NHS England

NHS Equality Delivery System 2022
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		Doncaster & Bassetlaw Teaching Hospitals Trust (DBTH)	Organisation Board Sponsor/Lead
			Zoe Lintin Chief People Officer
Service		Out patients	
Name of Integrated Care System		South Yorkshire ICB	

EDS Lead	Kirby Hussain		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	Out patients		Individual organisation	DBTH
			Partnership* (two or more organisations)	Barnsley Hospital Rotherham Hospitals Rotherham Doncaster & Sheffield Mental Health Trusts
			Integrated Care System-wide*	South Yorkshire ICB

Date completed	Tuesday 21 February 2023	Month and year published	March 2023
Date authorised		Revision date	

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)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	The Trust's strategic principles include working with patients to continue to develop high quality and responsive services. Delivery of national treatment standards has been challenging in the recovery from the covid-19 pandemic. We achieved 68.3% against the 18-Week Referral to Treatment (RTT) Patient Pathway standard. For comparison, this number was 65.7% for 2020/21. Prior to the pandemic, the Trust had made significant progress, achieving 88% for 2019/20. However, due to the backlog which had been created as a result of COVID-19, this will take some time. Significant effort is in place, to bring performance into line with expectation. In 2019/2020 we consistently achieved three of the nine cancer targets, with two week wait targets standing at 87.5%. Similar to the RTT standard, a significant amount of work is being undertaken to improve this area within the Trust. https://dbhweb.wpenginepowered.com/wp-content/uploads/2019/10/Strategy-Document-update-2019v1.pdf https://dbhweb.wpenginepowered.com/wpcontent/uploads/2022/08/dbth_annualreport_finalversion.pdf	1.5	

	1B: Individual patients (service users) health needs are met	The Trust participates in national audits which identify if patient care is evidence based at to the best standard and will implement actions which were found necessary to improve the quality of healthcare take the following actions to improve the quality of healthcare provided Annual report, Annual report, Quality account. Quality account.	1	
	1C: When patients (service users) use the service, they are free from harm	The Trust wishes to ensure the safest possible care for patients by reducing the number of healthcare acquired infections. In 2021/22, the Trust registered no Trust-acquired MRSA infections - an improvement over the previous year when this number stood at two. There were 46 Category 3 hospital acquired pressure ulcers reported during 2021/22, a reduction of 25% from the previous year. The Trust takes a zero-tolerance approach to Never Events These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust. Robust processes are in place to ensure following serious incidents learning is identified and implemented in the Trust. https://dbhweb.wpenginepowered.com/wp-content/uploads/2022/08/dbth_annualreport_finalversion.pdf https://dbhweb.wpenginepowered.com/wp-content/uploads/2022/06/QA_202122_final.pdf	1	

		siders every encounter with patients, family, carers and the public as an opportunity to learn from their experience of its services, and if appropriate to take action to improve them. 84.3% of patients rated care as very good and 14.6% as good giving a 98.9% positive score rate. Trust inpatient response rate in October 2022 was : 6.7% . The Trust acknowledge there is work to do to improve the response rate and this will be prioritised by the newly appointed Head of patient engagement, experience and involvement. One of the areas that the trust do best is Mothers being able to see or speak to a midwife as much as they wanted during their care after birth. An area for improvement will be to ensure patients who identify as gay or lesbian are able to also provide us feedback as this was not noted in the Maternity Survey 2022. We are also unable to say in confidence regarding the experiences, of British Asian & Black British patients and gay and lesbian patients to our Urgent and Emergency care services as we did not get respondents from these groups in the 2020 UEC survey. Work will be undertaken to ensure all patients are able to provide feedback including those who may experience health disadvantages.	1	
	1D: Patients (service users) report positive experiences of the service	All Files - NHS Surveys https://www.dbth.nhs.uk/wp-content/uploads/2022/08/dbth_annualreport_finalversion.pdf Domian 1 EDS 2022-evidence.docx Need more FFT Data		
Domain 1: Commissioned or provided services overall rating			4	

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	The Trust has a Know Your Numbers service where staff can go to get checks on their blood pressure, weight and BMI they are also signposted to other organisations for information for further information and support. Our EAP can also support our colleagues inc our staff counselling sessions. Our OH Service and Professional Nurse Advocates can also provide support. Domian 2 further evidence 2023 (003).d Domiain 2 evidence.pdf Domian 1 eds 2022 PNA.docx	2	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	The Trust will not tolerate bullying, harassment, discrimination or victimisation in any form. Every employee is entitled to work in an environment that promotes dignity and respect. aggressive and violent behavious tc All incidences should be reported via Datix, our incident reporting system. Incidents can also be reported to our Speak Up Guardian.	2	

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	The Trust has a number of support services for colleagues, inc: • Speak Up Guardian • Staff networks • EAP • Health and Wellbeing Team • Professional Nurse Advocate Team • Occupational Health Team • ED&I Team Domian 1 eds 2022 evidence ii.docx	2	
	2D: Staff recommend the organisation as a place to work and receive treatment	**Staff Survey 2021** 56% Would recommend our organisation as a place to work and too received treatment Core Questions Dashboard - Q4 2022	2	
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	The Chair of the Board job description states the following; Ensure that the Trust promotes equality and diversity, equality of opportunity and human rights in its treatment of staff, patients and other stakeholders. Lead by example, upholding the values of the Trust and the highest standards of integrity and probity, adhering to the Nolan Principles. The Chief Executive Officer job description states; The Chief people officer job description states; Deliver, and as required update, the People, OD and EDI related strategies (the 2017-2022 People and Organisational Development Strategy) to meet the changing needs of our staff and patients. Reciprocal Mentoring by Execs 📊 Copy of RACE Equality Code Progress Chair and Non-Executive Director Appraisal Outcome Potentially a 3 with a little more evidence	2	

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		0	
	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 board has oversight of the NHS staff survey data, WRES & WDES Data for 2021. The data for 2022 had not been submitted at this time of reporting. Potential 3 with further evidence	2	
Domain 3: Inclusive leadership overall rating			4	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		**Independent Evaluator(s)/Peer Reviewer(s):** Barnsley Hospitals NHS Trusts Rotherham Hospitals NHS Trusts RDASH NHS Trusts Doncaster & Bassetlaw Teaching Hospitals NHS Trust		

EDS Organisation Rating (overall rating): 16.5
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
Kirby Hussain	2023
EDS Sponsor	**Authorisation date**
Zoe Lintin	

Please note EDS 2022 action plan is part of our Trusts Overall High Level ED&I Action plan 2022-2025

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
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			
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source			
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			
	2D: Staff recommend the organisation as a place to work and receive treatment			

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	The job description for the Chair of the board is dated 2015. This could be reviewed and brought in line with current strategic direction in equality diversity & inclusion		December 2024
	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	The Board will have assurance and oversight of Trust performance of data relating to staff with protected characteristic and their working experience ands opportunities of development.	Board will have discussed this based on the presentation of papers presented at Board around NHS staff survey data, Trust performance on WRES & WDES data.	

Patient Equality Team
NHS England and NHS Improvement
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