

Classification: Official

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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		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)	Mexborough Elective Orthopaedic Centre of Excellence MEOC		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	January 2025	Month and year published	March 2025
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)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>1A: Patients (service users) have required levels of access to the service.</p> <p>MEOC is a ‘cold site’, fully ring fenced, elective orthopaedic hub with dedicated beds, theatres and staffing delivering waiting list and waiting time reductions for patients in line with the Elective Recovery Plan (ERP). Doncaster and Bassetlaw Teaching Hospitals (DBTH), Barnsley Hospital Foundation Trust (BH) and The Rotherham Hospital Foundation (TRFT) Trust utilise the services of MEOC for their elective orthopaedic patients.</p> <p>The main aims of the MEOC investment are:</p> <ul style="list-style-type: none"> • To reduce elective orthopaedic waiting lists and waiting times • Improve productivity and efficiency • Increase quality and effectiveness of surgical interventions 		<p>Kate Carville</p> <div style="text-align: center;">  </div> <p>meoc-ward-1558_202 31101-20240731 evid</p>

		<ul style="list-style-type: none"> • Improve access and eliminate cancellations due to bed pressures <p>The facility delivers inpatient and day case activity:</p> <ul style="list-style-type: none"> • Inpatient activity focuses on hip and knee arthroplasty with a target of 0- and 1-day discharges against an average of 2.75-day length of stay for these patients in 2022/23. MEOC length of stay for joint replacement is currently 1.2 days. • Day case activity includes upper limb, shoulder, hand, wrist and foot and ankle surgery. <p>The facility, based at Montagu Hospital, Mexborough, includes:</p> <ul style="list-style-type: none"> • Two new modular lead lined and laminar flow operating theatre suites adjacent to the existing Rehabilitation Block, with dedicated access and reception. • An improved link to the main hospital provides direct access to 		
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		<p>the existing Rockingham Day Case Unit admission and discharge lounge facilities, incorporating a platform lift.</p> <ul style="list-style-type: none"> • Twelve orthopaedic inpatient beds. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>MEOC follows the national WHO guidance for theatre safety checks, DBTH policies, procedures and audits for safe care.</p> <p>Quality assurance is monitored through the Tendable audits undertaken in the theatre and ward areas.</p> <p>MEOC completes the National Joint register audits and Surgical Site Infection audits, including IPC reviews.</p> <p>All audits are monitored through our Clinical Governance processes.</p>		<p>Kate Carville</p>  <p>MEOC FeedBack 3 months June July and</p>
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>MEOC has its own Clinical Governance meetings once a month. Minutes and action plans are generated from the meetings and monitored each month.</p> <p>Risk assessments are graded and escalated to each of the Trusts orthopaedic and anaesthetic Clinical Governance teams to ensure shared</p>		<p>Kate Carville</p>  <p>Pre assessment criteria for MEOC upc</p>



		<p>learning through Doncaster, Barnsley and Rotherham hospitals.</p> <p>Please see the links below that include the last three months of Clinical governance highlight reports.</p> <p>These highlight the clinical governance process and how MEOC is progressing.</p>		 <p>MEOC Clinical governance Highlight</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>MEOC has its own Clinical Governance meetings once a month. Minutes and action plans are generated from the meetings and monitored each month.</p> <p>Risk assessments are graded and escalated to each of the Trusts orthopaedic and anaesthetic Clinical Governance teams to ensure shared learning through Doncaster, Barnsley and Rotherham hospitals.</p> <p>Please see the links below that include the last three months of Clinical governance highlight reports.</p> <p>These highlight the clinical governance process and how MEOC is progressing.</p>		<p>Kate Carville</p>  <p>meoc-ward-1558_20231101-20240731 evid</p>



Domain 1: Commissioned or provided services overall rating				

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<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>	<p>The Trust run Lifestyle Checks, where staff can go to get their blood pressure taken, BMI etc and can seek advice on other health matters. We also have an external organisation visit the Trust every week supporting staff in their weight loss journeys.</p> <p>Our Employee Assistance Programme, Vivup, can also support colleagues which a range of offers including :</p> <ul style="list-style-type: none"> • counselling sessions (confidential support is available 24/7) • salary sacrifice schemes inc cycle to work • debt and financial advice, • downloadable self-help workbooks • podcasts • blogs. <p>Colleagues also have access to FREE NHS wellbeing apps, including Headspace.</p> <p>We hold monthly Menopause Clinics to support colleagues who are experiencing some of the symptoms above due to the menopause.</p> <p>We hold weekly Wellbeing Wednesday sessions on a range of topics including diet, menopause, mindfulness, talking therapies and much more.</p> <p>We have a staff Reiki service which is open four days a week across sites.</p> <p>We hold yoga classes across sites.</p> <p>Support is also available from:</p>	<div style="text-align: center;">  <p>Enclosure A6 - People Strategy Assur</p>  <p>October 2024 Health Wellbeing Committee</p> </div>
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		<ul style="list-style-type: none"> • Occupational Health Service • Professional Nurse Advocates • Health and Wellbeing Team • Wellbeing Champions. 		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>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. All incidences should be reported via Datix, our incident reporting system. Incidents can also be reported to our Speak Up Guardian.</p>		 <p>aggressive and violent behaviour tc</p>
	<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>The Trust has a number of support services for colleagues, inc:</p> <ul style="list-style-type: none"> • Speak Up Guardian • Staff networks • EAP • Health and Wellbeing Team • Professional Nurse Advocate Team • Occupational Health Team • ED&I Team 		 <p>October 2024 Health Wellbeing Committee</p>

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Staff Survey Our most recent staff survey, colleagues said:</p> <ul style="list-style-type: none"> • I would recommend my organisation as a place to work - 63% of staff said yes (the national average was 61.2%). • If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation - 64% of staff said yes (the national average was 65.2%). 		
<p>Domain 2: Workforce health and well-being overall rating</p>				

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 3: Inclusive leadership</p>	<p>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>	<p>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.</p> <p>Lead by example, upholding the values of the Trust and the highest standards of integrity and probity, adhering to the Nolan Principles. All Board members, including Executive and Non-Executive Directors, have EDI objectives agreed within their appraisals for 2024.</p> <p>The themes have been shared with the SY ICB Chief People Officer and the SY EDI Leadership Group, alongside the Board member objectives for other ICB organisations</p> <p>The Chief Executive Officer job description states; The Chief people officer job description</p> <p>Chair and Non-Executive Director Appraisal Outcome</p>		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>WRES\WDES reports are presented to the board and any remedial actions are added to the trust high level ED&I Action plan.</p> <p>Doncaster Bassetlaw Teaching Hospitals (DBTH) commissioned the Neurodiversity Employers Index (NDEI) report to evaluate the current state of neuroinclusion within the organisation, recognize areas of strength, and identify opportunities for improvement to create a more neuroinclusive environment.</p>		 WRES WDES TEG May24 KH comments.  Final DBTH Gender Pay Gap report 2023  Autistica report for Execs Dec24 vii.docx
	<p>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</p>	<p>DBTH is proactively addressing health inequalities through its strategy, which acknowledges the societal, economic, and health system costs associated with these challenges. The strategy commits to a fundamental shift in operations, prioritizing targeted support based on individual needs. By tackling systemic barriers and promoting equitable access, DBTH aims to make significant progress in reducing health inequalities.</p>		 Health-Inequalities-St ategy-2024-FINAL-VE
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
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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
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 and 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
england.eandhi@nhs.net
