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NHS Equality Delivery System 2022

EDS Reporting Template

Third Version (test)

Version 0.8, 18 February 2022

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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 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.

NHS Equality Delivery System (EDS)

Name of Organisation	Gateshead Health NHS Trust	Organisation Board Sponsor/Lead		
		Lisa Crichton- Jones Director of People and OD		
Name of Integrated Care System				

EDS Lead			At what level has this been completed?	
				*List organisations
EDS engagement date(s)	This has not been possible for this round. However stakeholder engagement dates are being discussed with regional EDI leads and the ICB		Individual organisation	Gateshead Health NHS Trust
			Partnership* (two or more organisations)	Yet to be fully established. This will be cross referenced to the EDS engagement dates
			Integrated Care System-wide*	

Date completed	17/02/2023	Month and year published	28 th February 2023

Date authorised		Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
The Trust is starting to readdress the EDS2 objectives as reflected in the current EDS documentation.	Information pertinent to the domains is being cross referenced to our existing Equality Action Plan (incorporating the WRES / WDES action plan)
Starting in March, agree and assess which areas the Trust should focus on cross referencing the evidence across all nine characteristics for the next submission in 2024. Starting In April – A scoping exercise around which stakeholders need to be involved will be undertaken.	As above, but also agree on specific EDI actions related to service areas
Regional discussions have started with EDI leads in respect of assessing the viability of collective engagement events Ensure the Trusts WRES / WDES data is analysed and monitored on a regular basis cross referencing this to the evidence collected for the EDS2	WRES / WDES and EDS2 actions in respect of each of the Domains is continuously adhered to

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 1: Commissioned or provided services (QE Focus on Learning Disabilities)

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	Learning Disability diamond standards acute care pathways have been implemented within the trust to ensure that individuals have the same access to healthcare as anybody else with adjustments made when needed.	2	Lead Nurse for learning Disabilities
	1B: Individual patients (service users) health needs are met	When an individual with a learning disability/autism is referred to the service an holistic needs assessment is completed and the learning disability specialist liaises with the specialists involved	2	Lead Nurse for learning Disabilities
	1C: When patients (service users) use the service, they are free from harm	Within the learning disability, awareness and acute care pathway training the vulnerabilities of this client group are discussed and the core values and principles explore ways in which care is adjusted for the individual.	2	Lead Nurse for learning Disabilities
	1D: Patients (service users) report positive experiences of the service	Within the NHSI improvement, standards report it noted that 76% of feedback patients with a learning disability were happy with the care they received.	2	Lead Nurse for learning Disabilities
Domain 1: Commissioned or provided services overall rating			8	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>In 2022 a dedicated health and wellbeing website was launched to support accessibility in access; promotion of health and wellbeing support available to the workforce, inclusive of support across mental, financial, physical, social and environmental wellbeing support as well as self-care.</p> <p>The organisation works to promote regular long-term condition support groups which employ interventions such as CBT to assist colleagues with their needs. Elsewhere, the organisation works to promote other support targeted to those with conditions such as obesity, diabetes, mental health conditions and the like, while a visible wellbeing presence throughout the Trust also helps promote offers.</p> <p>Managers conduct stress risk assessments with colleagues to generate a better understanding of the reasonable adjustments that can be made to support staff in staying well and being at their best while at work.</p> <p>Staff survey results are used to filter colleagues by demographics and allows for a deeper understanding of staff needs, as well as a more targeted approach to supporting staff.</p>	<p>2</p>	<p>Health and WellBeing / Occupational Health/ EDI Manager</p>
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		<p>Balance website signposts a number of local, regional and national resources and services for staff to allow self-management of identified conditions.</p> <p>The Trust has recently increased its counselling service from 2 to 5 days per week and has secured funding to support those with more complex/specialist needs.</p> <p>Trust Health & Wellbeing Board oversees a wide range of initiatives focused on supporting both physical and mental health incl. introduction of a therapy dog and access to weight management approaches.</p> <p>Occupational Health referral data is analysed monthly to inform ongoing plans and provide target responses where required.</p> <p>The Trust targets reading materials about the mentioned health conditions to staff about the mentioned conditions and promotes work-life balance. We also The organisation monitors the health of staff with protected characteristics. The organisation promotes self-management of conditions to all staff.</p>		
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		<p>We use our sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment and provide support to staff who have protected characteristics for all mentioned conditions. We promote work-life balance and healthy lifestyles. And signpost staff to national and VSCE support.</p> <p>We also promote and provides innovative initiatives for work-life balance, healthy lifestyles, encourage and provides opportunity to exercise.</p>		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>2021 Staff Survey results demonstrate that the organisation scores slightly above average overall in relation to negative experiences, with an average score of 7.80/10.00 compared to the nationwide average of 7.70/10.00.</p> <p>In relation to sources, the organisation scores more favourably on nationwide averages across service users and their family members; managers as well as colleagues. Generally, the organisation's performance sits in line with nationwide trend in relation to up or downturn, however it is of concern that abuse, bullying and harassment from patients, service users and family members had increased dramatically in the 12 months prior.</p> <p>Staff survey data reveals that BME colleagues are less likely to experience bullying, harassment or abuse from patients, service users or their families, however are significantly more likely to be bullied or abused from staff, highlighting a clear area for improvement.</p> <p>Conversely, colleagues with a long-term condition or illness are significantly more likely to experience abuse from patients, service users or their families than the national average, but less likely to experience this from colleagues or managers.</p>	<p>2</p>	<p>POD Leads / Head of People Services / EDI Manager</p>
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		<p>A variety of support channels are in place for staff with a concern around abuse, harassment, bullying and physical intimidation in the workplace. Amongst these include our Freedom To Speak Up Lead and Champions, an on-site Security team, a mediation service, grievance procedures and more.</p> <p>The Trust has a zero tolerance approach to Bullying and Harassment and has a Bullying and Harassment Policy in place. Any Bullying and Harassment cases are reviewed on a monthly basis by the Head of People Services as part of the Employee Relations Case Reviews. We have actively implemented a zero-tolerance policy for verbal and physical abuse towards staff and penalises staff who abuse, harass or bully other members of staff. We also take action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience.</p> <p>Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them.</p> <p>Staff also have access to mediation services to assist in the resolution of any BH or employee relations issues.</p>		
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		<p>Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure.</p> <p>Support is provided for staff outside of their line management structure. The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence.</p>		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>The organisation works with Unions to provide a platform for colleagues to speak up, while a Freedom To Speak Up service is embedded within the organisation not only through the existence of a FTSU Lead, but also Champions throughout the organisation.</p> <p>Colleagues can access support from a dedicated People & OD Team, and can also raise concerns through channels such as Occupational Health and Wellbeing, FTSU, Chaplaincy and more channels outside their own management structure.</p> <p>Freedom to Speak Up Guardians are embedded and empowered. Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.</p> <p>Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.</p>	<p>2</p>	<p>POD Leads / Head of People Services</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Staff survey results (2021) place overall employee advocacy at 7.10/10.00, above the NHS average of 6.80/10.00 and above the median scoring across all NHS Trusts.</p> <p>64.7% of colleagues would recommend Gateshead as a place to work. This figure was not negatively significantly different from the experiences of BAME (67.9%), LGBT+ (70.3%), however those with a long-term condition (59.3%) did differentiate negatively.</p> <p>Furthermore, 75.1% of colleagues stated they'd be happy with the standard of care within the organisation if a friend or relative required treatment, above the nationwide average of 66.9%. BAME (81%) colleagues were more likely to be happy with this, however LGBT+ (71.7%) and those with long-term health conditions (74.7%) were likely to be less so.</p>	3	
Domain 2: Workforce health and well-being overall rating			9	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 3: Inclusive leadership</p>	<p>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>	<p>The Board ensures that EDI and health inequalities form part of its annual Board development programme. In April 2022 the Board invited the Health Inequalities Lead for the NENC ICS to deliver a workshop and in October 2022 a workshop was delivered on EDI by the Trust leads. In addition, the Director of Public Health for Gateshead is invited to present her annual report to the Board each year.</p> <p>Board Members are participating in the Trust’s reciprocal mentoring programme and regularly engage in staff networks.</p> <p>A Health Inequalities Board is in place which is chaired by the Medical Director and includes the Director of Public Health for Gateshead as a member. This demonstrates the Board’s commitment to addressing health inequalities. There are quarterly assurance reports on health inequalities presented to the Quality Governance Committee. In addition one of the corporate objectives for 2022/23 was focussed on addressing health inequalities, which again demonstrates senior leadership commitment.</p>	<p>2</p>	<p>Executive Management Team</p>
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	<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>Cover sheets for all Board and committee papers prompt authors to confirm whether equality impact assessments have been completed.</p> <p>A governance structure is in place to ensure appropriate coverage of both EDI and health inequalities. The HR and EDI Group reports into the People and OD Committee via the People and OD Portfolio Board. The Health Inequalities Board reports into the Quality Governance Committee via quarterly reports.</p> <p>All policies are required to have a completed Equality and Quality Impact Assessment (EQIA) in place. This is presented to the Policy Review Group as part of the policy approval process.</p>	<p>2</p>	<p>Company Secretary</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>The Board of Directors actively monitors the progress made in respect of the WRES and the WDES. This includes monitoring the resulting action plans. Reporting to the Board occurs twice per year.</p> <p>The people and OD Committee receive the Gender pay gap report on behalf of the Board and seek assurance over any identified actions. As outlined above dedicated groups within the governance structure undertake the more frequent monitoring on behalf of the Board and its committees.</p>	2	Executive Management Team / Equality Diversity and Inclusion Manager
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):		

EDS Organisation Rating (overall rating): 23 (Achieving)

Organisation name(s):

Gateshead Health 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
EDS Sponsor	Authorisation date

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Learning Disability diamond standards acute care pathways to be general practice for all and professionals to be aware of the need to implement core values and principles.	Learning Disability and/or autism awareness and diamond standards acute care pathways to become mandatory within the trust	TBA
	1B: Individual patients (service users) health needs are met	For all professionals to be aware of the holistic needs assessment and recognising the deteriorating patient to ensure all health needs are met.	To promote the holistic needs assessment within training and other platforms within the trust	TBA

	1C: When patients (service users) use the service, they are free from harm	To engrain the core values and principles of the diamond standards acute care pathways within every day practice	Learning Disability and/or autism awareness and diamond standards acute care pathways to become mandatory within the trust including core values and principles	TBA
	1D: Patients (service users) report positive experiences of the service	Receive a higher rate of positive experience within the NHSI improvement standards within 2023	Continue to provide specialist support and training	TBA

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	<p>Undertake a deep dive on the long-term condition support groups.</p> <p>The organisation works to promote other support targeted to those with conditions such as obesity, diabetes, mental health conditions and the like, while a visible wellbeing presence throughout the Trust also helps promote offers</p>	<p>Cross reference the information collected in respect of all of the protected characteristics and assess which interventions are applicable. Develop specific action plans linked to managing existing health conditions. These actions would be targeted appropriately across all groups and continuously monitored.</p>	30 th Sept 2023
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Ensure our WRES / WDES data shows a year on year reduction	<p>Continue to collect EDI KPI metrics data across all of the protected characteristics on a monthly basis and report to the EDI programme Board and SMT</p> <p>Specific actions to be undertaken linked to each of the indicators are monitored and reported to an agreed time frame</p>	Ongoing

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure our WRES / WDES / Staff survey results show a year on year reduction	As above, but also ensure our Cultural Ambassadors are involved (where appropriate) in any grievance / harassment cases. Develop a Zero Tolerance Policy stance based on our Bullying and Harassment Policy. Work on developing a confidential support line for staff to report incidents. Develop a First Line contact advisors forum	Ongoing to be completed by 30 th Sept 2023
	2D: Staff recommend the organisation as a place to work and receive treatment	Assess Staff Survey results and discuss implications with Staff and Network Leads	Ongoing continuous development to ensure staff survey results show year on year improvements. Develop specific action plan around ensuring equity of training for all staff Develop and offer a mentoring and leadership role to all staff	Reported in Sept 2023 on a 6 Monthly basis.

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	Ensure that there is dedicated time for the Board to demonstrate its commitment to both EDI and health inequalities in 2023/24	Include both EDI and health inequalities in the forward plan for the Board strategy (development) sessions. Provide opportunities for the networks to engage with senior leaders through workshops and development sessions.	31/03/23
		Ensure that there is appropriate internal resource to drive the health inequalities agenda and deliver actions	Develop a business case to secure dedicated resource for health inequalities to support senior leaders to deliver improvements	31/03/23
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure that authors of papers are prompted to consider the impact of proposals on health inequalities	Amend cover sheet template to incorporate consideration of health inequalities	31/03/23
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and	Increase the visibility of EDI metrics with the Board	Undertake deep dives into the WRES, WDES and gender pay gap reports with the Board of Directors	30/09/23 30/06/23

	monitor progress with staff and patients		Further develop the EDI dashboard and present a summary to Board, aligning this to agreed improvement trajectories	
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