

Royal Devon University Healthcare Trust

NHS Equality Delivery System
EDS Reporting Template

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	Royal Devon University Healthcare Trust	Organisation Board Sponsor/Lead		
		Executive Director		
Name of Integrated Care System	Devon Integrated Care System			

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

The Equality Delivery System (EDS)

The Equality Delivery System (EDS) is designed to help NHS organisations to better understand whether their existing systems support staff and communities equitably, and ways in which they could improve to work towards a place free of discrimination. There are three parts to the EDS:

Domain 1: Commissioned or provided services

Domain 2: Workforce Health and Wellbeing (includes Bank Staff)

Domain 3: Inclusive Leadership

The EDS has recently undergone an update and we are trialling the new system to better understand how we can apply it fully in future. Domain 3 requires us to work with the local ICS or a neighbouring Trust to better understand a service which is being commissioned, due to a number of pressures at the ICS level this work has yet to take place. We have provided an estimated analysis based on our findings on where we think we would sit within this domain, but we do not have external assurance to verify this rating.

Domain 2 is one which can be completed internally with support from a diverse set of staff groups, we have been able to introduce this work at the Inclusion Steering Group and the People, Workforce Planning and Wellbeing Committee. Both groups have diverse stakeholders including Staff Network members, Staffside representation and staff members from across the Trust.

Domain 3 must be completed in partnership with a local organisation with an identified service within RDUH. This should ideally be a patient facing aspect of our RDUH work working in partnership with an organisation such as Healthwatch Devon. This would allow assurance and scrutiny, and support us in identifying a priority plan. We recommend that this priority sits within a Patient Experience framework and governance structure to ensure continuity. Due to pressures and capacity this domain has not been completed during this cycle, but it is planned to take place in future cycles.

Domain 2: Workforce health and well-being (includes Bank staff)

Outcome	Evidence	Rating
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>We regularly publish links to health and wellbeing resources. This includes a standing item on the all staff bulletin. Moreover, our Occupational Health and Wellbeing staff intranet has dedicated sections to signpost further support including mental health, alcohol and drugs, menopause, healthy eating, sleep amongst others.</p> <p>HUB - Royal Devon and Exeter NHS Foundation Trust Intranet Occupational Health and Wellbeing</p> <p>We do not currently regularly collate demographic information from staff accessing health and wellbeing services, although a future plan is being discussed to allow this work to take place. This will ensure we have better oversight regarding not only who is using our services, but groups who might be currently under served with our current provisions.</p> <p>A recent SEQOHS accreditation report commended the service provisions at Royal Devon for the diversity of the specialities within Health and Wellbeing services.</p> <p>RDUH run “Healthier You” which provide colleagues with an opportunity to review key factors affecting physical health including lifestyle factors such as physical activity, healthy eating, weight management, emotional health, smoking and alcohol.</p> <p>In addition to the above we also have a number of Health and Wellbeing Champions across the organisation, as well as staff trained in Mental Health First Aid. We recognise alongside structured internal and external systems, that it is also vital to provide peer support and ensure our staff have access to information readily.</p>	<p>2 Achieving activity</p> <p>The organisation monitors the health of staff with protected characteristics. The organisation promotes self-management of conditions to all staff. The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. The organisation provides support to staff who have protected characteristics for all mentioned conditions. The organisation promotes work-life balance and healthy lifestyles. The organisation signposts to national and VSCE support.</p>
<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The WRES and WDEs data and reporting can be found on https://www.royaldevon.nhs.uk/about-us/equality-diversity-and-inclusion/#</p> <p>WRES indicators suggest that there has been a reduction in the number of Ethnic Minority staff who have experienced bullying, harassment or abuse in the workplace from patients, relatives, members of the public as well as colleagues. The most significant decrease has been from Ethnic Minority staff experiencing harassment, bullying or abuse from other colleagues, falling from 27.2% in 2020 to 21.1% in figures from 2021. This is really positive as this figure has continued to fall over the last three years, although it is clear there is still work to be done.</p> <p>WDES indicators across RDUH suggests an increase in all metrics for disabled staff experiencing harassment, bullying or abuse compared to last year’s data. There</p>	<p>2 Achieving activity</p> <p>The organisation has a zero-tolerance policy for verbal and physical abuse towards staff. The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience</p> <p>Staff with protected characteristics are supported to report patients who verbally or physically abuse them. The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for</p>

	<p>has also been a larger increase in non-disabled staff experiencing harassment, bullying or abuse from their manager or other colleagues but a slight reduction in experiencing this from patients, relatives or the general public.</p> <p>Our annual plan on a page for Inclusion takes into account the information from WRES and WDES and responds directly to the areas of most need. We have begun running Inclusive Leadership training sessions aimed at an identified leadership cohort in RDUH, alongside this we will be running a coaching career programme, as well as sessions on awareness raising. These sessions are a combination of structured induction sessions, as well as ad hoc team sessions to ensure we are responding to the areas of most need in our organisations.</p>	<p>those who have suffered verbal and physical abuse.</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>Staff are signposted to a number of resources to support their overall wellbeing. In relation to stress, abuse, bullying and harassment and physical violence, staff are referred to options including:</p> <ul style="list-style-type: none"> - Staff Support and Counselling Service. An in-house specialist team who offer a variety of counselling services inclusive critical incident support, this also includes a confidential advice line with a response back within 24 hours <p>Talkworks is a talking therapy service offering free and confidential support to staff and the wider community Devon Wellbeing Hub is a resource available to support people in healthcare, social care and the police. This specialist support is vital in responding to the needs of our staff</p> <p>Our Employee Assistance Programme is a service outside of the NHS and this is offered as a free support service to our staff</p> <p>Mental Health Champions are staff members trained in Mental Health First Aid able to provide initial support and guide staff to appropriate professional help</p> <p>There is further self-care advice offered through our staff intranet site relating to meditation, exercise, food and stimulants use.</p> <p>We are working with our governance team and employee relations team to ensure appropriate support is offered to staff when dealing with incidents relating to bullying and harassment and discrimination.</p> <p>RDUH have an established EIA process which has seen an increase update over the last year, this had led to us identifying a number of improvements due to be made</p>	<p>2 Achieving activity</p> <p>The organisation supports union representatives to be independent and impartial. Freedom to Speak Up guardians are embedded. Relevant staff networks are active, accessible and staff led.</p> <p>Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure.</p>

	<p>including a more streamlined approach, training for staff and better governance and oversight.</p> <p>RDUH has an established number of FTSU Guardians and they are embedded within the current system, including a lead FTSU Guardian</p>	
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>The Trust undertakes the National Staff Survey and quarterly Pulse surveys, which along with other questions, asks staff national questions around whether they would recommend the Trust as a place to work and receive treatment. The Staff Survey indicated 59.7% of staff would recommend the organisation as a place to work, whilst 69.2% would be happy with the standard of care provided if friends/relative needed treatment.</p> <p>The data obtained from these surveys are analysed and reported on Nationally, system wide and within the Trust, though our People Committee and our Board. We use other means such as the HR infographic and cultural dashboard to also review this data alongside other people data, such as disciplinaries, recruitment/appointments and staff retention.</p> <p>Work from the National staff survey and pulse surveys form a Trust wide action plan, and focus groups and listening events take place.</p>	<p>1 Developing activity</p> <p>Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services.</p> <p>Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends.</p> <p>The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.</p>
<p>Domain 2: Workforce health and well-being overall rating</p>		<p>7</p>

Domain 3: Inclusive leadership

Outcome	Evidence	Rating
<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 Board of Directors had committed, at the May 2023 Board inclusion discussion, that a much more focussed approach is needed to positively respond to improving the experience of inclusion within the Trust. An inclusion strategy and delivery plan is in development and a Board Development day has been held to gain full board engagement on our plan going forward. This will provide the necessary focus for the Equality Delivery Standard (EDS) that the Trust is required to undertake.</p> <p>Inclusion is a standing item at Board level with bi-monthly updates from the Chief Executive to Board members.</p> <p>Staff Networks have a Board Sponsor and are allocated 15 hours per month remunerated at Band 6. Part of these hours are allocated to the running of networks, whilst others are there to support attendance at meetings both internal and external to RDUH.</p> <p>An inclusion Calendar is published monthly, with activities taking place to mark events of note annually ranging from physical attendance, publication of resources or webinars aimed at widening understanding into pertinent topics.</p>	<p>2. Achieving Activity</p> <p>Both equality and health inequalities are standing agenda items and discussed in board and committee meetings.</p> <p>Board members and senior leaders meet staff networks at least 3 or more times a year. Staff networks have a senior sponsor.</p> <p>Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis.</p> <p>Board members and senior leaders engage in religious, cultural or local events and/or celebrations. Board members implement the Leadership Framework for Health Inequalities Improvement.</p> <p>Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.</p>
<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>Whilst inclusion has a standing item at Board level and Equality Impact Assessments are being undertaken in some spaces, we recognise a need for further embedding this work. We plan to reinvigorate the EIA process and introduce a more comprehensive system, whilst also setting annual objectives for Board members in inclusion and health inequalities. This work is currently in progress.</p>	<p>1. Developing Activity</p> <p>Both equality and health inequalities are discussed in some board and committee meeting. Actions associated with equality and health inequalities are recorded and reported on.</p> <p>Equality and health inequalities impact assessments are completed for some projects and policies and are signed off at senior level. BME staff risk assessments are completed.</p>
<p>3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress</p>	<p>Board members, system and senior leaders routinely ensure the implementation of nationally mandated reporting on inclusion and health inequalities. Work is in progress to ensure our recruitment is inclusive and we meet a better target for senior leadership level and inclusion. Whilst some improvements are noted in our data for WRES, WDES and Gender Pay Gap, we recognise there is more work to do to ensure consistency with the help of action planning and senior leadership taking a more involved role in</p>	<p>1. Developing Activity</p> <p>Board members, system and senior leaders ensure the implementation of the relevant below tools. Board members, system and senior leaders monitor the implementation of the below tools:</p> <p>WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information</p>

with staff and patients	implementing change. A focused look at inclusion took place at our Board Development Day which assessed the existing need and future development of inclusion across Royal Devon.	Standard, PCREF (Mental Health), EDS 2022
Domain 2: Workforce health and well-being overall rating		4

EDS Organisation Rating (overall rating): 11 scores across two domains equally to Developing rating

Organisation name(s): Royal Devon University Healthcare 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**