

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 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 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		Derbyshire Healthcare Foundation Trust		Organisation Board Sponsor/Lead	
				Rebecca Oakley- Interim Director of Organisational Development, People & Inclusion	
Name of Integrated Care System		Joined Up Care Derbyshire			
EDS Lead	Tom Harrison- Head of EDI		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	28/02/2014		Individual organisation		
			Partnership* (two or more organisations)		
			Integrated Care System-wide*	Joined Up Care Derbyshire	

Date completed	March 2024	Month and year published	March 2024
Date authorised	March 2024	Revision date	N/A

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)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Perinatal Community Mental Health Service. This service was graded at an event taking place within JUCD on 28/04/2024</p> <p>EDS Presentation 2024 » Joined Up Care Derbyshire</p> <p>13% from an ethnic minority background 85% from a white background 25.9% living within the 20% most deprived communities 29% young mums (<25 years) 71% from other age groups</p> <p>Actions taken to improve access:</p> <ul style="list-style-type: none"> • Assessment-led clinic. A change to the model of working. Focussed assessments to enable assessments to be offered or almost all women referred. • Joint antenatal clinics • Pilot self-referrals into the service • Outreach posts ad partnership working with Derby City Family Hubs • Community Outreach Group- professionals from Community and MBU coming together monthly, utilising HEAT tools to systematically assess health inequalities and formulate actions. • Communication Officer recruited on a fixed term basis to support with meeting NHS LTP ambitions. • Building stronger connections with the community- VCSE, faith leaders and GPs. 	Developing 1	Perinatal Mental Health Team

		<ul style="list-style-type: none"> • Community Engagement Event- held in Derbion shopping centre. • Annual stakeholder event. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • Satellite Clinics • Focussed assessments to identify the most appropriate pathway of care and for signposting. • Partners self-assessment and signposting • Peer Support Worker Roles and Experts by Experience Group embedded across the Service. • Therapeutic groups developed from patient need- Mums group, Sunshine, Discharge Group. • Understanding and responding to needs through partnership working. Strong connections with Connected and Family Hubs and developing relationships with other services. • In-house training: Cultural Competence, LGBT Mummies, PSW, Young Mums. • DNA pilot to understand reasons for not attending appointments and how we can support women and birthing people to attend future appointment. 	<p>Developing 1</p>	
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>A culture of continuous quality improvement</p> <ul style="list-style-type: none"> ➢ Accredited by the Royal College of Psychiatrist Perinatal Quality Network ‘<i>The team are clearly committed to Quality Improvement, and it is very impressive that there is a Research Fellow who is part of the team. Ongoing projects include considering local population statistics compared to the demographic information of those who have been referred to the service, and another focusing on improving access to CMHTs.</i>’ 	<p>Developing 1</p>	

		<ul style="list-style-type: none"> ➤ Inhouse Training programme- Cultural competence, deaf awareness, LGBT mummies, additional safeguarding. ➤ Derbyshire Safeguarding Childrens Partnership Training ➤ Datix Risk Management and Information System ➤ Triage service to ensure referrals are prioritised based on clinical need and risk ➤ Exemption reporting on waiting lists, waiting well and actions to reduce waiting times including Saturday clinics ➤ Robust supervision for all clinical staff including cascade model for safeguarding supervision 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Friends and Family Test Feedback: 100% of 36 respondents rated the service very good (82.4%) or good (17.6%). 5.9% were ethnic minority patients and 11.8% were young mums. <i>"Incredibly compassionate and supportive staff. Feel that I am listened to but also that support is offered and available when urgently. Really varied service that caters for really broad spectrum of different needs."</i></p> <p>Patient Rated Experience Measures (POEM) 6 respondents who identified as White British, Female, Heterosexual and having no Religion. <i>"The support I received from the service was outstanding, I don't think I would have recovered without it. It helped me to understand what was happening to be and eventually allowed me to get better."</i></p>	<p>Achieving 2</p>	
<p>Domain 1: Commissioned or provided services overall rating</p>			<p>Developing</p>	<p>5</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	<p>DHCFT promotes self-management of conditions to all staff, however, this is an area that needs further development. We use sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment.</p> <p>The organisation provides support to staff who have protected characteristics for all mentioned conditions. The organisation promotes work-life balance and healthy lifestyles. However, the targeted work for protected characteristics is an underdeveloped area and needs improvement as evident from the data and various evidence sources.</p> <p>The organisation signposts to national and VSCE (Voluntary, community and social enterprises) support.</p> <p>Some of the support available is:</p> <ul style="list-style-type: none"> • Coaching • Wellbeing Conversations as part of the appraisal process • The Thrive app • Counselling from Resolve Service • Employee Assistance Phoneline • MSK physio access for staff <p>Evidence of offer can be found on Focus:</p> <ul style="list-style-type: none"> • Staff_wellbeing_offer.png (902x633) (derbyshirehealthcareft.nhs.uk) • Wellbeing :: Derbyshire Healthcare Foundation Trust Extranet (derbyshirehealthcareft.nhs.uk) • Additional wellbeing support :: Derbyshire Healthcare Foundation Trust Extranet (derbyshirehealthcareft.nhs.uk) 	Achieving 2	Wellbeing Team

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>DHCFT acts and supports staff who have been verbally and physically abused. The organisation is committed to creating an inclusive culture free of abuse, bullying, and harassment through challenging these behaviours, tackling them from several angles, to name a few, learning and development interventions, and employee relations policies and procedures. Staff are supported to report patients and/or colleagues who verbally or physically abuse them. Extensive work is required in this area around speaking up, escalation process and feedback mechanism. Moreover, deeper dive into data, especially for the various protected characteristics for more targeted interventions. The data is broken down by protected characteristics as per the evidence, however, systemic monitoring is an area yet to be developed.</p> <p><u>Areas of Strength:</u></p> <ul style="list-style-type: none"> • All racial discrimination incidents escalated as well as any potential suspensions. • Communication to the organisation from senior leadership e.g., schwatz round, disability and long-term condition network, twitter • Microaggression training lunch and learn delivered by DCHS and was open to DHCFT Colleagues • Respect, civility, and resolution focus on race and microaggressions • Bespoke Training workshops (60x2.5hr workshops) delivered by Unleashed that covers Equity, Diversity and Inclusion that has been rolled out over the last 12 months with remaining workshops being rolled out in a more targeted approach to teams. • The roll-out of the 3-hour workshops “Understanding and talking about Race” following its introduction during Black History Month 2023 and the very positive feedback received from attendee 	<p>Developing 1</p>	<p>People and Inclusion Team, Executive Leadership Team, Clinical Leads</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>At DHCFT, the Freedom to Speak Up guardian is embedded in the organisation along with team of Freedom to Speak-up Champions across the organisation. Relevant staff networks are active and accessible. Staff support available via channels provided by NHS England.</p> <p>The wellbeing support offered to staff when raising concerns or going through a process is comprehensive and the feedback about it is largely very positive.</p> <p>Access to independent support is an area for development at the Trust.</p> <p><u>Areas of Strength:</u></p> <ul style="list-style-type: none"> • A team of Freedom to speak up champions. • Access to RESOLVE counselling service • Independent case investigators used for all formal investigations, who are employed via the Bank system. Currently in the process of readvertising to ensure a diverse workforce in this area as well as an increase in investigators to meet demand. • Access to occupational health • Access to Employee Assistance Programme • System offer support for stress 	<p>Developing 1</p>	<p>ER Team</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends.</p> <p>DHCFT collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members. However, more work needs to be dedicated to this area, particularly identifying areas for focus and development where more targeted interventions are required to improve the experience of BME, LGBT+ and disabled colleagues experiences.</p> <p>Areas of Strength:</p> <ul style="list-style-type: none"> • Staff survey data is broken down by ethnicity, disability, and sexual orientation. • CQC rating Good. • We have an exit questionnaire process. • Stay survey to targeted areas. • The freedom to speak up guardian offers an exit interview which could be anonymous based on individuals' preference. Colleagues could also use the FTSU anonymous form to share their views at exiting the organisation. 	<p>Developing 1</p>	<p>Trust-wide</p>
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>Developing</p>	<p>5</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	<p>Equality and health inequalities are discussed in every board meeting and feature prominently in executive leadership team meetings with spotlights on different topics. The EDI Steering Group, jointly chaired by a Director and Non-Exec, and attended by staff network chairs and operational and corporate leads has oversight of workforce equality workstreams and reports into the People & Culture Committee of the Board. There is a sister Group which focuses on Reducing Health Inequalities which feeds into the Medical Director.</p> <p>Each board report has a requirement to state equality implications and mitigating actions where appropriate. Each staff network has at least one executive sponsor who attends regularly at meetings and acts to support and further the equality objectives of each network. Each network has an allocated budget and time off for duties.</p>	2	Executive Leadership Team
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>Equality and health inequalities are discussed under standing items at board meetings. Actions are monitored and measured through the governance structures described above. Equality Impact Assessments are undertaken on major projects but there is a continued need for greater consistency with quality and completion for all policies and projects. All policies have a EIA completed.</p>	2	Executive Leadership 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 trust used relevant tools to monitor and implement actions including WRES, WDES, GPG, Staff Survey and the Accessible Information Standard at board and senior management level. Bringing this into the practice of all managers is an ongoing piece of work. Those holding roles at Band 8c and above are not yet reflective of the population we serve although this is expected to improve with talent management and recruitment processes using tools to create greater diversity.	1	Executive Leadership Team
Domain 3: Inclusive leadership overall rating			5	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):		

EDS Organisation Rating (overall rating):

Organisation name(s):

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			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain	Outcome	Objective	Action	Completion date
<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>	<ul style="list-style-type: none"> • Widen the wellbeing offer and access. • Improve data collation, analysis, and triangulation. 	<ul style="list-style-type: none"> • To review who is attending the wellbeing package events and break this down by protected characteristics. • Review the communication strategy of wellbeing support to ensure that colleagues who might not have access to work laptops are aware and included. The current support relies on booking via QR Code or e-mail only so we might need to investigate alternative ways to engage colleagues. • The current wellbeing offer caters mainly for colleagues who work “normal shift patter” i.e., morning afternoon. There seem to be little consideration for night shift staff which is an area that needs further consideration. • Explore national data on who does obesity/diabetes/mental health/COPD disproportionately impact, understand what the makeup of our workforce is and provide focused services. • A wellbeing survey include questions on what services colleagues are accessing. • To engage with staff networks to review our wellbeing package, understand what issues they face attending these sessions and how can we address these. • To create resources to support with neurodiversity. • Schwartz round for protected characteristics • Pregnancy package to include information relating to obesity etc. 	

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Improve data collation, analysis, and triangulation.</p> <p>Improve training, awareness and development initiatives.</p>	<ul style="list-style-type: none"> • Systemic monitoring • Escalation process to be formalised in a policy. • No other forms of discrimination are clearly reported- to break this down further on Datix. Also, to explore how we can encourage more reporting. • To have targeted training/support on where incidents are reported. • Triangulate incident information with staff survey results to provide focused support. • Reporting of disciplinaries, grievances and formal cases by protected characteristics. • Create a mandatory inclusive recruitment training. • Change the mandatory EDI Training package to cover wider EDI Concepts, issues and provide a more comprehensive overview than what is on offer currently 	
	<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"> • Ensure staff have access to independent support from outside the organisation. • Raise awareness around cultural intelligence within the investigation team, and across the organisation. • Improve data collation, analysis, and triangulation. 	<ul style="list-style-type: none"> • Craft training packages for the system on cultural awareness and active bystander • Analyse the breakdown of the resolve report and explore what additional support maybe required to staff with protected characteristics. • To recruit further case investigators and train them in cultural intelligence. • Introduce access to an independent, external support and advice service 	
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Improve utilisation of exit interview data triangulated with other data sources to improve the experience of employees based on protected characteristics</p>	<ul style="list-style-type: none"> • Greater analysis of exit interviews; including breaking it down into protected groups 	

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			
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	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			

Patient Equality Team
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