

NHS Equality Delivery System
EDS Report 2024-2025

Royal Papworth Hospital NHS Foundation
Trust

Equality Delivery System for the NHS

1. EDS Reporting Requirements

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. EDS reviews should be carried out annually with the result of the review published on organisation websites by 28th February (or the following working day). Most reviews can be completed in-year; although it is recognised that flexibility may be required. Any justification for late publication must be provided and signed off at Board level.

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.

During COVID-19, reporting of the EDS was suspended, and a review was undertaken by NHS England to incorporate system changes and take account of the new system architecture. Through collaboration, co-production and taking into account the impact of COVID-19, the EDS was updated.

This is the second report undertaken by RPH under the new system, we have learnt a lot from doing this and have identified a number of improvements in future years of doing this.

NHS England has requested that Trusts use their reporting template, this template is completed using a nationally prescribed format and starts from page 4 to page 15.

Trusts are required to refer to a rating and score card that can be found on page 5 of this document, providing information on how to score and weight evidence produced for the eleven outcomes across the three EDS domains, leading to an overall EDS

rating for the organisation. The definitions column provides a benchmark for evidence submitted.

Within the annual cycle of EDS evidence and insight-based reviews it is recommended that:

- Domain 1 – reviews (Commissioned or provided services) should take place during the summer months (quarter 2 of the financial year).
- Domain 2- reviews (Workforce health and well-being) should take place during the spring and/or summer months (quarters 1 and 2 of the financial year).
- Domain 3 – reviews (Inclusive leadership) should take place during the Autumn months (quarter 3 of the financial year).

2. 2024-25 EDS Process

Following the very comprehensive approach taken in 2023-24 across all three Domains, the decision was taken by the Trust to review only Domain 3 (Inclusive Leadership) in 2024-25. The primary reason for this is the insufficient duration between the establishment of the Trust action plans from the previous review and the scheduled next review. This limited timeframe did not allow for a comprehensive assessment of the progress and impact of the action plans in Domains 1 and 2.

The Trust Board, along with senior leaders from both clinical and non-clinical backgrounds, have been actively involved in co-ordinating and implementing these action plans. Their efforts have been focused on ensuring that the strategies set forth are effectively integrated into the Trust's operations. This co-ordinated approach reflects the Trust's commitment to fostering an inclusive leadership culture, even as it continues to work towards achieving its broader goals in service provision and workforce well-being.

As in 2023-24 we partnered with CPFT and NWAFT to undertake the peer review process.

3. Domain 3 Assessment Outcome

Name of Organisation		Royal Papworth Hospital (RPH)		Organisation Board Sponsor/Lead	
				Oonagh Monkhouse, Director of Workforce and OD. Lorraine Howard-Jones, Deputy Director of Workforce and OD.	
Name of Integrated Care System		Cambridgeshire and Peterborough ICS			
EDS Lead	Onika Patrick-Redhead, Head of EDI. Philip Abraham, Senior EDI Compliance and Assurance Manager.		At what level has this been completed? Partnership- Domain 3		
			*List organisations		
EDS engagement date(s)	October 2024. 31 st October 2024. 6 th November 2024. 19 th November 2024. 26 th November 2024. 19 th December 2024. 16 th January 2025.		Individual organisation	Royal Papworth Hospital NHS Foundation Trust	
			Partnership* (two or more organisations)	Cambridgeshire and Peterborough NHS Foundation Trust North West Anglia Foundation Trust	
			Integrated Care System-wide	C&P ICS	
Date completed	14 th Feb 2025		Month and year published		
Date authorised			Revision date		

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 3: Inclusive leadership (Period October 2023 - October 2024)

Outcome 3A Rating 2 – **Achieving**. Outcome 3B Rating 2 – **Achieving**. Outcome 3C Rating 3 – **Excelling**.

For Domain 3 - RPH, CPFT and NWAFT buddied up as system partners to review each other.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
main 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>Evidence provided at the peer review from Royal Papworth Trust is rating 2 - Achieving</p> <p>The evidence showed many examples of those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.</p> <p>EDI was a standing item on the agenda in all the Borad meetings. Improvement recommendations: make it clear that health inequality items are also standing items on all board and committee meetings.</p> <p>RPH has a website identifying the staff networks and the exec sponsors.</p> <p>The meeting minutes talk about the topic of health inequalities. Improvement recommendations: an agenda item being discussed in regard to how the board is holding services to account, allocating resources, and raising issues relating to equality and health inequality.</p> <p>The is evidence of board members and senior leaders engaging in religious, cultural or local events and/or celebrations. It is evident that senior leaders engage with staff about EDI and/or inclusion only.</p>	2	<p>Sue Rampal Equality and Diversity Lead</p> <p>Jo Wallis EDI Lead</p> <p>Dean Calvet Staff Side Chair/ UNISON Rep</p>

	<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>Evidence provided at the peer review from Royal Papworth Trust is rating 2 - Achieving</p> <p>EDI was a standing item on the agenda in all the Borad meetings. Improvement recommendations: make it clear that health inequality items are also standing items in some if not all of the of the board and committee meetings all board and committee meetings.</p> <p>The document highlights very well what an impact assessment is. Improvement recommendations: to detail and evidence for EIA being completed for all projects and policies and who has signed off.</p> <p>There are forms identifying the risk forms used in RPH and how they are used. Improvement recommendations: to provide data on identify number of risk assessments being completed and state what proportion of those are in relation to one of the protected characteristics, how are they monitored?</p> <p>It was identified in the meeting on the 19th that none of the Trusts are completing the BME staff risk assessments.</p>	<p>2</p>	<p>Sue Rampal Equality and Diversity Lead</p> <p>Jo Wallis EDI Lead</p> <p>Dean Calvet Staff Side Chair/ UNISON Rep</p>
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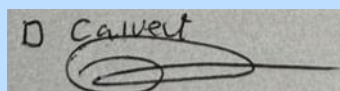
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Evidence provided at the peer review from Royal Papworth Trust scored 3 - Excelling</p> <p>The end of the report provides URLs to documents which includes data and gives great examples of the actions being taken such as audit and how the information will be used to address the gender pay gap.</p> <p>Evidence provided to show levers are in place to manage performance and monitor progress with staff and patients using these tools: Gender Gap reporting, Equality Impact Assessments, WRES and WDES. Board members, system and senior leaders monitor the implementation and impact of actions required for improvements.</p>	3	<p>Sue Rampal Equality and Diversity Lead</p> <p>Jo Wallis EDI Lead</p> <p>Dean Calvet Staff Side Chair/ UNISON Rep</p>
Domain 3: Inclusive leadership overall rating			7	

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):

Trade Union Rep(s):

Dean Calvert, Unison CPFT



Independent Evaluator(s)/Peer Reviewer(s):

Sue Rampal
 Equality and Diversity Lead

Jo Wallis
 EDI Lead

EDS Action Plan 2025-26

EDS Lead	Year(s) active
Ai Abdoul, Head of EDI (Interim). Philip Abraham, Senior EDI Compliance and Assurance Manager.	October 2025 - October 2026.
EDS Sponsor(s)	Authorisation date
Oonagh Monkhouse, Director of Workforce and OD. Lorraine Howard-Jones, Deputy Director of Workforce and OD.	Trust Board -

Domain 3	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 the integration of health inequalities into decision-making processes within the Trust.	Trust Board to hold a development workshop focused on health inequalities to consider how we develop the governance processes for health inequalities.	Q2 25/26
		Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion.	The engagement process for developing the Trust's Five Year Strategy to encompass how we address equality and health inequalities in the development and implementation of the new strategy.	Throughout 25/26

			Staff networks to have the opportunity to present to and interact regularly with Board members and senior leaders.	Throughout 25/26
			All Staff Networks to have an Executive sponsor	Q1 25/26
			Board members and senior leaders sponsor religious, cultural or local events and/or celebrations.	Throughout 25/26
			Board members hold services to account and raise issues relating to equality and health inequalities on a regular basis	Throughout 25/26
			Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion.	Throughout 25/26
	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	The Board and other senior leaders lead the embedding of the vision for inclusive leadership.	Continued visible leadership by Board members in the embedding of the vision for inclusive leadership through leading/attending leadership events.	Throughout 25/26

			<p>Trust Board to overseeing the setting of KPIs/targets for year on year improvement in key EDI metrics.</p> <p>Regular reporting and discussion at Board Committees and Trust Board on progress against EDI action plans and KPIs.</p>	<p>Q1 25/26</p> <p>Throughout 25/26</p>
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