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		West Suffolk NHS Foundation Trust (WSFT)	Organisation Board Sponsor/Lead
			Sue Wilkinson and Jeremy Over
Name of Integrated Care System		Suffolk and North East Essex (SNEE)	

EDS Lead	Cassia Nice (Domain 1) Carol Steed (Domains 2 & 3)		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	August 2023 – January 2024		Individual organisation	x
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	February 2024	Month and year published	March 2024
Date authorised	February 2024	Revision date	February 2025

Completed actions from previous year	
Action/activity	**Related equality objectives**
Data captured on protected characteristics	Improving the outcomes, experience and culture for those with protected characteristics under the Equality Act 2010

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 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	• **Accessible information** Patient information is provided in different formats for patients with various communication needs, e.g. information can be provided in large print and translated using the Reachdeck software on the website. Easy-read information can also be provided upon request. • **Physical access** Access Able guides are available for all areas of the hospital and inpatient community sites to provide accessibility information. Sites are wheelchair accessible. Appointments can take place in person or via telephone where appropriate to accommodate patient need.	1	Patient Experience Team

		The hospital has changing place facilities.		
		- **We identify barriers service users face when accessing services and we support them to overcome these**		
		Through engagement with service users and the local community, including those who are more likely to experience poor health outcomes, feedback about barriers to access is being shared and fed into planning/service design and improvement. The public health team work in partnership with the engagement team to identify local priorities and increase access to health.		
		- **Coordinated care**		
		WSFT is part of the West Suffolk Alliance, which ensures coordinated health services both at the Trust and in locality hubs. We also work as part of an EDI collaborative across the SNEE ICS and are membership of a SNEE group focusing on system-wide equity and inclusion issues.		
	1B: Individual patients (service users) health needs are met	- **Co-production on service changes and developments** We strive to ensure that service users are involved in decisions regarding service	2	Patient Experience Team

| | | changes and developments at the Trust. We do this through the following: Patient and carer representative network, VOICE Community engagement Using feedback from patients views and feedback to inform service design and improvement **Reasonable adjustments** Patient passports are in place for those with learning disabilities and/or autism, and the Learning Disability & Autism Liaison Nurse supports adult patients across the Trust when they are in hospital. A reasonable adjustments policy is in place for patients with LD/A and work is currently being carried out with regards to a reasonable adjustments policy to include guidance surrounding all patients with a disability. **Personalised care** Part of the NHS Long Term Plan, personalised care is based on what matters most to people and their individual needs. | | |

| | | Social prescribing and shared decision making are key components of this, areas in which we have significantly invested as an organisation.

There is a social prescriber based within the acute hospital who works across all inpatient wards, giving people more choice about how they are cared for, and including them in discussions around their care and future plans. The social prescriber also works closely with the primary care network to enable access to social prescribing in the community and maintain continuity of support once people return to their usual residence.

Digital consent and shared decision making

The Trust has recently introduced a digital consent process which allows patients to consent to surgery in their own time, and in the ease of their own environment. This also enables those who require additional support to consent to procedures in the comfort of their home, with carers or loved ones who can take their time to read and understand any information.

Patients are encouraged to 'ask 3 questions' when they come to an appointment, to help | | |
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		them make informed decisions about their healthcare.		
		Patient profiles		
		Patient profiles are in use across the Trust whereby patients or their loved ones can provide information about the person behind the patient: who they are, what they like/dislike and important information that may aid their recovery by enabling person-centred, individualised care.		
	1C: When patients (service users) use the service, they are free from harm	• **Patients' responsibility for own safety** Patients are encouraged to look after their safety during their stay wherever they are able. The 'simple ways to keep you safe during your hospital stay' video is shared with those who are coming in for an elective procedure. The Trust links in with the Integrated Care Board's (ICB) Patient Safety Partner (PSP) who supports safety improvement work, including the Call4Concern project. • **CQC rating regarding safety**	2	Patient Safety Team

		The last CQC inspection took place in September and October 2019 and rated the Trust as 'requires improvement' in the area of safety. The Trust has implemented significant improvement plans, including an early adopter of PSIRF, and transformed the way it manages patient safety and harm. • **Education on use of medications and clear information on discharge** According to results from our Trust-wide inpatient survey from the past 12 months, 63% of patients felt that they were given clear information about their take home medications, and 67% of patients felt their take home medications were explained in a way they could understand. Our clinical helpline service also provides follow-up wellbeing calls to patients within a certain criterion (no onward care needs or no change to care needs, but greater likelihood of deterioration in the next 12 months) five days post-discharge from hospital. This enables patients to ask any remaining questions about their medications.		

	1D: Patients (service users) report positive experiences of the service	**• Patient satisfaction data – PALS, complaints, compliments, surveys** We capture demographic data on patient satisfaction surveys, allowing us to more accurately assess whether people's experiences differ depending on their protected characteristics. At the time of this submission, our dataset does not contain enough returns to accurately analyse different experiences by protected characteristics but will be available for our next submission. Any PALS enquiries or complaints that are received which are related to equality, diversity or inclusion (EDI) matters are flagged as such and investigated, including reporting to the Belonging in the NHS group which feeds into the Trust Board. **• Interaction with user groups** VOICE is a network of local community groups, as well as those who have a passion for improving patient experience and contributing to delivery of care. The network feeds back any issues encountered by their members/contacts so that we can work together to make improvements, as well as us engaging with them on co-production, market research and project work.	2	Patient Experience Team

Domain 1: Commissioned or provided services overall rating	7	

Domain 2: Workforce health and well-being

Domain	Outcome	Data Sources	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	Occupational Health NHS Health and Wellbeing Framework Tool NHS Staff Survey Results Staff Wellbeing Team Data Vaccination Programme	The Trust has developed a Health and Wellbeing work plan, that states our 5 priority areas, to enhance the health and wellbeing of all our colleagues. As part of this work plan, we recognise that there are teams and interventions that contribute to the management of such wellbeing concerns. The Trust's Occupational Health Service provides a wide range of support with physical and psychological health & wellbeing, including: - 1:1 appointment to support those to stay in work or return to work - Menopause advice - Signposting to smoking cessation service We also have an internal staff support and wellbeing team who support are available to colleagues with the following: • Coping strategies • Anxiety management	2	OD Manager-Health and Wellbeing Occupational Health Staff Psychology Team

		• Trauma-focused interventions • Mindfulness sessions • Coaching (including senior staff and leaders across the organisation on how to support the teams they care for) • Brief individual therapy for issues that are impacting on wellbeing in work • Group interventions for specific issues (e.g. bereavement, long covid, self compassion) In addition to these services, we also provide all colleagues with the opportunities to access our 'Abbeycroft Leisure' partnership, whereby they can access any of the 12 Abbeycroft leisure facilities across Suffolk, free of charge. Abbeycroft currently offer physical health interventions including gym and swimming facilities, fitness classes and specific	

			programmes relating to health needs including covid and weight management. We also run a winter vaccination programme, offering all colleagues the opportunity to have a flu or covid vaccination, in which we seen a high up take, in comparison to other trusts in the East of England		

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Freedom to Speak up Reports

NHS Staff Survey Results

NHS Health and Wellbeing Framework Tool | The Trust has seen a marked improvement in the psychological safety that our colleagues are experiencing, around harassment, bullying and violence. This can be evidenced in our NHS Staff survey results, where we have seen a 6.9% improvement from 2021 to 2022, in our staff feeling able to report incidents of harassment, bullying or abuse at work.

To enable such reporting, we have heavily promoted the role of the Freedom to Speak up Guardian, including the introduction of an anonymous reporting line, to allow individuals who do not wish to be identified, to raise their concerns. The guardian role also reports directly into the executive leadership team, so themes can be shared on a regular basis.

 In addition to this, the Trust is also developing a new 'Inappropriate behaviour policy' that aims to introduce | 1 | Freedom to Speak Up Guardian

Organisational Development Team |

			processes to follow, when such behaviour is experienced, in order to be able to address any themes or concerns.		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	NHS England Health and Wellbeing Framework Tool Staff Wellbeing Team Data Freedom to Speak up Reports NICE Guidance: Mental Wellbeing at Work	The trust is committed to providing access to both independent and internal support, following reports of stress, abuse or bullying. As part of the trusts people, culture and leadership strategy, it has been identified that fostering an environment of psychological safety, is of paramount importance. To support this priority, the trust employs a staff support and wellbeing team, who are able to support individuals who are experiencing stress, bullying or any other form of wellbeing concern. The service can be accessed via self-referral or by a supervisor or trust colleague. In addition to this, the team also train and support 'wellbeing champions' local advocates that support the mental health and wellbeing of these teams and departments and act as a source of information and advice, for those requiring support.	2	Freedom to Speak up Guardian Organisational Development Team Staff Psychology Team

| | | | In addition to this team, the Trust also has a range of staff networks, that can provide peer support for those that may have experienced bullying as a result of a protected characteristic.

Our Freedom to Speak up Guardian and champion network also hold a pivotal role in supporting staff who may be experiencing stress from any source and can offer support to those experiencing this on next steps or actions that could be taken

We also work closely with our Unison and staff side representatives, to ensure individuals can access external support, should this be preferred. | | |

2D: Staff recommend the organisation as a place to work and receive treatment	NHS Staff survey results NHS England Health and Wellbeing Framework Tool	The trust is committed to demonstrating its appreciation for all our colleagues' contributions to patient safety and quality of care. 60% of our colleagues agreed that they would recommend the trust as a place to work, in the 2022 NHS Staff survey results. The executive team regularly review data intervention, including monitoring our progress on both our trust EDI plan and Health and wellbeing plan. The Trust has also set up a 'Growth for the future' strategic steering group, which aims to identify recruitment and retention trends and identify mechanisms for improvement.	1	Organisational Development Team Executive Leadership Team
	Domain 2: Workforce health and well-being overall rating		6	

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	Each of our four staff networks have a board level Executive Sponsor. They meet with their respective Network Chairs regularly to support the objectives of the network and utilise their privilege and knowledge of the organisation to overcome any barriers to progress.

Meetings between all Network Chairs and Executive Sponsors will shortly take place and will provide a space for them to reflect together on their experiences and identify ways forward to ensure that the role of the sponsor remains impactful and there is regular and consistent engagement.

All board members have at least yearly engagement with each staff network. This includes attending events organised by the networks.

The Board also invites Staff network chairs to attend meetings to elevate the collective voices of our staff networks, listen to staff stories and experiences and raise/discuss issues.

Within our Trust, we have five Staff Side EDI Leads who are Equality Reps for the Unison Branch at WSFT. These colleagues attend | 2 | Organisational Development Manager- EDI

Executive Leadership Team |

| | | various meetings (such as Belonging in the NHS and the Policy Working Group) to advocate for staff and work collaboratively with other stakeholders within the Trust to ensure that progress is being made, and we are being held accountable to the EDI objectives and values we have committed to. 'Board responsibilities' is one of seven workstreams within our inclusion plan. Actions within the workstream are centred around; becoming proactive and deliberate allies, becoming anti-racist and sharing this journey with patients, staff and the public, and working alongside the Organisational Development manager-EDI to review relevant data, identify trends and/or areas of concern and prioritise and implement actions.

Every board member has EDI objectives that are SMART and will be assessed against these as a part of their annual appraisal. More generally, from January 2024, all non-medical staff will be asked to identify and set an EDI objective as a part of their annual appraisal. | | |

| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | The cover sheet for every committee and board paper contains a section on equality, diversity and inclusion where staff are prompted to think about the impact that the proposed action will place upon EDI. Upon reflection, this information colleagues enter here is limited, which therefore suggests that guidance is required to further help and prompt colleagues to think about and identify inclusive practices and the impact that their proposed activity may have.

Belonging in the NHS meetings (formally known as EDI Steering Group) are minuted and recorded and have action logs which are reported upon at the beginning of each meeting. There is also a clear route of escalation through the trust's governance structure to ensure that issues and/or concerns are raised in other groups for discussion, action and assurance.

The WRES and WDES, Gender Pay gap data, staff survey results and feedback from staff network have been used to create actions within our inclusion workplan. This is monitored by committees within our governance structure. | 2 | Executive Leadership Team

Organisational Development Manager- EDI |
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		Further work is required to ensure that equality impact assessments are consistently completed across the Trust for the implementation or review of policies, procedures and activities.		
	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	Board members receive a bi-annual EDI report providing an update on progress made with our inclusion workplan. These reports will also be discussed at Involvement Committee and amongst the Board of Directors, providing assurance of progress. All non-medical staff are asked to set an EDI objective as a part of their annual appraisal. This is a way for managers to have conversations about EDI with their colleagues. It is also one way for them to regularly check in with their teams, to identify the progress made towards enhancing inclusivity within their working environments in a qualitative way.	2	Organisational Development Manager-EDI Non-Medical Line Managers
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Paul Pearson (Staff side lead)		**Independent Evaluator(s)/Peer Reviewer(s):** Comments from Paul Pearson on additional actions that should be taken to further equality within the Trust:		

	- More diversity of job roles and staff groups reflected within the Belonging in the NHS (formally known as EDI Steering Group) meetings *(added to EDS action plan)* - Inclusive leadership training and mentoring should be provided to Chairs and Co-Chairs of staff network groups. *(added to Trust Inclusion Workplan)* - Specific, in-depth EDI training for Exec Sponsor for Staff Network relating to their respective network. (added to EDS/Inclusion Workplan) - EDI training also required for all members of the Exec Team and Board members (this should include information on terminology) *(existing action within Inclusion workplan)* - EDI and inclusive leadership training for Chairs of all Trust groups and committees

EDS Organisation Rating (overall rating): 19
Organisation name(s): West Suffolk 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
Cassia Nice (Domain 1) Carol Steed (Domains 2 & 3)	2024 - 2025
EDS Sponsor	**Authorisation date**
Sue Wilkinson and Jeremy Over	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 ensure equity of access to our services and compliance with the Accessible Information Standard	Improve recording of accessible information and/or communication needs for patients by 10%.	December 2024
	1B: Individual patients (service users) health needs are met	To recognise patients as individuals and better understand their health needs	Finalise and implement reasonable adjustments policy. Improve recording of reasonable adjustments needs on e-Care by 10%. Full expansion of the Patient Profile.	September 2024 December 2024 March 2025

| 1C: When patients (service users) use the service, they are free from harm | Implementation of the NHS 'Framework for involving patients in patient safety' | Work with Patient Safety Partner and colleagues to raise awareness of the importance of patients being involved in their own safety.

Finalise 'simple steps to keep safe in hospital' information leaflet to be available on all inpatient areas. | February 2025 |
| --- | --- | --- | --- |
| 1D: Patients (service users) report positive experiences of the service | To ensure that there are multiple ways for patients to provide feedback | Ensure monthly interaction with groups who are less likely to partake in usual feedback collection methods and translate the Trust's inpatient survey into top 5 languages as well as BSL. | September 2024 |

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 support all colleagues to have access to a range of resources that enable them to develop their own sense of wellbeing, empowering them to take preventative action	- Create a healthy intervention's toolkit, to support behaviour changes that have a positive impact on individuals overall wellbeing - Promote the current interventions that are available to all our colleagues, ensuring that barriers are removed, that may limit their access, when required.	December 2024

| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | To ensure the further development of a culture whereby safe, good quality relationships can be formed to ensure colleagues feel connected to a sense of value, purpose and belonging | - Improve the culture of psychological safety within all working environments, in order to create an environment where staff feel able to speak up and raise concerns by identifying ways to further demonstrate associated safety behaviours.
- Enhance current mechanisms to ensure staff who raise concerns are protected by their organisation.
- Identify all current peer support networks across the trust and ensure that each network has the ability to support the wellbeing needs of their members including associated governance and structure.
- Ensure that individuals wishing to access peer networks and support are empowered to be able to meaningful interact with the networks of their choice and proactively support their own wellbeing & that of their colleagues.
- Ensure that workplace reasonable adjustments guidance and request process | March 2025 |

			is fully embedded into the organisation's practices - Collaborate with FTSU Guardian to investigate the issues highlighted around bullying within staff survey results	

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Identify, implement and provide all our colleagues with effective, person centred services, both internally and externally, that enhance their health and wellbeing needs,within a timely manner	- Understand and overcome the barriers to ensuring all available wellbeing interventions are accessible across all staff groups by completing EIA's and monitoring assessment programmes. - Reduce reported work-related stress by 2% over 2 years, to keep below reported national average on NHS Staff survey results. - Ensure the effective utilisation of the Wellbeing Guardian role on director level to drive organisational expectations, monitor performance and provide reassurance that the organisation is working towards become a healthy workplace. - Promote the benefit and purpose of occupational health service, in actively supporting the workforce's overall health and wellbeing. - Upskill those with supervisory responsibilities in having	March 2025

| | | | supportive conversations around adjustments that can be made for individuals experiencing underline health issues and or disabilities.

- Develop a formalised pathway to support the trust's response to traumatic events affecting employees, such as the death of a colleague, verbal or physical assault or a pandemic. | |

| 2D: Staff recommend the organisation as a place to work and receive treatment | To ensure that all colleagues in the organisation feel valued for their contributions and feel empowered to bring their whole selves to work. | - To improve NHS Staff survey results, around the specific question of recommended this as a place to work and to receive treatment
- To identify, act and review on the feedback gathered from our colleagues, using the NHS England Health and Wellbeing framework tool, on areas of improvement, within the working environment of our colleagues- to ensure they feel valued.
- To further develop the upskilling of our managers and leaders, to enable teams to feel safe and valued within their role, whilst being aligned to a sense of purpose.
- To use exit interview data, to make improvements to the experience of the workplace | March 2025 |

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	EDI objectives for each Board member are set and are ambitious yet realistically contribute towards instigating visible and impactful cultural change within the Trust.

Board members are confident in understanding what deliberate, proactive and intentional allyship is, and subsequently identify ways to commit and demonstrate this within their own lines of work. | Every Board member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.

Board members should role model allyship and actively talk about the benefits of allyship as well as champion and sponsor equality staff networks. | March 2024

September 2024 |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | EIAs are completed consistently and routinely throughout the Trust. There is a greater understanding amongst all colleagues as to the type of EDI considerations that need to be thought about when proposing or reviewing policies or activities, and how assurance can be provided via completion of EIAs and providing details of this in committee papers. | Develop guidance and support around the Equality Impact Assessment (EIAs) process. This includes further guidance for EIA sections on committee cover sheets and communication of why these are important | Guidance by May 2024

EIAs embedded into Trust processes by December 2024 |
| | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage | Ensure close connection between the Trust Board and the VOICE network. | Trust Board members to be invited to every VOICE meeting. | March 2024 |

performance and monitor progress with staff and patients			