout the organisation on a regular basis and access to counselling and psychological support 	<ol style="list-style-type: none"> 1. A review of the Mental Health First Aiders (MHFAs) provision in the ICB in 2024 identified that fewer qualified MHFAs were needed in the organisation. Some of the current MHFAs will transition to become Wellbeing Champions. This will be in place in 2025. 2. HWE Way behaviours are now included in the induction training. 3. Freedom to Speak Up Guardian and Champions now in place across the ICB. 4. The Staff Survey action plan was rolled out with five key themes, each being given a month of events and promotion.



<p>4. Roll out of staff survey action plan to support better staff experience in the organisation. Provision of listening events to enable further dialogue with teams.</p>	
<p>Domain 3:</p> <ol style="list-style-type: none"> 1. The ICB will introduce the Leadership Framework for Health Inequalities Improvement. https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement 2. Review of the minute taking process to strengthen how equality was discussed and informed decision making. 3. Board members and system leaders to be able to demonstrate how organisational data and lived experience have been used manage performance and equality performance is monitored. 	<ol style="list-style-type: none"> 1. The Framework was discussed at the ICB EDI Group. The ICB Health Inequalities Lead advised that the framework will be changing, so it was agreed to review again when the changes take place. 2. Review was undertaken and committees encouraged to specifically record how equality was discussed. 3. This has been checked as part of this year's EDS review. There is clear evidence that data is presented and monitored at Executive level. Board had an equality deep dive session in 2024 where EDI objectives were set. These were met. Board also has had presentations from patients to support their understanding of lived experiences.



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 30 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 31 and above , adding all outcome scores in all domains, are rated Excelling



Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<p><i>Domain 1: Commissioned or provided services</i></p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<p>The ICB is primarily a commissioner of services, including from NHS organisations (providers) who are required to complete EDS as part of the NHS Standard Contract.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>As an ICS it was agreed that each provider would review and assess their own Domain 1 services. Where evidence was needed from the ICB, for example contract or contract monitoring information, this would be requested of the ICB and given to the provider.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>The ICB provided training and support to providers and monitoring of compliance with EDS took place with individual providers, at ICS wide EDI meetings and through the ICB's three place based teams.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>The ICB will review all providers compliance after the publication deadline.</p> <p>For 2025-6 it has been agreed that each provider will work with their respective ICB Health and Care Partnership place team to decide on the services to be assessed. This will strengthen the link between commissioning and service delivery at the local (place) level. This will mean that the ICB, by using an average of providers' grades, will be able to submit a grade from 2026 onwards.</p>		
<p>Domain 1: Commissioned or provided services overall rating</p>			<p>N/A</p>	



Domain 2: Workforce health and well-being

Staff from the ICB's Staff Partnership Forum, EDI Group, Race Equality and Inclusion Network and Neurodiversity Network were invited to, anonymously, assess the evidence presented. The grading provided is either the majority grade put forward by respondents or the grade most representative of the overall pattern of responses. The evidence presented can be made available on request.

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	<p>Staff were presented with information about the five identified conditions and information about the sickness absence of staff.</p> <p>Staff reported feeling supported, that a lot of information was available, and work was done to make staff aware of what's available.</p> <p>Staff noted that there had been an increase in return-to-work interviews in the last year, but that work was still required to continue to ensure that all staff received a return-to-work interview.</p>	Achieving	Chief People Officer
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Staff reported confidence that inappropriate behaviour would be addressed appropriately and the ICB is good at ensuring these behaviours would not be tolerated.</p> <p>Staff recommended continuing the work to ensure that what are, and aren't, acceptable behaviours do not get forgotten.</p>	Achieving	Chief People Officer



	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Staff report that the services available are well publicised and that staff know how to seek support.	Achieving	Chief People Officer
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff recognised the improvements in the NHS Staff Survey. Some staff reported that it is a friendly environment in which to work but the question is difficult to answer as we do not provide care/treatment	Achieving	Chief People Officer
Domain 2: Workforce health and well-being overall rating*			Achieving	



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	<p>Both parties graded this as Achieving.</p> <p>It was recognised that there is understanding and both individual and shared commitment to equality and health inequalities across the breadth of the organisation’s leadership.</p> <p>Staff networks have Board level sponsor with Executive leaders attending at regular intervals.</p> <p>There was engagement with faith and cultural events and clear and regular promotion of EDI.</p> <p>It was felt that a lot of the responsibility is, often appropriately, delegated to the Executive and that the Board could be more involved.</p>	Achieving	Chief of Staff



	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Both parties graded this as Achieving.</p> <p>Equality and Health inequalities discussed in Boards/Committees. There is a commitment to undertaking equality impact assessments (EqIAs).</p> <p>EDI indicators, including the Workforce Race and Disability Equality Standards were reviewed and agreed at Executive level but not at Board. Both parties recommended that Board should have oversight.</p>	<p>Achieving</p>	<p>Chief of Staff</p>
	<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>	<p>Both parties graded this as Achieving.</p> <p>Both parties reported that data was available, but it wasn't clear that there were specific year-on-year EDI targets to measure performance leading to improvements. Again, it was felt that this is something that should have Board oversight</p>	<p>Achieving</p>	<p>Chief People Officer for targets and Chief of Staff for Board oversight.</p>
<p>Domain 3: Inclusive leadership overall rating</p>			<p>Achieving</p>	
<p>Third-party involvement in Domain 3 rating and review</p>				
<p>Trade Union Rep(s): Unison and Unite</p>		<p>Independent Evaluator(s)/Peer Reviewer(s): Essex Partnership University Trust.</p>		



EDS Action Plan	
EDS Lead	Year(s) active
Paul Curry	2025-6
EDS Sponsor	Authorisation date
Beverley Flowers	February 2025

Domain	Objective	Action	Completion date
Domain 1: Commissioned or provided services	A clear link between commissioning and local service delivery.	1. The three Health and Care Partnership places within HWE will work directly with their providers to select the services to be assessed using local population and health data.	May 2025



Domain	Objective	Action	Completion date
Domain 2: Workforce health and well-being	<ol style="list-style-type: none"> 1. The NHS Staff Survey is used to support improvement in the ICB 2. Establish the wellbeing champions 	<ol style="list-style-type: none"> 1. Review the next ICB NHS Staff Survey and specifically look to set targets for equality related outcomes. 2. Following the Mental Health First Aiders review establish and promote the wellbeing champions. Tested by staff being able to explain the role of the wellbeing champions and where to find how to contact them. 	<p>April 2025.</p> <p>December 2025.</p>

Domain	Objective	Action	Completion date
Domain 3: Inclusive leadership	Board has oversight of equality data and required equality returns (WRES/WDES etc).	<ol style="list-style-type: none"> 1. That a specific plan to increase equality representation at pay band 8c and above be produced and progress against it be regularly reviewed. 2. That the Emerging System Leadership Programme be monitored, and reported on, to show the equality breakdown of participants and their progression following completion of the programme. 	<p>July 2025.</p> <p>July 2025.</p>

