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		**Wirral University Teaching Hospital NHS Foundation Trust**	**Organisation Board Sponsor/Lead**
			Debs Smith, Chief People Officer & Tracy Fennell, Chief Nurse
Name of Integrated Care System		**Cheshire & Merseyside**	

EDS Lead	Sharon Landrum & Johanna Ashworth-Jones	**At what level has this been completed?**	
			***List organisations**
EDS engagement date(s)	Domains 1 Various individual engagement sessions with key stakeholders. Group sessions offered: 9 Jan 2023 as part of Patient & Family Experience Group and Inclusive Promise Strategy meetings 17 Jan 23 – Q & A session 19 Jan 23 – Rating session Domains 2&3 Various individual engagement sessions with key stakeholders. Group sessions offered: 10 Jan 23 – Virtual and face to face sessions 17Jan 23 – dedicated engagement session with ED&I Steering Group members 19 Jan 23 – engagement with	**Individual organisation**	With independent evaluators involved including: Healthwatch Maternity Voices Service Users Staff side representatives Staff network co-chairs Management representatives Service area leads including: Chaplaincy & spiritual care Cancer services Knowledge & library services Widening participation HR& OD colleagues Occupational Health & Workforce Wellbeing Carers Lead / Interpretation & Translation Lead Quality Improvement Lead Freedom to Speak Up Guardian

	stakeholders involved in Domain 1 rating (inc detailed session with Healthwatch) 3 Feb 23 – Rating session			
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	28 February 2023	**Month and year published**	February 2023
Date authorised	28th February 2023	**Revision date**	February 2024

EDS Rating and Score Card

Completed actions from previous year	
Action/activity	**Related equality objectives**
For completion 2023/24	

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

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	• Staff awareness of reasonable adjustments • Staff awareness of cultural competency • Inclusion NHS Covid Jab campaign Black & Ethnic minority women • Specific Maternity services website page which is accessibility friendly • Sign posting to National NHS UK maternity support website pages • Silver Birch Hubs • CQC Demographic • Comparison activity vs feedback • How staff can access interpretation and translation services • Population served • Acute or community, domiciliary (specify geographical locations of service)	**Achieving**	Women & Childrens Division
	1B: Individual patients (service users) health needs are met		**Achieving**	Women & Childrens Division
	1C: When patients (service users) use the service, they are free from harm		**Achieving**	Women & Childrens Division

	1D: Patients (service users) report positive experiences of the service	• Hours of operation • Patient pathway • Patient literature • Patient engagement • Service compliance with Accessible Information Standard • Access to interpreter provision - breakdown of usage • Activity information for last 12m, including re-admissions and length of stay for acute/inpatient services • Breakdown of activity by protected characteristic • Friend and Family Testing • Implementation of reasonable adjustments • Individualised Care planning and birthing planning • Evidence of signposting/availability of information for relevant support groups/voluntary/faith groups/Charity • Nutrition and hydration provision • Wirral Maternity Voices involved in the developing of clinical guidance • Booking in • Policies, Procedures and Patient Pathways • Clinical risk assessment antenatal • Clinical risk assessment labour • Audit/clinical guidance compliance • Patient experience information themes • Staff survey results • Serious incidents • Never events • Staffing resource / challenges / vacancies • Incident Reporting Procedures in place • Freedom to Speak up guardians in place • Tendable audits • NICE compliance • Policies, Procedures and Patient Pathways • Ockenden report • Provision of translation and interpretation • Translation and interpretation Incidents (responding to feedback) • MBRACE report • Birth rate plus • Perinatal Mortality Reviews Summary Report • Healthcare Safety Investigation Branch Reports • Full term admissions report • MIAA staff audit reports • Continuity of care	**Achieving**	Women & Childrens Division

Domain 1: Commissioned or provided services overall rating	**Achieving**	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	• Delivery of NHS England's health and wellbeing framework and holistic person-centred approach. • Diabetic team offer guidance and support • Range of Trustwide communications • Wellbeing surgeries • Health and wellbeing intranet pages, resource folder and visual posters / information shared • Employee Assistance programme in place, with a range of internal and external support services / options promoted including C&M Resilience Hub, VCSE organisations, wellbeing specialist practitioner, professional nurse advocates, practice education facilitators and undergraduate support teams, freedom to speak up guardians, HR, staff side representatives, occupational health and mental health first aiders. • Wellbeing day in place for staff for 2022/23 Wellbeing conversations launched and completions monitored • New wellbeing zones identified and refurbished • Additional roles identified to support wellbeing e.g. wellbeing specialist practitioner, deputy director of medical education, pastoral support roles for widening participation activities and clinical support workers and nursing pastoral support • Range of activities and options promoted to support wellbeing including nutrition, hydration, exercise and self-care to underpin conditions mentioned. Trust also offers meditation sessions for staff; CBT and trauma support; coaching, mentorship and a number of team reflection sessions / opportunities. • Development of a new long-covid clinic, in partnership with community colleagues • Health risk assessments in place for staff and completion monitored via workforce steering Board, including those for Black, Asian and Ethnic Minority colleagues.		

Domain 2: Workforce health and well-being		• Integration of key messages and support available across all development programmes including corporate induction. • Process reviews undertaken to ensure early identification of support • 5 staff networks – LGBTQ+, multicultural, staff with disabilities and long-term conditions, menopause and armed forces. • Library and knowledge service supporting health literacy and promotion of key messages. • Promotion of flexible working • Disability and long-term condition policy and reasonable adjustment planning documentation • Excellent links with colleges and Universities • SEQOHS accreditation completed 2022/23 • Monitoring of appraisal completions, sickness absence data – with regular proactive discussion regarding reasons for sickness absence and identification of trends and themes for detailed review. • Patient Safety and Incident Response Framework • Nutrition Steering Group • Staff stories • Weekly chief nurse check in meetings • Disability Confident Employer • Merseyside In Touch Navajo LGBTIQA+ Chartermark Re-Accreditation awarded 2022/23 • Bronze level Defence Employer Recognition Scheme and sign up to Armed Forces Covenant • Various offerings and innovative initiatives introduced to support staff who hold specific protected characteristics e.g. sunflower badges for staff with hidden disabilities and springboard and navigator programmes • Individual examples received • ****full evidence details attached as separate document*** EDS 2022 Evidence collection doc MASTEI	**Achieving**	**Collated by Sharon Landrum**

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• Staff survey results • Workforce Race Equality Standards (WRES) Results • Workforce Disability Equality Standard (WDES) Results • Trust values and behaviours • Just and learning culture implementation and new role created to support • Individual examples received • Violence and aggression prevention working group • Managing Violence and abusive behaviour policy • Accredited Security Management Specialist reports • Health and Safety Management committee • Patient Safety and Incident Response Framework • Disciplinary and grievance information • Freedom to Speak Up Guardian report and feedback • Mandatory and Role Specific training information • Workforce Steering Board and People Committee meeting information • ED&I Lead report and feedback • Staff network feedback • Trustwide communications – promoting key messages e.g. Red card to racism. ***Full evidence list contained within the attachment in section 2A***	**Achieving**	**Collated by Sharon Landrum**

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	A number of services promoted also in Section 2A Range of internal and external support options offered including VCSE organisations. Regular Trustwide communications to promote support available, along with posters, resource folder and intranet pages to promote. Staff side representatives – promoted regularly and linked to decision making processes e.g policy, pay terms and conditions meetings, strategic retention working groups and flexible working Freedom to Speak Up Guardians – embedded within the organisation 5 staff networks – with 4 out of 5 being staff led (the 5th – the newest network and still in its infancy) Chaplaincy and spiritual care support Pastoral support roles across a range of services and disciplines Equality impact assessments in place for policy development ***Full evidence list contained within the attachment in section 2A***	**Achieving**	**Collated by Sharon Landrum**
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff survey feedback WRES and WDES results Domestic Supervisor Cultural review feedback Individual examples Staff turnover data Exit survey information Strategic retention working groups Workforce Steering Board and People Committee ***Full evidence list contained within the attachment in section 2A***	**Developing**	**Collated by Sharon Landrum**
Domain 2: Workforce health and well-being overall rating			**Developing**	

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	Individual examples cited. Board and Committee meeting information e.g. Trust Management Board, Board of Directors, People Committee, Workforce Steering Board and Patient Safety and Quality Board minutes, cycle of business and forthcoming ED&I Board seminar Trustwide communications including Board members within a range of ED&I calendar of events Executive Partners linked to all Staff networks Chief Nurse Check in Budget allocated to ED&I for 2022/23 New resources identified for 2022/23 e.g. patient ED&I lead contact to progress actions; pastoral workers, Lead FTSU Guardian / Just and Learning Culture Lead; Widening Participation Outreach Worker, new Workforce Engagement & inclusion roles New Health Inequalities Lead identified for WUTH Chief Nurse identified as C&M Regional Lead for international recruitment and to support widening access in to healthcare. ED&I incorporated within staff award judging criteria ED&I included within leadership for all programmes ***Full evidence list contained within the attachment in section 2A***	**Developing**	Collated by Sharon Landrum

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	*See also section 3A.* Board and Committee papers. People Strategy updates provided through associated committees Patient experience strategy updates provided through associated committees Service Improvement programme review panels Health risk assessment completions, monitored via workforce steering board Policy development process ***Full evidence list contained within the attachment in section 2A***	**Achieving**	**Collated by Sharon Landrum**
	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	*See also sections 3A and 3B.* Trust Executive Directors have specific ED&I related objectives, monitored quarterly by CEO People and patient experience strategies see key deliverables monitored via associated governance structures. 2018-22 D&I strategy monitored regularly via governance structures, with new ED&I Strategic Commitment developed, with key deliverables to be monitored via governance structure. Annual and six monthly ED&I update reports, with additional reporting papers as required to monitor WRES, WDES, Gender Pay Gap and EDS. Mortality Review Group Patient and Family experience Group Patient Quality and safety group New interpretation and translation lead identified New Carers Lead identified New ED&I Patient experience lead contact identified Major review of appraisal process underway Executive partners linked to all staff networks ***Full evidence list contained within the attachment in section 2A***	**Developing**	**Collated by Sharon Landrum**
Domain 3: Inclusive leadership overall rating			**Developing**	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): **Susan Kenny, RCN Steward and Staff Side Lead for ED&I**	**Independent Evaluator(s)/Peer Reviewer(s):** **Micha Woodworth, Healthwatch**

EDS Organisation Rating (overall rating): "**Developing"**
Organisation name(s): **Wirral University Teaching Hospital NHS Foundation 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**
Sharon Landrum (Domains 2&3) & Johanna Ashworth-Jones (Domain 1)	2022/23
EDS Sponsor	**Authorisation date**
Debs Smith, Chief People Officer & Tracy Fennell, Chief Nurse	February 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	To progress to the next level of requirements – to progress to "excelling" in this area	• Disaggregation of patient demographics and monitoring information by protected characteristics • More timely review of interpretation and translation services • More open dialogue around mental health of service users	31/03/24
	1B: Individual patients (service users) health needs are met			31/03/24
	1C: When patients (service users) use the service, they are free from harm			31/03/24
	1D: Patients (service users) report positive experiences of the service			31/03/24

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	To progress to the next level of requirements – to progress to "excelling" in this area	• A more targeted focus placed on specific conditions listed within EDS 2022, in particular Diabetes, asthma and COPD. • Proactive OH Services that include Health Checks • A comprehensive and ongoing programme of wellbeing activities for staff to access informed by workforce health needs data.	31/03/24
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To progress to the next level of requirements – to progress to "excelling" in this area	• Evidence to show reduction in the % of bullying and harassment is decreasing year on year for any staff group were there are higher than average incidents • Review of reporting to ensure data sets are disaggregated by protected characteristics and reviewed for potential trends and themes • Working with system partners to develop a system approach to Zero-tolerance for abuse / harm for NHS staff	31/03/24

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To progress to the next level of requirements – to progress to “excelling” in this area	• Enhanced Trust wide communications to ensure all areas are aware of offerings and how to access support available • Roll out of staff network co-chairs development plan and work with associated managers to ensure adequate and effective support is in place. • Increased visibility and embedding of FTSU lead – new lead in post • Task and finish group to review abuse, bullying and harassment data to identify further support and opportunities to proactively reduce • Incorporate staff stories from individuals that have experience bullying, harassment, abuse and violence at key forums to further raise awareness with organisational influencers.	31/03/24
	2D: Staff recommend the organisation as a place to work and receive treatment	To progress to the next level of requirements – to progress to “achieving” in this area	• Progression of the Trust’s strategic retention workstreams • Review and implementation of actions to improve exit surveys and future reporting to disaggregate data by protected characteristics • Review of staff survey data to include detailed breakdowns by protected characteristics – data to be used to inform staff network objectives / annual action plans	31/03/24

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	To progress to the next level of requirements – to progress to "achieving" in this area	• Explore how EDI can form standing agenda items across key governance meetings, beyond that of workforce governance • Increase promotion of Executive sponsorship of staff networks – improve visibility further • Ensure the equality data form 2022 staff survey is reflected in the development of divisional priotiries • More evidence of line managers and senior leaders commitment and understanding (as opposed to Board level) of the EDI agenda • Mapping of the Leadership Framework for Health Inequalities into the Trust LQF and ensure this is embedded within the leadership development offer • More EDI focused guest speakers for masterclasses Increased 'staff voice' on EDI within senior leadership development offer	31/03/24
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To progress to the next level of requirements – to progress to "excelling" in this area	• Review of Quality Impact assessment / Equality analysis assessment process for service improvement proposals • Equality related impacting factors / risk section to be added to Board / Committee papers Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant) and reported	31/03/24
	3C: Board members and system leaders (Band 9 and	To progress to the next level of requirements – to progress to "achieving" in this area	• Full implementation of Accessible Information Standard (AIS)	31/03/24

	VSM) ensure levers are in place to manage performance and monitor progress with staff and patients		• Improved exit survey process & heightened focus in implementation and monitoring • Equality related impacting factors / risk section to be added to Board / Committee papers • Greater awareness of equality related impacting factors at Divisional and departmental level and to be included within Divisional performance meetings	

Patient Equality Team
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