NHS England

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 30 March 2023

Contents

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	East & North Herts NHS Trust		Organisation Board Sponsor/Lead
			Thomas Pounds – Chief People Officer
Name of Integrated Care System	Hertfordshire and West Essex ICS		Martin Armstrong – Deputy CEO and Director of Finance

EDS Lead	Celina Mfuko		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	10th February 2023 - 3 sessions 21st February 2023 - 1 session 22nd February 2023 - 1 Session 3rd March 2023 - 1 session		**Individual organisation**	East & North Herts NHS Trust - collaboration with Patients and service users, Carers, Local members of the public, Community groups, Chaplaincy and Lay Members
			Partnership* (two or more organisations)	NA
			Integrated Care System-wide*	Hertfordshire and West Essex ICB (Oversight)

Date completed	March 2023	Month and year published	March 2023
Date authorised	March 2023	Revision date	November 2023

Completed actions from previous year	
Action/activity	**Related equality objectives**
• Bitesize training videos to enable more staff to be able to support those with learning impairments. Working with PALS to review national surveys, audits and friends and family's test to try and gauge feedback from those with learning impairments. • Improved access to information for disabled service users, the Trust have worked with AccessAble to have information with easy read options available. • Patient and Carer experience and Harm free care Improvement programmes uses Here to Improve seven step model for continuous improvement. This involves asking all service users 'What matters to you' listen and do what matters as a way of improving and re-designing services to improve patient experience and safety. • Asking What matters to you is incorporated in our capability and capacity bitesize Quality Improvement training that can enable staff to approach Improvement work involving patients and families. • Using patient stories to drive change is another approach of enabling staff to connect with patients and families. • Improvement on patient experience feedback, the friends and family test (FFT) in department capturing protected characteristics information. • Introduction of digital and communication platforms that support the BAME women cared for in the LMNS. The introduction of a 'PADLET' forum – the simple scanning of a bar code ensures that women can access a host of information they might otherwise have not had access to. • Community engagement and linking with Stevenage Black Asian and Minority Ethnic forums. • Young carers projects: To improve experience of young carers and parent carers identified in adult ED, children's Emergency Department and children's ward. • 80% of elderly patients will be sat out of bed at 11am by an activity support worker.	**Domain 1: Commissioned or provided services**

• Formalised SBAR tool to improve the quality of handover between clinicians in inpatient areas in maternity units	
• Trust hosted several events focused on staff wellbeing, including regular wellbeing fairs, all staff webinars, glosser sessions and stalls across all sites. • The organisation is accredited as a Menopause friendly employer. Advice is offered on menopause issues at work and a monthly staff support group is available. • An occupational immunisation service is provided including annual influenza vaccines and COVID-19 boosters as recommended by UK HSA. • A skin health surveillance programme supports the early identification and management of skin health issues. • The Spiritual and Pastoral Care department is a diverse, engaging, and approachable team based across all East & North Hertfordshire NHS Trust sites. Supporting Staff, Patients, Visitors across the Hospitals regardless their Faith or Belief. • Hear for you offers dedicated psychology support service to all staff. • Launch of 'How Are You Doing' an initiative to offer psychological support. This included adjusting start and access times as colleagues work in new roles. It also included online and small group work to impact as many people as possible also colleagues who were significantly impacted by the organisational changes. • More Investment in Freedom to Speak Up (FTSU) support and FTSU Champions covering all hospital sites. • Restorative Just Culture training programme for People Team and other professionals which will see the practice embedded in our policies and mediation process. • Training and development opportunities relating to a person's job role and career development are available for all employees to access on ENH Academy. • Implemented and continue to utilise quarterly People Pulse Survey, in conjunction with NHS staff friends and family test to gather staff experience data. • Re-devised patient catering and staff menu that better reflects our diversity. Development of range of; dietary, texture modified and cultural menus to support the diversity and cultural needs of the patients across the trust; several national days have been marked with themes menu in our main restaurant or example Windrush Day, Diwali and St David's Day.	**Domain 2:** **Workforce health and well-being**

• Introduction of Equality and Inclusion Committee which is now People Committee to govern and advance the inclusion agenda for workforce and Community we serve. • Introduction of ENHT six staff networks which are open staff that either identify or are allies (BAME Network, Carers Network, Disabled member network, LGBTQ+, Women's Network and Shielding Peer Support Network). • More development in ensuring networks have Board sponsors support and Networks Co-Chairs have agreed formal protected time to support members and engage with networks activities. • The Care Support Pyramid was developed to encourage personal leadership has played a significant role in encouraging basic changes to the organisation and promoting leadership as the way to ensure all staff are cared for and reach their full potential. • The Trust already has a Recruitment and Selection policy which sets out its commitment to fair and transparent recruitment and selection decisions. In addition, the implementation of inclusive recruitment and selection process together with Inclusion Ambassadors to support recruitment process for senior posts Band 8A and above • The Trust has been awarded and maintained its Disability Confident status. • Revision of our appraisals paperwork and provided guidance and examples to ensure that every member of staff has 'What matters to you' conversation. • Workforce Disability Equality Standard, Workforce Race Equality Standard and Gender Pay Gap reports action plans being presented and discussed under the People Committee.	**Domain 3: Inclusive leadership / Workplace inclusion**

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

Maternity & Women's Services (Core20PLUS5 (adults)

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	**Maternity & Women's Services (Core20PLUS5 (adults)** • Improvement on monitoring of equity of access and reporting to mitigate existing disparities. • All protected characteristics have required access to the maternity service although limited data collection on all protected characteristics. • New EPR system for collecting more data on protected characteristics such as LGBTQ+IAA being implemented. • 100% of all services users have a personalised care plan created based on their individual needs. • We work closely with our maternity voices partnership to ensure we gain feedback that women have good access. **Diabetes Services** • SPOC Telephone / email – same or next day response to patient queries 7 Day in-patient service with prevention of admission via ED or SDEC. • Delivery of out-patient services on all trust sites based on patient location and request where possible.	**1**	**Maternity & Women's Services** **Diabetes services**

		• Flexible ad-hoc appointments based on clinical need. • Flexible service for disengaged young adults. • Close working partnership with Paediatrics to ensure smooth transitional care from Paediatrics to Adult services. • Delivery of structured education adapted to patients needs and learning abilities.		
	1B: Individual patients (service users) health needs are met	**Maternity & Women's Services (Core20PLUS5 (adults)** • Fully implemented personalised care plans, digital reporting shows 100% of service users have one. Any individual that needs extra support is offered senior input (ward manager/matron), meeting to understand their needs, undertake relevant risk assessment and implement a plan of care. • All staff in maternity have cultural competency training in line with the national work on reducing ethnic inequalities in maternity. • Ongoing work though maternity equity strategy to reach out to engage with marginalised groups • Feeding guidance updated in line with protected characteristics for example ensuring same sex couple partner has access to breastfeed the baby and reference to some people referring to it as chest feeding. • Learning disabilities working group working in partnership with all specialities across the Trust has is making some improvements for patients with learning disabilities.	**1**	**Maternity & Women's Services**

| | | **Diabetes services**

 • Extensive work done to Understanding Our Population Health with regards to Diabetes and its prevalence.
 • Adapting patient consultations based on the patient's needs – interpreters, BSL, visually impaired and Learning Disability.
 • Support Engagement of relatives / support workers other HCP involved in care.
 • MDT approach to complex patients (with other specialities such as ophthalmology and renal).
 • Meeting 15 care essential processes for Diabetes care. | | **Diabetes services** |
| | 1C: When patients (service users) use the service, they are free from harm | **Maternity & Women's Services (Core20PLUS5 (adults)**

 • Risk assessments and a personalised care plan to ensure care given is safe and in line with needs.
 • Health and safety risk assessments for all the areas, maternity staff trained and encouraged to report any incidents and near misses.
 • Ethnicity data reviewed in complaints, serious incidents etc. to identify any themes.
 • Service user group (maternity voices) can escalate maternity safety concerns through our risk management.
 • Focused support on reducing health inequalities for minority ethnic women and staff in response to national reports and covid four actions. | **1** | **Maternity & Women's Services** |

		Diabetes services • Conducting Risk Assessments and action plans in place for all patients. • Behaviour contracts and boundaries for complex patients Case conferences. • Information sharing with wider MDT, Audit team, Clinical Governance & Health and Safety. • Appropriate equipment offered based on patients' needs.		**Diabetes services**
	1D: Patients (service users) report positive experiences of the service	**Maternity & Women's Services (Core20PLUS5 (adults)** • Five-year maternity equity plan has been agreed to address EDI requirements and ensure ability for required data collection to take place and embed digital records. • We have good process in place to gain feedback from all service for example 16% feedback from ethnic minority communities.However, this does not collect data on all protected characteristics particularly gender reassignment. • Feedback is reviewed quarterly from enhance survey, MVP gathered feedback, LMNS surveys (reducing inequality and personalised care) and themes from complaints and birth afterthoughts are reviewed for trends and any concerns identified are taken as actions and escalated as appropriate.	**1**	**Maternity & Women's Services**

		Diabetes services • Education appropriate to the care patients are being provided at an appropriate level. • Literature in other languages as appropriate and the use of translators / BSL. • Friends and Family where appropriate, Verbal feedback, via email resulted in reduced / minimal complaints. • Positive feedback in terms of delivery of appointments in a timely manner (with nursing team). • Clinics specific to patients' clinical needs.		**Diabetes services**
Domain 1: Commissioned or provided services overall rating			**4**	

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	• Staff have access to occupational health advice through self-referral or following a referral from their manager. Advice is offered on self-care and adjustments at work to support staff to manage chronic health conditions. • Occupational Physiotherapy referrals are offered for staff experiencing musculoskeletal issues impacting on work. • A range of mental wellbeing services are available including Mental Health First Aid, Employee Assistance Programme and Mental Health Hub offering 24/7 mental health telephone support, referrals for therapy, webinars, and reflection sessions. • Staff are proactively supported to be well. The Trusts approach to health and wellbeing incorporates factors such as leadership skills and healthy environments that are fundamental to healthy people in addition to self-care advice and provision of support. • A network of wellbeing champions are trained to promote opportunities to make healthier lifestyle choices that protect staff health and support people with chronic health conditions to optimise their wellbeing. • The occupational health monitors Staff incidents, injuries, exposure to violence and aggression. The team offer confidential support to staff with confidential assessment, advice and referrals as appropriate.	**1**	**People Team**

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | • The Trust has policies in place to protect staff from abuse, harassment, bullying and physical violence from any source
• All staff are aware that they need to report abuse, harassment, bullying and physical violence from any source via incident reporting system which ensures every incident is investigated, any lessons learnt are actioned
• Staff with protected characteristics are supported when they report incidents of verbally or physically abuse.
• White Ribbon Steering group offers guidance and has set of action plans in matters related to violence and aggression or domestic abuse.
• Violence and aggression committee meets monthly to discuss any abuse experienced by our staff and provides oversight of completion of actions to ensure risk of abuse is reduced
• There is an agreed investigation process to handling bullying and harassment that includes support for all parties involved and all allegations are investigated in line with policy. Where appropriate these investigations may result in further disciplinary proceedings and sanctions against the perpetrator. These allegations are treated as learning opportunities for the wider organisation and learning is shared via bespoke leadership training
• The organisation offers opportunity for local resolutions delivered with the help of trained mediation facilitators. | **1** | **People Team** |

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Freedom to Speak Up guardian role is embedded providing service over 5 days/ week • Relevant staff networks are active, accessible and staff led. • Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence • The Trust supports union representatives to be independent and impartial. • There is support for staff outside of their line management structures via FTSU Guardian, Chaplaincy, Counselling service (Here For You) and staff networks. • Using Trust Values & Values Charter to promote behaviours which are align to trust new values of respect, include and Improve. • Trust wide Kindness and Civility Matters campaign and video to raise awareness and the impact of uncivil behaviours.	**People Team**

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2D: Staff recommend the organisation as a place to work and receive treatment	• Six active networks which are open staff that either identify or are allies. Working closely with the leadership and all other teams in shaping the future of Equality, Diversity & Inclusion. Offers safe space for staff and members to raise concerns and discuss what matters most to them. • Regular staff feedback through different sources such as Staff Annual Survey, People Pulse Survey, Departmental Staff Feedback and Ask Adam initiative.	1	**People Team**
Domain 2: Workforce health and well-being overall rating		**4**	

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	• The Board/Committee papers identify equality and health inequalities related impacts and risks and how they will be mitigated and managed on three levels: **Structures, Strategy & Processes** • We have Structures and clarity of responsibility for different elements of Equality and Diversity and inclusion (EDI) also working with partners within Herts & West Essex ICS. • Significant thought and focus in recent years has gone into structuring where EDI is best overseen and robustly considered by the Board and its committees. • ICS wide agreed commitment statement on equality, diversity, and inclusion on all person specifications – fully embedded for all job roles. • ICS wide agreed essential criteria on equality, diversity and inclusion assessment based on level of job role. • Facilitates the inclusive treatment of applicants by identifying and challenging cultural bias during the shortlisting and interview stages.	1	**Senior Leadership & People Team**

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• The template coversheet that is required to be completed for any Board or Committee paper, includes an impact section that highlights EDI to be considered. • The Trust established an Equality & Inclusion Committee in May 2021 to signal and ensure real focus and dedicated time on EDI. • In 2022, the Board identified the need for a People Committee and the Board agreed that the work of the Equality & Inclusion Committee should fall within this committee.	**1**	**Senior Leadership & People Team**

| 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 annual cycles for People Committee and Quality and Safety Committees ensure that staff EDI and public health inequalities are considered as part of the annual cycles by the respective lead committees.
• The Equality Team vet Equality Impact Assessments (EQIA) where an EQIA is relevant.
• Commenced Cultural Intelligence journey and had three board sessions with plans to commit and invest in this transformational programme
• Upcoming Reciprocal Mentoring for Inclusion Scheme in 2023/2024
• At the Trust's December 2022 Board Seminar, the Board identified that it would be beneficial to produce a separate EDI Strategy. Currently, EDI falls within the Workforce strategy and the work is in progress
• The programme of Equality and inclusion work is mapped out and there is a considerable amount of work required to deliver our key priorities through various parallel action plans.
• We have the ambition to move further on equity and inclusion and as part of forward financial planning for 2023/24 | 1 | **Senior Leadership & People Team** |

		will be seeking commitment to invest and divert funds as prioritised and agreed, to ensure success in ongoing delivery of the EDI agenda.		
Domain 3: Inclusive leadership overall rating			**3**	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): ENH Trust Partnerships were involved in this process	**Independent Evaluator(s)/Peer Reviewer(s):** Equality and inclusion Lead's and other Inclusion groups have engaged and supported the Trust as peer reviewers.

EDS Organisation Rating (overall rating): **11**

Developing

Organisation name(s):
East & North Herts 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 **Health Inequalities Lead - TBC** **ED&I Lead - Celina Mfuko**	**Year(s) active 2023/2024**	
EDS Sponsors **Thomas Pounds - Chief people Officer** **Martin Armstrong - Director of Finance**	**Authorisation date – March 2023**	

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Continue to build and model the behaviours of culture of inclusivity within East & North Herts starting at board level and filters into all divisions, departments, and teams and improve patients' access, experiences, and health outcomes. Work collaboratively system partners to identify and recommend best practice to address health inequalities and barriers in accessing healthcare services across	Improvement of data capture and disaggregation of patient demographics covering all protected characteristics Strengthen the monitoring and governance of equity in all our services, regarding access, experience, and outcomes. Link equity in access to services with quality assurance and improvement. Work in collaboration with system partners to extract patient data and identify areas for health inequalities to be addressed ENHHCP identified Diabetes as a priority area - linking with Diabetes lead to ensure there is no overlap and embed a consistent approach	**November 2023**

| | 1B: Individual patients (service users) health needs are met | Continue to build and model the behaviours of culture of inclusivity within East & North Herts starting at board level and filters into all divisions, departments, and teams and improve patients' access, experiences, and health outcomes.

Work collaboratively system partners to identify and recommend best practice to address health inequalities and barriers in accessing healthcare services across | Facilitate workshop/ event for departments to share their equity and inclusion practices and learning Trust wide as well as system partners

Developing measures to track equity in our services and working with system partners to identify and address inequalities in maternity care.

Diverse communities' engagement activities to gather more information and to ensure that our services are accessible.

Review our Accessible Information Standards to ensure high-quality, comprehensive advocacy and interpreting services that are designed around local needs.

Mapping mental health support against pathways, consideration should be given to mapping against lifetime of the patient as needs will vary at different point in their life. | **November 2023** |
|---|---|---|---|---|

	1C: When patients (service users) use the service, they are free from harm	Continue to build and model the behaviours of culture of inclusivity within East & North Herts starting at board level and filters into all divisions, departments, and teams and improve patients' access, experiences, and health outcomes. Work collaboratively system partners to identify and recommend best practice to address health inequalities and barriers in accessing healthcare services across	Tailored Equity and inclusion training for Serious Investigation panel members as well as Quality assurance. Strengthen the monitoring and governance of equity in all our services, regarding access, experience, and outcomes and evaluate the effectiveness of intervention(s). Support Divisions to demonstrate accountability by challenging processes and behaviours that are not compassionate and inclusive.	**November 2023**
	1D: Patients (service users) report positive experiences of the service	Continue to build and model the behaviours of culture of inclusivity within East & North Herts starting at board level and filters into all divisions, departments, and teams and improve patients' access, experiences, and health outcomes. Work collaboratively system partners to identify and recommend best practice to address health inequalities and barriers in accessing healthcare services across	Implement recommended actions specific to Equity and Inclusion (feedback/data collection). Divisions quarter updates to the committee on their progress against the EDS 2022 plans. Understand the way in which patients are accessing care, identified and address issues coming from the patients' feedback accordingly.	**November 2023**

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	Continue to support Staff wellbeing, improve working environments, and support management of long-term conditions.	Continue to support staff wellbeing covering psychological support. Collaborate with multi-disciplinary team and system partners and offer more support in management of obesity, diabetes, asthma, COPD and mental health conditions. Continue to raise awareness of risk factors associated with obesity, diabetes, asthma, COPD and mental health conditions. Support staff with work-life balance and support healthier lifestyles.	**November 2023**

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Support for staff, robust policies and procedures in place, act upon them and follow actions through, holding people to account for their actions, leading to improvements	Continue to raise awareness around key diversity, recognition days as well as the organisational commitment for inclusion culture Continue with work aim to improve ER case management. Support actions plans from Violence & Aggression Steering committee Deliver actions outlined in WDES, WRES, and GPG reports.	**November 2023**
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To ensure multiple access points are available to offer the support. Root cause analysis approach when issues are raised.	Strengthening our data capture, triangulation of data to identify and support 'hot spots' areas. Support and increase communication around access to speaking up routes Strengthen and continue to support Staff Diversity Networks	**November 2023**
	2D: Staff recommend the organisation as a place to work and receive treatment	To create truly inclusive environment and Support our staff to deliver care as per our organisation strategy.	Deliver on all elements of People Promise Inclusive reward and recognition, celebrate diversity & share good practice locally and with our partners.	**November 2023**

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	Demonstrate organisational Commitment to the EDI agenda, and the reduction of health inequalities.	Develop new Equality, Diversity, and Inclusion Strategy. Effective collection and review the use of equality data at hospital and division level. Ensure equity and inclusion is embedded in everything we do.	**November 2023**
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Organisational progress on plans to reduce inequalities within populations and effectively address disparities we see within our workforce.	Support teams on plans and projects set to address health inequalities with quality improvement lens.	**November 2023**
	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 inclusive culture, inclusive leadership, and accountability which filters into divisions, departments, and teams. Utilise robust metrics to monitor our progress.	Commitment on equality and health inequalities agenda, deliver on action plans and review available resources. Improvement on ED&I metrics and review to ensure they generate an impact. Deliver on agreed actions plans derived from WRES, WDES & GPG.	**November 2023**

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