

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS.....	2
---	---

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	Worcestershire Acute Hospitals NHS Trust	Organisation Board Sponsor/Lead		
		Tina Ricketts		
Name of Integrated Care System	Hereford and Worcestershire ICS			

EDS Lead	Shane Baldwin	At what level has this been completed?		
				*List organisations
EDS engagement date(s)	19 th November 2022 15 th January 2023	Individual organisation	X	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*		

Date completed	Dec 22	Month and year published	Feb 2023
Date authorised	Jan 23	Revision date	Nov 23

Completed actions from previous year	
Action/activity	Related equality objectives

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	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Policy for managing the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Trust Intranet) • Policy for Supporting Adults with Learning Disabilities when accessing Acute Hospital Services (Trust Intranet) • Trust Policy for Access and Delivery of Interpreting Services (Trust Intranet) • Contracts are in place with Translation service provider organisations; KPIs are routinely monitored monthly in reports and in review meetings with providers. • Stakeholder engagement is in place to inform ongoing development, this includes Patient Stories to Trust Board and community engagement at local Deaf Signing cafes • We have increased the number of Learning Disability Liaison Nurses in partnership with a local Trust, to support our patients with a Learning Disability and their carers. • We are engaging with the Learning Disability Improvement Standards annual survey; • We convene a quarterly Learning Disability steering group and invite key stakeholders to join the conversation about where we are working well and where we can improve. • We are revising resources internally to support our stakeholders and this includes promotion of the "About Me booklet". • We have reintroduced staff training at induction and we are exploring an ESR training package as identified as a need from the incident reports, national standards and KLOE (CQC). 	2 Achieving	

		<ul style="list-style-type: none"> • We are engaging wider with our stakeholders via the PLACE Learning Disability Partnership for example. • We are an active partner in the All Worcestershire Carer Strategy and we have committed to the ICS Commitment to Carers with statements and pledges which we monitor and report on locally. • We are engaged with the Carer's Reference Group and Carer's Partnership to support our ability to engage with key stakeholders and support ongoing awareness and dialogue about barriers to our services. • We will be launching carer awareness as part of our 4ward Ambassador training programme in 2023. • We have launched the SUPPORT initiative which is a campaign to ensure that end of life care is "everyone's business". 		
	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • Policy for managing the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Policy for Supporting Adults with Learning Disabilities when accessing Acute Hospital Services • Trust Policy for Access and Delivery of Interpreting Services • In line with Accessible Information Standards we have processes in place to ensure a consistent approach to identifying, recording, flagging and sharing information to support the communication and health support needs of our patients • We are developing an electronic process to ask and record all Carers from the point of patient entry using our new EPR system (2023). This supports our wider work to support carer awareness • We work in partnership with patients with a learning disability and their Carers and Carer organisations to put in place measures to support a positive experience and to support appropriate 	<p>2 Achieving</p>	

		<p>and dignified care. We have taken examples to our Trust Board to share learning and partnership approaches. Our partnership with the Learning Disability Liaison Nurses underpins our ability to sustain this approach.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> • Policy for managing the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • We are developing an electronic process to ask and record all Carers from the point of patient entry using our new EPR system (2023). • We work with a Patient and Public Forum in a number of ways to support ongoing public engagement and partnership • All hospital deaths of patients with LeDer criteria are reviewed to ensure that health needs were met, learning for care improvement is identified and good practice is shared. Any identified themes or actions are monitored through our Learning from Deaths group. • We work with our local Healthwatch in a number of ways including membership of the patient Experience and Engagement quarterly steering group • We engaged with key stakeholders in the implementation of our AccessAble accessibility guides and invited feedback from across the community to ensure the guides meet needs • Policy for Supporting Adults with Learning Disabilities when accessing Acute Hospital Services • General Medicine Documents? • General Surgery Documents? • Risk Management Documents (Policy, procedures and Reporting lines)? • Safeguarding Adults and Children (Policy, procedures and Reporting lines)? 	<p>1 Developing</p>	

	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • There is a new Datix web page that pulls together incidents, complaints and PALS to allow greater analysis and focused actions, this can be narrowed down to be specific for ward / division / category of incident etc. but it is still in its infancy and is relatively new to each division and therefore has not yet been used to its full capacity. • The new Patient Safety framework and national strategy will be implemented over the next 12-18 months and this will further support an improvement culture and give an increased focus on health care inequalities. • Weekly serious incident review and learning group with good attendance from each division and of a variety of skills and roles. Offering comprehensive overview and discussion. • By monthly Risk management group, facilitating open discussion on current risks, trends and themes. • Each division has a governance and quality team who monitor compliance and provide local support and guidance and report into RMG which in turn reports into CGG and TME. 	<p>1 Developing</p>	
<p>Domain 1: Commissioned or provided services overall rating</p>			<p>6</p>	

Domain 1: Commissioned or provided services

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"> Wellbeing Support & Guidance Resources (Health & Wellbeing Pinwheel - Trust Intranet). Wellbeing Conversations offered by managers to staff - (Training/resources - Intranet). Wellbeing Conversations recorded via bespoke Trust ""How are you Really?"" App (Intranet). Supporting our NHS Staff Brochure (currently being updated - Intranet). Occupational Health and Wellbeing Service offer (OH section of the Intranet). Human Resources Policy Manual (HR Key Documents site on Intranet). Stress at Work Policy & Toolkit (HR Key Documents site on Intranet). Staff have access to NOSS counselling support via Occupational Health. Flexible Working Policy & Guidance Toolkit (HR Key Documents site on Intranet). Sickness Absence Health & Wellbeing Policy & Toolkit (HR Key Documents site on Intranet) & Training for Line Managers delivered by HR Advisory Team). Wellbeing Conversation Facilitators (contact details on Intranet). Trust Clinical Psychologists (Staff Wellbeing). Staff Mental Health & Wellbeing Hub (Signposted from Health & Wellbeing Pinwheel). Mental Health First Aiders (contact details on Intranet). Wellbeing Webinars each month - various topics (recorded content made available via Communications). 	2 Achieving	

	<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"> • Organisational Behavioural Charter (Trust Intranet) • EDI 7 Priority Action Plan launched (Available on request) • Datix reports highlighting incident levels over a 3-year period (Datix Team) • Human Resources Policy Manual (HR Key Documents site on Intranet). • Disciplinary Policy, Procedure and Guidance (HR Key Documents site on Intranet). • Violence Prevention Reduction and Management of Violence and Aggression Policy (Health & Safety Key Documents site on Intranet). • Violence Prevention and Reduction Strategy (Health & Safety Key Documents site on Intranet). • Zero Tolerance statement under development (Trust Intranet) • Grievance policy (HR Key Documents site on Intranet). • Dignity at Work Policy (HR Key Documents site on Intranet). • Dignity at Work Training for Line Managers (delivered by HR Advisory Team). 	<p>2 Achieving</p>	
--	--	---	--------------------------------------	--

	<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"> • Support from Staff Side Representatives (Trust Intranet) • Staff side policy / governance documents (Trust Intranet) • Behavioural Charter and Guidance on Speaking up (Charter Intranet page) • Access to Trust's Freedom to Speak Up Guardian (FTSU Portal) • Access to Trust's Health & Wellbeing Guardian (H&W Intranet Page) • Independent advice from HR Advisory Team Representatives (HR Advisory) • Human Resources Policy Manual – Stress at Work Policy & Toolkit (HR Key Documents site on Intranet) • Resources available via Health & Well-being Pinwheel (H&W Intranet Page) • Violence Prevention Reduction and Management of Violence and Aggression Policy (Health & Safety Key Documents on Intranet) • Wellbeing Conversation Facilitators (contact details on H&W Intranet Page) • Trust Clinical Psychologists (H&W Intranet Page) • Staff Mental Health & Wellbeing Hub (Signposted from Health & Wellbeing Pinwheel H&W Intranet Page) • Mental Health First Aiders (H&W Intranet Page) 	<p>2 Achieving</p>	
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • Staff Survey, • Quarterly Pulse survey 	<p>1 Developing</p>	
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>7</p>	

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"> • 7 Priority EDI Plan launched in 4 of the 6 Divisions. • Board paper Network Chairs. • Board paper on EDI 7 Priority Plans. • Board Paper on Annual Report. • Board Paper on WRES & WDES Reports and Action Plans. • CEO Friday message 25/06/21 BAME Conference (Trust Intranet). • CEO Friday message 11/02/22 LGBTQ+ Network (Trust Intranet). • CEO Friday message 01/04/22 Ramadan (Trust Intranet). • CEO Friday message 01/06/22 LGBTQ+ Network Pride Event (Trust Intranet). • CEO Friday message 07/10/22 FTSU / 4Ward Advocate (Trust Intranet). • CEO Friday message 07/12/22 Disability Network (Trust Intranet). • Trust Board meetings: • 10/11/22 LGBTQ+ Chair - https://www.youtube.com/watch?v=ukXs1BWV9bA • 01/07/22 Disability Network Chair lived experience - https://www.youtube.com/watch?v=l4Y9IBDG5wQ • Compassionate Leadership Conference - https://www.youtube.com/watch?v=w13zKYehfZU • Strategy Summit (LGBTQ+ Network Brief) • Board level attendance at Staff Network meetings 	2 Achieving	

	<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>	<ul style="list-style-type: none"> • Equality Impact Assessment Policy • EIA Training advertised for managers and policy authors • EIA discussed at the IDEA committee • EIA Discussed at Network meetings • Staff COVID Risk assessments • Staff Risk Assessments through Occupational Health 	<p>1 Developing</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>	<ul style="list-style-type: none"> • IDEA Committee reports directly into People and Culture Committee • IDEA committee minutes and action plan • EDI 7 Priority Plans Board Paper • WRES Report and Action Plans Agreed by TEM and P&C Committee prior to submission and upload • WDES Reports and Action Plans Agreed by TEM and P&C Committee prior to submission and upload • EDI Annual Reports Board paper and agreed by TEM and P&C Committee prior to Upload • Gender Pay Gap Report Agreed by TEM and P&C Committee prior to submission and upload 	<p>2 Achieving</p>	
Domain 3: Inclusive leadership overall rating			5	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Shaunee Irvine (Chair of Staffside)		Independent Evaluator(s)/Peer Reviewer(s): David Morgan – Herefordshire and Worcestershire ICS		

EDS Organisation Rating (overall rating): 18 Developing Activity

Organisation name(s): Worcestershire Acute Hospitals NHS 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**

EDS Action Plan	
EDS Lead	Year(s) active
Shane Baldwin	2022
EDS Sponsor	Authorisation date
Dave Morgan	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Support patients for who English is a second language to access health services.	<ul style="list-style-type: none"> Identify funding and conduct tender exercise for interpretation contract and implement provider. Identify BSL support available to the organisation and explore funding avenues for this. Work with local community organisations to raise awareness of interpreting services. 	
		Engage with underrepresented groups within the local community to identify service developments and improvement work.		
	1B: Individual patients (service users) health needs are met	Support patients to be involved in their healthcare needs and support shared decision making.	<ul style="list-style-type: none"> Develop guidelines for writing letters to patients. Pilot guidelines in selected service(s) and gather feedback. Carry out a review of surgical patient information leaflets. 	
		Identify and support carers and young carers, and empower appropriate social prescribing.	<ul style="list-style-type: none"> Work across the local care system to identify, Implement and monitor carers pathway in pre-assessment and share learnings trust-wide 	

	1C: When patients (service users) use the service, they are free from harm	Support staff caring for patients and visitors from protected characteristic groups, including disabled, LGBT and religious groups.	<ul style="list-style-type: none"> • Implement and monitor the new Accessible Information Standard policy, and support staff training. • Develop training tools and guidance to support staff in caring for patients from certain protected characteristic groups. 	
		Establish a better picture of inequalities in waiting lists	<ul style="list-style-type: none"> • Data analysis and audits of waiting lists disaggregated by postcode, ethnicity and other protected characteristic groups. 	
	1D: Patients (service users) report positive experiences of the service	Reach diverse communities for patient engagement activities	<ul style="list-style-type: none"> • Monitor service user protected characteristics when analysing satisfaction from surveys, complaints and engagement activities. • Use patient feedback to influence processes and interventions. 	

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	Increase staff awareness of personal health literacy.	<ul style="list-style-type: none"> Identify ways in which sickness absence data can be used to support staff to self-manage LTC's to reduce the negative impact on the workplace. Identify and promote national and VSCE support for staff. 	
		Increase organisational awareness of health literacy.		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Ensure that staff at all levels within the Trust feel supported to speak up against any form of discrimination, violence, aggression, bullying or harassment in line with the Trust Behavioural Charter.	<ul style="list-style-type: none"> Assess the current level of trust that staff have in speaking up, and identify and implement changes to improve this. Develop organisational positive action behaviours to tackle bullying, harassment and discrimination in the workplace. Provide a framework to support to all staff who reports or raises concerns on the grounds of bullying, harassment, violence, aggression or discrimination. 	
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure that all staff have access to a level of support they feel is appropriate to maintain and manage their psychological safety.	<ul style="list-style-type: none"> Identify ways to ensure staff are aware of support available outside of their management structure. Monthly reporting of abuse, harassment, bullying and physical violence from any source. 		

	2D: Staff recommend the organisation as a place to work and receive treatment	Improve the staff engagement score and the score for staff recommending the organisation as a good place to work and receive treatment.	<ul style="list-style-type: none"> • Develop a process to utilise our sickness absence data to identify staff with health conditions and use this information to assist in retaining staff who may otherwise leave the service due to illness. • Collate and use exit interview data to make improvements within the organisation. 	
--	---	---	--	--

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	Build and model the behaviours of an culture of inclusivity within the organisation which starts at board level and filters into all divisions, departments and teams.	<ul style="list-style-type: none"> Support Divisions to demonstrate that they are prepared to hold others to account by challenging processes and behaviours that are not compassionate and inclusive. Divisions to provide quarterly updates to the IDEA committee on their progress against the organisational EDI plans. Each Inclusion network to have at least 1 nominated executive sponsor that attends all network meetings. 	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Build and model the behaviours of an culture of inclusivity within the organisation which starts at board level and filters into all divisions, departments and teams.	<ul style="list-style-type: none"> Equality and health inequality to be standing agenda items at all board meetings. EIA's to be completed for all projects and policies. 	
	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	Build and model the behaviours of an culture of inclusivity within the organisation which starts at board level and filters into all divisions, departments and teams.		

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net
