NHS Equality Delivery System 2023

EDS Report 2023

The Equality Delivery System Report gives an overview of the Trust’s approach to addressing health inequalities.

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# About the NHS Equality Delivery System (EDS)

Implementation of the Equality Delivery System (EDS) is a requirement of both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance with the [EDS guidance documents](http://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.

# EDS rating and scores

The [Rating and Score Card supporting guidance](https://www.england.nhs.uk/publication/equality-delivery-system-2022-guidance-and-resources/#guidance) document has a full explanation of the new rating procedure.

First, score each outcome out of 3.

* 0 = Undeveloped activity
* 1 = Developing activity
* 2 = Achieving activity
* 3 = Excelling activity

Then, add the scores of all outcomes together. This will provide you with your overall score, or your EDS organisation rating:

* total score under 8 = Undeveloped
* total score between 8 and 21 = Developed
* total score between 22 and 32 = Achieving
* total score 33 = Excelling

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# Section 1 – Your information

Name of organisation: **East Kent Hospitals University NHS Foundation Trust**

Organisation Board Sponsor/Lead: **Chief Nursing and Midwifery Officer / Chief People Officer**

Name of Integrated Care System: **Kent and Medway**

EDS Lead: **Head of EDI / Head of Patient Voice and Involvement**

EDS engagement date(s): November to December 2023

Which level has this EDS tool been completed at?

**Individual organisation level**

## Completed actions/activity from previous year

Action 1: Put a process in place to gather evidence to assess and score all outcomes in Domains 1, 2 and 3 using the refreshed EDS 2022 process.

Related equality objective: Promote inclusion in both patient care and employment in line with our Public Sector Equality Duties.

Action 2: Engage with key stakeholders, both internal and external, and with patients and staff to help score each outcome under the three Domains.

Related equality objective: Involve people who receive healthcare, our staff and local communities in order to identify opportunities to tackle health inequalities and improve equity of access, experience and outcomes.

# Section 2 – Outcomes and evidence

## Domain 1 – Maternity, Cancer, and Maxillo-facial services

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| --- | --- | --- | --- |
| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 1A: Patients (service users) have required levels of access to the service | Whilst there is evidence that people of all ages and sexes can access services, and some evidence based on ethnicity and wider health inclusion groups, there is incomplete data to provide evidence for other protected characteristics, including disability, gender reassignment, religion and belief and sexual orientation. | 1 | Care Group senior teams |
| 1B: Individual patients (service users) health needs are met | There is evidence that people of all ages and sexes have their health needs met and that some disabled people have their health needs met, but a lack of data to provide evidence for other protected characteristics, including ethnicity (race), gender reassignment, religion and belief and sexual orientation. | 1 | Care Group senior teams |
| 1C: When patients (service users) use the service, they are free from harm | There is evidence that people with some protected characteristics are more likely to experience harm, due to age, disability, and ethnicity. There is limited data or evidence for people with other protected characteristics, including gender reassignment, religion and belief and sexual orientation. We monitor incidents, such as falls, by sex and there is no evidence of disproportionate harm. | 1 | Care Group senior teams |

|  |  |  |  |
| --- | --- | --- | --- |
| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 1D: Patients (service users) report positive experiences of the service | Friends and Family Test (FFT) survey results show a trust-wide score of over 90% satisfaction, but the FFT surveys are not available in other languages or BSL. Your Voice is Heard (maternity) data indicates equity of positive experience across most ages and ethnicities, but birthing partners who are mostly male report a poorer experience and there is limited data related to disabled people, people who are gender diverse or based on religion and belief or sexual orientation. The national Cancer patient experience survey 2022 data was not analysed by ethnicity, disability, religion or belief or sexual orientation due to low response numbers with these protected characteristics. PALS and complaints provide evidence of no difference of experience across age, disability and sex protected characteristics, however there is a lack of data on complaints by ethnicity, gender reassignment, religion and belief, and sexual orientation which means we cannot be fully assured. | 0 | Care Group senior teams |

### Total score

Please total the scores from Domain 1: **3 (three)**

## Domain 2 – Workforce health and wellbeing

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| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | **Developing activity** identified for Age, Disability, Pregnancy and Maternity, Race, Sex. **Undeveloped activity** identified for Gender reassignment, Marriage and Civil Partnership, Religion and Belief and Sexual Orientation. Established staff networks for disability, neurodiversity, ethnic backgrounds, women, LGBTQIA+. New workplace adjustments policy, toolkit, and passport. We are not currently using the data we have to drive inclusion and identify gaps. For example, we are not monitoring the protected characteristic of wellbeing champions, TRIM practitioners, and Mental Health First Aiders. We are not currently monitoring sickness and absence data by protected characteristics, therefore we are unlikely to identify or reduce negative impacts of the working environment where support is needed. However, there is a plan to do this. There is limited to no evidence around our gender diverse (trans, non-binary and asexual) workforce which limits our ability to make inferences and/or improvements to their experience. Male colleagues are less likely to access any mental health or other services available. The data on ESR is based on NHS national data sets, which have not been updated for several years e.g. to include gender identity or specific health conditions or disabilities, e.g. neurodiversity. | 1 | Chief People Officer, EDI team, Wellbeing team, and other People and Culture teams. |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | **Developing activity identified for Age, Disability, Race, Sex, Sexual Orientation.**  **Undeveloped activity** identified for Gender reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Religion and Belief.  Launch of See Me First anti-racism campaign. Numerous policies and toolkits for staff and managers. Breakdown of data is available on Datix (incident reporting) based on patient, staff and visitor/other person behavior to another. Total of 2,024 cases reported in 2022. Less than 1% increase year by year. Data available from National Staff Survey, Workforce Race and Disability Equality Standard (WRES and WDES) shows that Black, Asian, and staff of ethnic backgrounds and disabled staff experience higher levels of abuse, harassment and bullying than White and non-disabled staff.  Data is unavailable for protected characteristics of Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Religion and Belief. Datix incident reporting is not broken down by protected characteristic. | 1 | Chief People Officer, EDI team, Wellbeing team, and other People and Culture teams. |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | **Developing activity** identified for Race, Religion and Belief, Sex, Sexual Orientation. **Undeveloped activity** identified for Age, Disability, Gender reassignment, Marriage and Civil Partnership, Pregnancy and Maternity.  Number of services available such as Hospital Independent Domestic Violence Advocate (HIDVA), Vivup platform that provides 2/7 counselling service and resources. Established Freedom to Speak Guardians. New resolution policy and toolkit for staff and managers and Leadership Development Programme for staff in a formal leadership role (TED) Module Team Engagement and Development Tool).  Staff Networks do not have protected time which limits their ability to support staff and has an impact on their health conditions due to limited capacity. Specific protected characteristics identified where lack of resources and promotion of information is needed. | 1 | Chief People Officer, EDI team, Wellbeing team, and other People and Culture teams. |
| 2D: Staff recommend the organisation as a place to work and receive treatment | **Developing activity** Age, Race and Sex. **Undeveloped activity** identified Disability, Gender reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Sexual Orientation.  **Achieving activity** identified Religion and Belief.  Data from National Staff Survey informs the Trust that in the last 12 months a 6% improvement in relation to positive action on health and wellbeing has occurred. 39% of staff with a disability recommended as a place to be treated and 34.5% as a place to work. 77.78% of Asian/Asian British – Pakistani – African staff recommended as a place to work and 84.62% of Black/African/Caribbean/Black British- any other Black/African/Caribbean background staff were happy with the standard of care if a friend or relative needed treatment.  Top 3 reasons for leaving the organisation are (1) Retirement (12.91%) (2) Work-life balance (11.31%) (3) Relocation (6.97%).  No data or evidence has been provided for Gender reassignment, Marriage and Civil partnership, Pregnancy and Maternity, Religion and Belief, Sexual Orientation. Exit interview data is not currently monitored by protected characteristics, which means we are less likely to identify if a disproportionate number of staff are leaving with protected characteristics e.g. disabled staff. | 0 | Chief People Officer, EDI team, Wellbeing team, and other People and Culture teams. |

### Total score

Please total the scores for Domain 2**: 3 (three)**

## Domain 3 – Inclusive leadership

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| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 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 | * Questionnaire to Board/Executive team * Culture and Leadership Board interviews * Some members of the Exec team who are Exec sponsors of Staff Networks demonstrating some activity due to this role. * Board have identified EDI as a priority.   There is currently no system in place to gain feedback from all Band 9 and VSM’s - to be added to the action plan. EDI Board objectives as part of the new EDI strategy should help to address this domain. | 1 | Chair, Chief Executive Officer and Executive team |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | A random sample of 5 Board papers were selected:  **Integrated Performance Report for July (presented at September 2023 Board meeting) -** No mention or reference to EDI.  **Chief Medical Officer’s Report (presented at July 2023 Board meeting) -** Culture and Leadership Programme mentioned as an action to improve organisational culture. Makes reference to SAS Away Day in May 2023 with focus on EDI. CRR 118 – There is a risk of failure to address poor organisational culture.  **Section 31 reporting**:  **Maternity & Midwifery Services WHH & QEQM (presented at June 2023 Board meeting)** - no mention or reference to EDI suggesting underdeveloped activity  **We Care progress update (presented at June 2023 Board meeting) –** Statesthere is a requirement for urgent and significant improvement in relation to staff attitudes and behaviours. But no risk mitigation or recommendations on how to address this.  **Staff Experience Story (presented at May 2023 Board meeting) -** Makes reference to disability and staff member was supported by Head of EDI.  The Board received two EDI sessions in 2023 and the Freedom to Speak Up reports include data by protected characteristics. | 0 | Chair, Chief Executive Officer and Executive 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 recently had a CQC well-led inspection, so this evidence was used for this outcome.   * The board were updated on progress of delivery of the Integrated Improvement Plan (IIP) and the associated performance metrics including the main risks impacting on delivery and linked to the BAF. * The Strategic Improvement Committee chaired by the CEO, with responsibility for overseeing the delivery of the IIP. The Strategic Improvement Committee was planned to meet every 2 weeks, reviewing 3 out of 6 programmes of work at each meeting. * There are systems and processes for managing risk; however, they were not always effective. * The trust had made improvements in how it included and communicated with users of the service and staff. * Breakdown of disciplinary and resolution cases by ethnicity, gender, religion, disability, sexual identity used by ER Team. **Not clear on the findings or actions. Requires further exploration** * Referrals to professional regulators being monitored by ethnicity, gender, religion, disability, sexual identity used by ER Team. **Not clear on the findings or actions. Requires further exploration.** * We are not currently reporting on sickness/absence by equality data**.** * Equality and diversity questionnaire that we send to all complainants to ask them to complete. * The pastoral care for international nurses was awarded the ‘NHSE Pastoral Care Quality Award’ in July 2023.   Some plans in place but unclear on what impact this has had, as measures not consistent. Not clear on plans that sit underneath these. Sharing of good news stories. Achievements. Some clear actions taken but more needed. Staff engaged with on the EDS doubt whether anything will change. | 1 | Chair, Chief Executive Officer and Executive team |

### Total score

Please total the scores for Domain 3: **2 (two)**

Third-party involvement in Domain 3 rating and review: **Staff Experience and Wellbeing, Staff Networks, International Recruitment (IR) / Pastoral support, Occupational Health, Standard Assurance Team (CQC), Chaplaincy Service, Risk Management, OD Business Partners, Site Heads of People and Culture, People and Culture Business Partners.**

Trade union reps: **Yes**

Independent Evaluator(s)/Peer Reviewer(s): **External NHS Organisation**

## EDS organisation rating (overall rating)

Name of organisation(s): **East Kent Hospitals University NHS Foundation Trust**

Overall score and rating: **8 – Developed (but at lowest level of developed)**

* total score under 8 = Undeveloped
* total score between 8 and 21 = Developed
* total score between 22 and 32 = Achieving
* total score 33 = Excelling

# Section 3 – EDS action plan

EDS leads: **Head of Patient Voice and Involvement (Domain 1) / Head of EDI (Domains 2 and 3)**

Years active: **2024/25**

EDS sponsor: **Chief Medical Officer / Chief People Officer**

Authorisation date: **Trust Board, 1st February 2024**

## Domain 1 – Commissioned or provided service

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| Outcome | Objective | Action | Lead (s) | Completion date |
| 1A: Patients (service users) have required levels of access to the service | Improve the collection and use of patient’s demographic data to monitor uptake of services (including DNAs) and waiting times for diagnostics and treatment. | Patient caseload, waiting times and DNAs to be monitored by age, disability, ethnicity, gender identity, religion and belief, sexual orientation and Index of Multiple Deprivation. | Chief Analytics Officer,  with support from the Business Information team and  Care Group senior teams. | February 2025 |
| 1B: Individual patients (service users) health needs are met | Fully implement the Reasonable Adjustments Digital Flag (RADF) and Accessible Information Standard. | Ensure these are on the main patient record systems, and the Patient Portal, with appropriate flags. | I.T.  Care Group senior teams | June 2024 |
| 1C: When patients (service users) use the service, they are free from harm | We can provide evidence that patients with protected characteristics of age, disability, and ethnicity, do not disproportionately experience harm. | Patient harms to be reported and monitored based on demographic data including age, disability, ethnicity, gender identity, religion and belief, sex and sexual orientation. | Care Group senior teams, corporate teams (falls, pressure ulcers, safeguarding), governance leads, Business Information teams | December 2024 |
| 1D: Patients (service users) report positive experiences of the service | Monitor and report patient experience by patients’ protected characteristics. | Engage with and consider the different needs of local communities, including reaching people via voluntary, community and social enterprise sector organisations, to hear from people who are underserved, experience greater health inequalities and are less likely to get their voices heard.  Pilot patient experience surveys in other languages. | Information team and Patient Voice and Involvement team  IT and Patient Voice and Involvement team. | February 2025  February 2025 |

## Domain 2 – Workforce health and wellbeing

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| --- | --- | --- | --- |
| Outcome | Objective | Action | Completion date |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | To ensure that all staff access health and wellbeing support in proportion to their representation in the workforce. And that this support is culturally appropriate and inclusive. | * Sickness and absence data monitored by protected characteristics * Monitor protected characteristic of wellbeing champions, TRIM practitioners and Mental Health First Aiders | February 2025 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | To reduce the abuse, harassment, and bullying that staff experience at work from colleagues, managers, patients, and their families, ensuring that staff who are disabled or of ethnic backgrounds do not experience this disproportionately to their representation in the workforce. | * Datix incident reporting to be broken down by protected characteristics. * analysis of Freedom to Speak up cases by protected characteristics. * analysis of grievances by protected characteristics. | February 2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Staff Networks are supported and developed to provide a safe space for staff; to act as a voice for staff with protected characteristics; to be able to identify gaps in support for staff with protected characteristics | * introduce a Staff Networks policy that includes protected time for Staff Network officers * Pilot training for managers on cultural competence and inclusion. | February 2025 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | To provide an inclusive work environment, free from discrimination, where staff’s lived experience is seen as an asset and supports inclusive patient care. | * Monitor and report exit interview data by protected characteristics. * Central budget for reasonable adjustments for disabled staff. * Cultural competency training as part of Health Care Support Worker and Admin Staff development. | February 2025 |

## Domain 3 – Inclusive leadership

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| --- | --- | --- | --- |
| Outcome | Objective | Action | Completion date |
| 3A: Board members, senior leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | The Trust has Board members, senior leaders and managers who are culturally competent, inclusive and who demonstrate their understanding of, and commitment to workforce equality and reducing health inequalities for patients and their families. | * Board members and senior leaders should provide regular feedback on how they are promoting equality and reducing health inequalities in their area of responsibility * Executive Directors to have an objective related to EDI in their annual objectives. | February 2025 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | EDI to be part of the golden thread from Board to ward. | * An Equality Impact Assessment section to be added to every Board paper setting out the impact, mitigations, and risks in terms of people with protected characteristics. | February 2025 |
| 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 | To identify inequalities and unwarranted variations in workforce representation and career progression and in patient access by protected characteristics and actions to reduce inequalities and monitor their impact to assess where there are positive changes taking place. | * Career progression and representation monitored by age, disability, ethnicity, gender identity, religion and belief, sex, and sexual orientation, by staff groups – Bands 9 and VSM, Bands 8a to 8d, Bands 6 to 7, Bands 4 to 5, Bands 2 to 3 * Waiting lists, DNAs and Incidents monitored by patient’s protected characteristics. | February 2025 |