NHS Equality Delivery System
EDS Reporting Template

Version 1, 15 August 2022

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	Wirral University Teaching Hospital NHS Foundation Trust	Organisation Board Sponsor/Lead	
		Debs Smith, Chief People Officer & Dr Nikki Stevenson, Deputy CEO / Medical Director	
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 and final rating session held - 7 Dec 23. Domains 2&3 Various engagement sessions with key stakeholders and group rating session held 12 Dec 23.	Individual organisation	A wide variety of stakeholders were included in the assessment with Healthwatch Wirral involved in assessment of all Domains.
		Partnership* (two or more organisations)	
		Integrated Care System-wide*	
Date completed	28 February 2024	Month and year published	February 2024
Date authorised	28 February 2024	Revision date	February 2025

EDS Rating and Score Card

Completed actions from previous year	
Action/activity	**Related equality objectives**
Trust produces detailed biannual EDI reports, highlighting work undertaken to support advancement of the EDI agenda. These can be found on the public section of the Trust's website or click <u>here</u>.	
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	A wide variety of evidence was collated and catalogued and shared with stakeholders. This information was collated for three selected cancer areas: 1) Breast 2) Colorectal 3) Head and Neck Detailed information is available on request to wuth.patientexperience@nhs.net.	**Developing**	Collated by Johanna Ashworth-Jones and Lucy Hartman
	1B: Individual patients (service users) health needs are met		**Achieving**	
	1C: When patients (service users) use the service, they are free from harm		**Achieving**	
	1D: Patients (service users) report positive experiences of the service		**Achieving**	
Domain 1: Commissioned or provided services overall rating			7	

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	A brief summary of key evidence includes:
		• Wide range of Trustwide communications and resources to promote, including reference to a wide range of internal and external support options, with increased community organisations attending on site.
		• Trust taken a holistic approach to promoting and supporting workforce health & wellbeing, with focussed communications on areas that support active management of the conditions mentioned:
		  • Including promotion of Diabetes week
		  • Safer use of insulin
		  • Smoking cessation
		  • Healthy eating and
		  • Range of activities promoted to support mental and physical wellbeing e.g. cycling, walking, it's a knockout tournament etc.
		• "How to manage emotional adversity and stay healthy" workshops held for staff.
		• Wellbeing conversations integrated within new appraisal and check-in process – reviewed to ensure a more person-centred approach and to be undertaken quarterly.
		• Wellbeing surgeries continue with focus placed on mental health (including mens wellness) and supporting staff with disabilities and long-term conditions.
		• Sickness absence data monitored and reviewed locally by HR and Divisional management teams in conjunction with Occupational Health. Data also monitored at People Committee.
		• Enhanced publicity and initiatives undertaken by the library and knowledge service.
		• New supporting staff with disabilities co-creation group established with engagement event held and actions progressing.
		
		A detailed overview of evidence is available below, with information on request from wuth.engagementandinclusion@nhs.net.
		
		📄 PDF
		EDS 2023 Evidence collection FINAL.pdf
			Achieving	**Collated by Sharon Landrum**

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	A brief summary of evidence includes: • Trust values and behaviours embedded within Trust policies and processes e.g. recruitment, appraisal and development programmes. • Violence & aggression prevention steering group established. Policy and processes reviewed, detailed action plan under way, improvement in resources already, with five new ED security staff being recruited. • Zero tolerance to bullying, harassment and abuse, with posters launched and promoted across the Trust, including prevention of racial abuse. A range of action taken against patients who have assaulted Trust staff. • Regular monitoring of employee relations cases via workforce governance structure, including freedom to speak up (FTSU) data. • Variety of internal and external support available to staff affected. • Process for obtaining and sharing staff stories developed and staff experience section of the website developed – plans underway by VAP group to capture and share specifically if suffered bullying, harassment and abuse. • Staff survey 2022 data unfortunately highlights increases in the number of staff experiencing physical violence, however the number of staff experiencing bullying, harassment and abuse from any source has reduced this year along with improvements in the number of staff who have reported bullying, harassment and abuse. • Improvements seen in all except one staff survey question related to experiences of bullying, harassment and abuse for our Black, Asian and Minority Ethnic and disabled staff. • The lowest results since 2018 for staff reporting they have experienced bullying, harassment and abuse at work from managers and colleagues. This includes Black, Asian and Minority Ethnic and disabled staff who have seen 10-13% reduction since 2018 and below the national average. *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 brief summary of evidence includes: • New full-time Lead FTSU Guardian and Just and Learning Culture Lead. • Five staff networks continue, with time allocation confirmed as 2 days per month per network, funding ring-fenced within Workforce Engagement and Inclusion budget and networks embedded within Trust decision making processes. • Equality analysis / impact assessments embedded within policy approval processes and networks involved in shaping policies linked to their area. • New staff network model launching December, whereby "one network" approach is being launched to facilitate greater intersectionality. • A range of support is available and promoted (as detailed in section 2A). • Staff experiences are captured and shared in a variety of ways, with the use of videos this year and resource to support. Staff experience intranet page launched. *Full evidence list contained within the attachment in section 2A*	**Excelling**	**Collated by Sharon Landrum**

	2D: Staff recommend the organisation as a place to work and receive treatment	A brief summary of evidence includes:
		• 55.4% of staff would recommend the Trust as a place to work (2022 staff survey).
		• Quarterly pulse surveys launched and monitor advocacy with Q2 showing an improved picture, however data still does not meet the criteria for the next level.
		• Experiences of our LGBTQ+, Black, Asian and Minority Ethnic and disabled staff continue to be monitored:
		    • Data has been reviewed and summarised to Trust Board and various committees.
		    • Deep dive into retention data to identify key themes and trends.
		    • Data reviewed as part of WRES and WDES reporting.
		    • Regular discussions with network members and new disability co-creation group established with engagement even held.
		
		Full evidence list contained within the attachment in section 2A
			Developing	**Collated by Sharon Landrum**

Domain 2: Workforce health and well-being overall rating			**8**	

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	A brief summary of evidence includes: • EDI forms a regular part of Board and committee reporting, with regular reports shared to update members on a range of EDI related matters. • Board session held specifically linked to EDI and health inequalities. • Executive Directors now all have equality related objectives and planning underway for Non-Executive EDI related objectives, with Non-Executives linked to Divisions to support greater visibility and awareness. • All staff networks have an Executive Partner, with a range of involvement displayed this year. Execs haven't been able to link with networks at meetings in the same way this year, as meetings have been restructured and paused, with a new "one network" approach launching. ***Full evidence list contained within the attachment in section 2A***	**Achieving**	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.*
	
	A brief summary of evidence includes:
	• Execs have linked with members at key events however due to more limited network events taking place – opportunities to support meetings has been reduced this year, however under planning for 2023/24.
	• Execs and Exec partners have supported a range of activities including:
	    • Attendance at PRIDE for the first time.
	    • Video messages.
	    • Supported Armed Forces week and raising of the flag for the first time.
	    • Remembrance events, including laying of wreaths and weekend service.
	    • Public declaration of commitment to anti-racism, equity and inclusion.
	    • Meeting members as part of International Day of Staff Networks.
	• Equality related impacting factors have been included as part of Board and committee reporting templates.
	• Senior leaders proactively becoming involved with a range of inclusion groups.
	• Leaders asked how they are advancing inclusion in their area – with inclusion pledge developed to highlight EDI strategic commitment, support and encourage action to improve inclusion.
	
	Full evidence list contained within the attachment in section 2A
		Excelling	**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.* A brief summary of evidence includes: • Equality related impacting factors have been included as part of Board and committee reporting templates. • Biannual reports are produced and shared across Trust governance structures. • Identification of equality related impacting factors has been embedded within Board and Committee reporting templates. • Equality analysis has been integrated within the service improvement process. • Equality analysis / impact assessments are embedded within the policy approval process. • WRES and WDES reporting is undertaken with detailed reports and comparative data provided and areas of improvement identified and integrated within overarching EDI action plan. ***Full evidence list contained within the attachment in section 2A***	**Achieving**	**Collated by Sharon Landrum**
Domain 3: Inclusive leadership overall rating			**7**	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Lyndsey Squirrell, Staffside Chair, Unite Steward and Equalities Lead 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):   Score Total = 22 = "**Achieving**"

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)	2023/24
EDS Sponsor	**Authorisation date**
Debs Smith, Chief People Officer & Dr Nikki Stevenson, Deputy CEO and Medical Director	February 2024

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 "achieving" in this area	Improve provision of accessible information at local level and via cancer support services / resources.	31/03/25
	1B: Individual patients (service users) health needs are met	To progress to the next level of requirements – to progress to "excelling" in this area	Continue working with community organisations and service users via the Patient Experience Strategy promise groups and identify where gaps may exist in engaging with hard-to-reach community groups. Cancer services team to continue building links with other organisations to support further diverse engagement, gaining further insight into what works well and sharing learning.	
	1C: When patients (service users) use the service, they are free from harm	To progress to the next level of requirements – to progress to "excelling" in this area	Ensure collection of demographical profiling is standardised as part of the new Patient Safety Incident Response Framework (PSIRF).	
	1D: Patients (service users) report positive experiences of the service	To progress to the next level of requirements – to progress to "excelling" in this area	Continue work already commenced under the Patient Experience Strategy, building on new engagement opportunities for people who hold protected characteristics, particularly in the cancer services reviewed. Continue to use feedback and build interventions in innovative ways.	

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.	• Continuation of a more targeted focus placed on specific conditions listed within EDS, in particular Diabetes, Asthma and COPD. • Continue proactive OH and wellbeing services that include Health Checks and ongoing programme of wellbeing activities for staff to access informed by workforce health needs data.	31/03/25
	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. • Continuation of review of reporting to ensure data sets are disaggregated by protected characteristics and reviewed for potential trends and themes. • Continue working with system partners to develop a system approach to Zero-tolerance for abuse / harm for NHS staff.	31/03/25

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To maintain and continue to progress at this level of requirements – to maintain "excelling" in this area.	• Enhanced Trust wide communications to ensure all areas are aware of offerings and how to access support available. • Identification of new staff network co-chairs and roll out development plan for all. • Work with Divisions to support identification and support of staff network co-chairs and associated activities. • 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.	31/03/25
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. • Continue implementation of new exit survey process and ensure future reporting. disaggregates 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.	31/03/25

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		• Divisions linked to recruitment and development of new staff network co-chairs. • Ensure the equality data form 2023 staff survey is reflected in the development of divisional priorities. • More evidence of line managers and senior leader commitment and understanding (as opposed to Board level) of the EDI agenda, with Divisional Directors linked to the EDI Steering Group and EDI included as part of Divisional Performance Review processes. • Continuation of EDI focused guest speakers for masterclasses and awareness sessions.	31/03/25
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		• Review of Quality Impact assessment / Equality analysis assessment process for service improvement proposals. • Key lines of enquiries included as part of Divisional performance reviews.	31/03/25
	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		• Continued implementation and review of accessible information standard (AIS). • Continued implementation, monitoring and review of the exit survey process & heightened focus in implementation and monitoring. • EDI key lines of enquiry to continue within Divisional performance reviews. • Enhanced Trust promotion of findings from the tools listed and integration within Divisional priorities. • Enhanced data review and presentation to highlight staff demographics by pay band.	31/03/25

Patient Equality Team
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