NHS
Harrogate and District
NHS Foundation Trust

Equality Delivery System 2022: Reporting of Assessment and Action Plan 2022 - 2023

Report Version 1.5 (With draft actions February 2023)

Report Contents:

1.1 Introduction:

Harrogate and District NHS Foundation Trust (the Trust) is the principal provider of hospital services to the population of Harrogate and surrounding districts also providing certain services to both north and west Leeds. Harrogate District Hospital (the main hospital within the Trust) provides a range of comprehensive services which includes; an emergency department, outpatient department, district and community nursing; health visitors, GP 'out of hours' facilities, infection prevention, dental services, minor injury units, and specialist services to children, older people and vulnerable adults.

Additionally, the Trust delivers some community services across North Yorkshire and provides specialist children's services (for 0 - 19 year olds) in North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland and Gateshead - covering a total population (outside of Harrogate) of approximately 1.75m million.

The Trust has agreed four overarching strategic objectives. These are to:

- Deliver high quality care.

- Work with partners to deliver integrated care.

- Ensure clinical and financial sustainability.

- Be an outstanding place to work.

The Trust is also committed to **promoting equality of access and opportunity** across all services / facilities. This requires the Trust to continually review and develop services to ensure they are accessible, modern, inclusive and meet the needs / expectations of the diverse populations it both serves and employs. To that end, the senior team recently commissioned a specialist external provider to undertake a comprehensive review of the promotion of Equality, Diversity and Inclusion (EDI) in the trust and to develop a strategic action plan for the future.

The purpose of this report is to communicate the finding of that review.

1.2 Existing Trust Equality Objectives:

The Trust has also published four specific Equality Objectives (extracted from their web site). These are to:

- Ensure that our services provide **effective and safe care that is sensitive to people's personal and cultural needs** as well as appropriate to their clinical condition.

- Seek **effective feedback about the experiences of people with 'Protected Characteristics'** who use our services in order to improve access and experience and improve staff awareness and communications about equality.

- Utilise the *Workforce Equality Group* to deliver action plans focused on improving the availability of workforce equality information. This helps us to assess our progress towards ensuring we have a representative and supported workforce.

- Ensure that Trust leaders **have the right information** and skills to promote equality within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment.

1.2.1: Profile of Trust Employees:

The Trust currently employs 4,744[1] people. The organisation is predominantly female – just 15% of employees are male. A total of 218 employees declared they have a disability last year (which is 5% of staff).

Whilst only 4%[2] of the overall population of Harrogate are either black or minority ethnicity (BME), a total of 516 Trust employees (11% of the workforce) identified as BME last year. With the exception of people aged under 25 - who represent just 5% of the workforce, distribution across other age bands is broadly even within the Trust.

1: Trust Human Resources Department 2: www.harrogate.gov.uk

1.3 Methodology / Criteria Used to Undertake this Review:

Current activities in the trust relating to EDI have been benchmarked in this report against a framework known as the NHS *Equality Delivery System 2022* (EDS2022).

Originally launched in 2011, the original *Equality Delivery Systems* (formally EDS and later EDS2) emerged from NHS England's overall commitments to an *Inclusive NHS that is Fair and Accessible to all*. The main purpose of the EDS systems remains unchanged in EDS2022 and is to help local NHS organisations, **in discussion with local partners** (including local people) to review and improve their performance for people with characteristics protected by the *Equality Act 2010*. Using EDS2022 also helps NHS organisations to meet their statutory obligations under the *Public Sector Equality Duty*.

It is important to stress that EDS2022 is not a self-assessment tool. Performance must be assessed and graded by NHS organisations in discussions with local people and their workforce. It is therefore driven by both **evidence** and **insight**.

At the heart of the new EDS2022 are **eleven separate outcomes under three overall domains/themes.** It is these outcomes/ themes that the Trust, in discussion with local partners, assess and agree both gradings and future actions. A summary of the three domains is shown below:
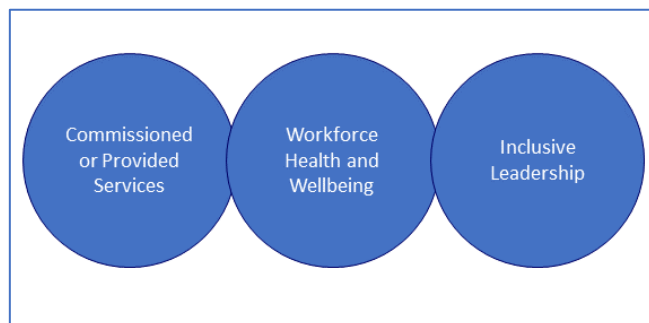

Fig 1.1 Summary the three new overall EDS2022 domains

+ Protected Characteristics are *Sex, Race, Disability, Sexual Orientation, Religion/Belief, Transgender, Marriage/Civil Partnerships, Pregnancy/Maternity* and *Age.*

1.3 Methodology / Criteria Used to Undertake this Review (continued):

1.3.1 Equality Reference Group Members – Ultimately Responsible for the Sign Off of all gradings in this report:

Graham Brown – Health Watch North Yorkshire

Iain Michell – Thomas Pocklington Trust

Calum McCreedy – Royal National Institution for the Blind

John Sheepy – Parkinsons UK (Harrogate)

Kate Radford – North Yorks Social Services

Sally Weatherill – Harrogate Resident and former Nurse

Mark Hutchinson - Royal College of Nursing

Mike Burnitt – Senior Partner McKenzie LLP (EDI Specialists)

Richard Dunston Brady EDI Manager – Harrogate NHS Trust

Joanna Cann - Freedom to Speak Up Guardian - Harrogate NHS Trust

Back Row: Graham Brown, John Sheepy, Richard Dunston Brady, Calum McCreedy, Iain Mitchell

Front Row: Sally Weatherill Kate Radford

1.3 Methodology / Criteria Used to Undertake this Review (continued):

Under each of the three overall EDS2022 domains lie 11 separate outcomes which are specifically measured These are also shown below:

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) 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 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 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
	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, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Fig 1.2 New EDS 2022 Outcomes. Source: NHS England EDS Ratings and Score Card Guidance 2022

1.3 Methodology / Criteria Used to Undertake this Review (continued):

To ensure this review was completed with maximum objectivity and impartiality, the Trust appointed two separate external resources to this project:

1: **An external Equality, Diversity and Inclusion consultancy** – McKenzie LLP, to lead this review. (Formed in 1996, McKenzie are one of the leading UK EDI consultants having previously worked extensively within the NHS and the UK healthcare sectors).
www.diversitymckenzie.co.uk

2: **The Harrogate and District Equality Reference Group** – a new group formed with the specific aim of both governing this overall review and advising on future approaches. The group comprises a mixture of

- Local members of the public (with specialist interests in EDI)

- Members of of the existing Trust's *Patient Experience Reference Group*

- Employees and trade union representatives.

The group are met in February 2023 to discuss this review and aim to meet four times per year in the future to monitor ongoing progress.

All of the final gradings and assessments published in this report have ultimately been agreed and signed off by the Equality Reference Group.

1.4 Overall Gradings Awarded: (Examples extracted from the EDS2022 scorecard are used as 'descriptors' for the purposes of this summary.

It is possible to award (and score), under each of the 11 key outcomes (shown on the previous page) one of four possible gradings. These are:

Underdeveloped: For example, where little or no activity is taking place in this area to develop approaches. People with ' Protected' Characteristics' report poor access or barriers to services. Where the organisation cannot demonstrate or provide evidence of initiatives implemented to change adverse outcomes. Where little is known about the 'characteristics' of patients / staff. **(Score = 0)**

Developing: For example, where some activities are currently taking place compared to the requirements of EDS2022. Available data / evidence exists to show people with some 'Protected Characteristics (up to to 50%) have adequate access to services and patients consistently report 'fair' or 'good' experiences when asked about accessing and receiving services. **(Score = 1)**

Achieving: – where evidence indicates that the levels of activity currently taking place, meet the requirements of EDS2022. E.g. where people with all 'Protected Characteristics' have adequate access to services and report good experiences. **(Score = 2)**

Excelling – where evidence indicates that current activities exceed the basic requirements of EDS2022. For example, where people with 'Protected Characteristics' have tailored access to services, report excellent levels of accessibility and where the organisation can demonstrate how outcomes have improved for people previously experiences barriers in accessing services. **(Score = 3)**

1.4.1 Further Information:

Further information about the NHS EDS2022 system is available here:

https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

1.5 Executive Summary – Overall Findings:

Areas of Strength:

This comprehensive external assessment of Harrogate and District NHS Foundation Trust ('the Trust') indicates that in some areas, very good progress has been made to date in developing modern and overarching approaches to promoting and advancing inclusivity, equality of access and equality of opportunity.

We stress this is the very first rating of the Trust against the new NHS England EDS2022 criteria. Clearly whilst there is further work to be undertaken in the future, the overall rating of the Trust (using the specified scoring criteria) is that of *Developing.* The Trust is currently just eight points below the score required to be rated overall as an *Achieving* organisation.

Clear areas of strength include a very strong portfolio of accessible, specialist health services designed and delivered by the Trust to meet the specific needs of local communities. This is particularly relevant in respect of immunisation, children's services, cancer treatments, maternity care and the treatments of patients who have a disability.

Much work has also been undertaken internally to develop and promote diversity and inclusion in the Trust. This includes a framework of modern and inclusive employment policies which are very well developed - both in terms of technical accuracy and modernity. Excellent internal staff networks / support groups exist and overall employee experiences and outcomes – particularly for certain minority groups of staff are reported as improving. The current training, development and support options available for Trust staff is also a very clear area of strength. Collection and reporting of employment Equality profiling data is also good.

The Trust has also met its own obligations in respect of publishing Gender Pay Gap information and reporting against both the NHS *Workforce Disability Equality Standard* and the *Workforce Race Equality Standards.*

1.5 Executive Summary – Overall Findings:

Areas of Development:

In preparing this report, we have identified a number of somewhat rudimentary considerations in respect of the current Equality, Diversity and Inclusion infrastructure within the Trust.

Approaches taken to the completion of Equality Impact Assessments is assessed as being very weak as is the overarching approach to the collection and analysis of EDI profiling data from patients. A low information base of this data is also preventing any rigorous analysis of disproportionality in outcomes – especially in respect of patient services. **The points raised in this current paragraph are significant** in that the deficiencies identified represent a risk of non-compliance in respect of the *Public Sector Equality Duty* and are also inconsistent with the Trusts' stated Equality objectives (listed on page four of this report.)

This review has also identified an opportunity for the senior team and board members in the Trust to demonstrate much clearer, visible commitments to Equality and Inclusion. Both in respect of overt / public commitments e.g. via the Trust's web site and as part of routine senior reviews, meetings and board papers.

Patient experience in respect of accessibility are currently low scoring (page 18 of this report). Work towards meeting the *Accessible Information Standard* also remains incomplete. The percentage of staff experiencing harassment, bullying or abuse – especially from patients and colleagues also remains high (page 51 of this this report).

Finally, on a positive note, thankfully, many of the areas of development identified in this report could be remedied internally and quickly within the Trust at little expense.

Mike Burnitt
Senior Partner
McKenzie LLP

1.6 Executive Summary of Overall Ratings by EDS2022 Outcomes:

Outcome:	Description:		Rating: / (Score)	
1.A	*Patients (service users) have required levels of access to the service.*	🟡	**Developing**	**(1)**
1.B	*Individual patients (service users) health needs are met.*	🟡	**Developing**	**(1)**
1.C	*When patients (service users) use the service, they are free from harm.*	🟢	**Achieving**	**(2)**
1.D	*Patients (service users) report positive experiences of the service.*	🟡	**Developing**	**(1)**
2.A	*When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.*	🟡	**Developing**	**(1)**
2.B	*When at work, staff are free from abuse, harassment, bullying and physical violence from any source.*	🟢	**Achieving**	**(2)**
2.C	*Staff have access to independent support / advice when suffering from stress, abuse, bullying harassment and physical violence from any source.*	🟢	**Achieving**	**(2)**
2.D	Staff recommend the organisation as a place to work and receive treatment.	🟡	**Developing**	**(1)**
3.A	*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.*	🟡	**Developing**	**(1)**
3.B	*Board/Committee papers (including minutes) identify equality and health inequalities related impacts / risks and how they will be mitigated & managed.*	🟡	**Developing**	**(1)**
3.C	*Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.*	🟡	**Developing**	**(1)**

Section 2.0: Detailed Reporting Against EDS2022 Outcomes

EDS Outcome:	Description:	Grading:
1.A	*Patients (service users) have required levels of access to the service.*	

Overall Rating Summary:

Rated as **Developing** which is described under EDS2022 as: *Data and evidence show some 'Protected Characteristics' have adequate access to services.*

In summary, **there is very clear evidence of areas of strength** in this area with some very commendable modern and inclusive approaches. However, some patient perceptions in respect of meeting additional needs, disability access and overcoming language barriers remains poor. Work towards completing the *Accessible Information Standard* and accurate assessment of disproportionality of access – particularly amongst patients of lower *Socio and Economic Status* is preventing an otherwise higher rating in this area.

Grading:
- 🔴 Underdeveloped
- 🟡 ✔ Developing
- 🟢 Achieving
- 🟩 Excelling

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?		✔				✔			✔

1A Patients (service users) have required levels of access to the service.

Supporting Evidence – Areas of Strength:

The Trust has published and implemented a comprehensive (29 page) *Patient Assess Policy*. This document details the overall expectations of the Trust and local commissioners in respect of the management of referrals to treatment, appointments and admissions. The policy also sets out the rules and principles under which the Trust manages elective access to outpatient appointments, diagnostics, inpatient or day case treatment.

The NHS constitution is also a relevant consideration here as it clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS in respect of access. In summary, this states, a patient has the right to:

- A choice of hospital and consultant.

- Commence their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment.

- Be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected. If this is not possible, the NHS must take all reasonable steps to offer a range of alternatives.

Supporting Evidence – Other areas of Strength:

- Outpatient letters are currently available from the Trust in Braille and other languages on request.

- Video remote interpreting is available for *British Sign Language* users and ten other core (Non English) languages are also available to patients on request.

1A Patients (service users) have required levels of access to the service.

Specific Supporting Evidence – Areas of Strength:

Fig 1.3 Rainbow Crossings at the Trust

In October 2020, the Trust unveiled rainbow crossings at Harrogate hospital as a visual symbol of Inclusion with the aim of welcoming staff, patients visitors or staff who are LGBTQ+. The Trust has also recently launched the *NHS Rainbow Badge* scheme – also designed to promote inclusivity to people who identify as LGBTQ+ and launched a policy for supporting Transgender patients service users and staff.

1A Patients (service users) have required levels of access to the service.

Supporting Evidence – Areas of Development:

Extract: Trust Patient Survey 2022 (Sample size = 156 respondents. 1 is the most positive response option with 4 being the most negative.)

Q3 Access

Answered: 156   Skipped: 3

	1	2	3	4	TOTAL	SCORE
I get the care I need in a timescale that meets my needs	75.89% 107	11.35% 16	9.93% 14	2.84% 4	141	3.60
I know who to contact if I need to speak to healthcare staff about my condition or treatment and can access this easily	11.11% 16	47.92% 69	31.94% 46	9.03% 13	144	2.61
I get the right type of contact from the Trust which meets my needs eg relevant information/ timely contact/ clinic appointment letters	12.59% 18	32.87% 47	41.26% 59	13.29% 19	143	2.45
I know that if I have additional needs they will be met, for example, disabled access, overcoming language barriers	5.33% 8	10.00% 15	14.67% 22	70.00% 105	150	1.51

Fig 1.4 Extract Patient Survey Results 2022

Summary: 105 survey respondents awarded the lowest rating in respect of meeting of additional needs including language barriers and disabled access.

1A Patients (service users) have required levels of access to the service.

Supporting Evidence – Areas of Development (continued) :

Statistically, access to services in some parts of North Yorkshire is problematic. In a recent report published by a consultant in Public Health at the City of York Council and the Vale of York CCG (using OFNS data) across the Humber Cost and Vale (HCV), **some of the highest levels of barriers to general services, housing and deprivation were recorded in Harrogate**. (See highlighted sections below.)

Summary of Key Points

1. Population density in HCV area is very varied: there are 15 population centres, a number of key fringe areas, and some sparse and very sparse areas of North Yorkshire and East Riding where density is very low.

2. North Yorkshire and East Riding show the highest level of 'barriers to service access', including a number of patches of particular need: south of Pocklington, south Selby district, north west of York, west of Harrogate, as well as remote rural areas

3. Deprivation is also dispersed, with 9 small areas within the most deprived 10%: York, Scarborough, Selby, Bridlington, Harrogate, Hull, Scunthorpe, Grimsby, Withernsea; however there are clear clusters: Hull, Scunthorpe, Grimsby, and the East Coast

4. There are a greater mix of hospital catchment areas by outpatient services than by admissions, and an even larger number of travel to work areas in HCV crossing over into 4 different ICS areas

Fig 1.5 Extract Health and Healthcare needs relating to the Community Diagnostic Hubs programme in Humber, Coast and Vale by Peter Rodrick – Permission be sought to quote this extract.

1A Patients (service users) have required levels of access to the service.

Supporting Evidence – Areas of Development (continued) :

The Trust has undertaken a detailed analysis of patient waiting times by ethnicity, socio and economic status and for patients with learning disabilities. There is no apparent disparity in waiting times by ethnicity or for patients with learning disabilities. Ongoing month analysis will continue to monitor this situation.

There does appear to be a slight difference in waiting times by deprivation with patients from the most deprived postcodes in the area on average, waiting longer . A further analysis of this apparent disparity is being undertaken within the Trust. It should also be noted that the *Covid-19* pandemic has increased overall patient waiting times due to the cancellation of elective (i.e. planned and non emergency) surgery.

The *profile* of patients by waiting times (other than the three characteristics listed above) are currently not collected by the Trust.

For example, male or female patients, patients who have physical or sensory disabilities and people of different age groups.

As previously stated, patient survey results relating to accessibility indicate that perceptions of making reasonable adjustments and overcoming language barriers were particularly low scoring. Additionally, there is no evidence to indicate that Equality Impact Assessments (a key requirement of the *Public Sector Equality Duty* and EDS2022) are being undertaken to access any risks of disproportionate *access* in Trust activities, functions and services.
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The *Accessible Information Standard* (AIS) is a system that exists to improve the lives of people who need information to be communicated in a specific way. The AIS is based on the following requirements; 1: Identification of needs; 2: Recording needs as part of patient / service user records, 3: Flagging of needs using e-flags or alerts to prompt staff to take appropriate action, 4: Sharing of needs as part of existing data-sharing processes and 5: Overall Meeting of needs.

Meeting the *Accessible Information Standard* currently remains as 'work in progress' for the Trust.

EDS Outcome:	Description:	Grading:
1.B	*Individual patient's (service user's) health needs are met.*	

Overall Rating Summary:

Rated as **Developing** which is described under EDS2022 as: Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients and the public to commission, de-commission and cease services provided.

Grading legend:
- Red — **Underdeveloped**
- Yellow (✓) — **Developing**
- Dark Green — **Achieving**
- Green — **Excelling**

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?	✓	✓			✓	✓		✓	

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength:

The first example of the Trust commissioning, designing and delivering services to meet the needs of the local communities is the work undertaken by the **Childhood Immunisation Team** – their work covering 770 primary and 190 secondary schools. This includes:

- Supporting the uptake of vaccines by raising the profile of the *National Immunisation Programme* through local health promotion activities in schools and in the wider communities.

- Identifying disadvantaged communities in local areas / schools including the Gypsy Roma Travelling Community, Looked after Children (essentially, children in the care of the local authority), Young People Educated at Home, Children being Educated other than at School (EOTAS) and Young Persons Educated at Home. These groups were all prioritised by the Trust and offered vaccinations.

- For the Gypsy Roma Travelling Community, specialist Health Visitors supported with paper based consent forms were deployed.

- The local *Looked after Children* teams contacted all young people living in care / sheltered accommodation and were personally invited to attend drop in clinics.

- Schools with lowest vaccinations uptake in the most disadvantaged areas were also identified and offered vaccines accompanied by alternative, paper based consent forms.

- Trust staff identified and contacted schools with low vaccine uptake in areas of lower socio and economic status and offered on site health promotion sessions in schools (often as part of school assembly) to promote uptake and issue personal invitations.

Equalities related profiling data remains the subject of continuous scrutiny with the ongoing aim of identifying schools with a remaining low vaccination uptake to offer further personalised 'drop in' sessions.

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength (continued):

A one-off audit was carried out on North Yorkshire data in 2021 which looked at children born in 2017/18 and how many mandated contacts they had received. This showed that 62% of children had received all mandated contacts. 0.4% of children were recording as not having had any mandated contacts. A list of these children was shared with service managers to follow up. The intention is to repeat this audit annually and extend to include all localities covered by HDFT's Children's Services.

In January / February 2022, the Trust carried out a public survey with the aim of establishing what patients, carers and other members of the community think about the care they, their family members and friends have received and the opportunity to suggest future actions or developments. The survey gained a total of 159 responses.

In addition to the survey, on the 4 February, 2022, the Trust (working in collaboration with *Healthwatch* North Yorkshire) ran a number of online consultation events with the aims of (i) Communicating the revised strategy for the Trust, (ii) Exploring comments made / received as part as part of the Public Survey and (iii) Providing an opportunity to put questions directly to representatives of the Trust.

Certain individual departments in the Trust have also undertaken their own Patient Satisfaction Surveys. For example, within Pharmacist led breast and lung cancer clinics, TIA clinics and Anticoagulation services.

A number of Trust employees, patients and relatives are participating in the *5K Your Way* – a community-based initiative to encourage people living with and beyond cancer and people working in cancer services to walk, jog, run, cheer or volunteer at a local five kilometre 'parkrun' event on the last Saturday of every month.

A new and enhanced 0 - 25 Family Health Service (health visitors and school nurses) was recently launched in County Durham providing essential, specialist support to children, young people and families in the community delivering on the *Healthy Child Programme*. This initiative provides universal and targeted prevention and early intervention support during pregnancy, childhood and adolescence.

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength (continued):

Active Against Cancer (AAC) is a Trust initiative to incorporating exercise, health and wellbeing into the standard treatment plans offered to cancer patients. The service is adding to the growing body of scientific evidence of the health benefits of leading an active lifestyle.

The AAC team offers patients (at the time of diagnosis) a range of personalised programmes. Based at Harrogate Sports and Fitness Centre, the service provides both peer support and a broad range activities such as circuits, <u>Pilates</u>, yoga, dance and walking.

The Trust has recently agreed, along with a number of local Primary Care clinical directors, to undertake a joint project with the aim of identifying and improving overall health inequalities in Harrogate & surrounding districts. It is envisaged that the *NHS Core20Plus5* approach will be utilised. (*NHS Core20+Plus 5* is a NHS England / NHS Improvement tool designed to support the reduction of health inequalities. The tool allows the identification of a target population cohort – the 'Core20PLUS'as well as identifying five clinical focus areas requiring accelerated improvement.)
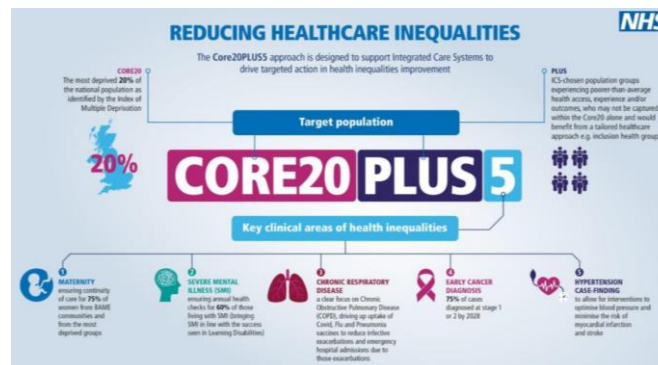
Fig 1.6 Summary NHS *Core 20 Plus*

When implemented, this project will allow the Trust to identify and improve health inequalities within five key clinical areas (shown above).

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength (continued):

The Trust has recently completed a £1,000,000 refurbishment of the Harrogate Hospital Intensive Care Unit with the aim of both increasing patient capacity and creating a much improved environment for patients.

The local Youth Forum has worked in partnership with Trust staff to develop *Hopes for Healthcare* – a set of seven 'hopes' for staff to abide by and assess providing care to young people. (See example below:)
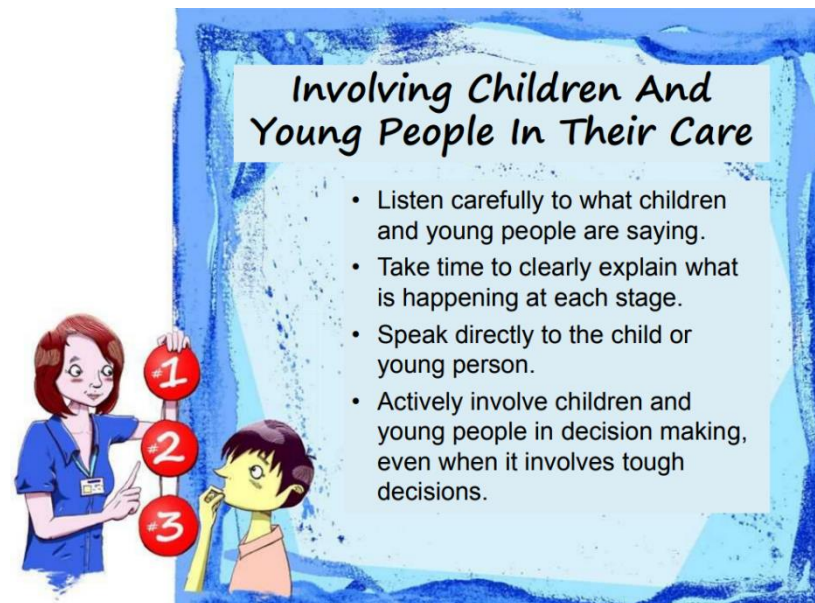
Fig 1.7 *Hopes For Healthcare* Pledge

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength – Collaborative Working:

There is clear evidence that the Trust works in partnerships with a large number of community groups to facilitate the development of tailored, inclusive services designed to meet the exact needs of individual patient groups. Approaches include:

- Working collaboratively with local women as part of the *Harrogate Maternity Voices* partnership to continue improving and tailoring the provision of all maternity related services.

- Consulting with appointed *Patient Research Ambassadors* who bring 'real life' patient experiences to the Trust.

- On going consultation with the Trust's *Patient Experiences Group.*

- During 2020 – 2021 (as a direct result of the pandemic) undertaking 118,000 home visits in people's homes in the region.

- Significantly adapting ways of working (again as a pandemic response) within the young persons (0 - 19 services). As children's centres and community facilities were closed during lockdown, a much greater use of home working and undertaking virtual health assessments was undertaken whilst still providing face to face assessments and support for those children and families who needed it the most. In total, the 0 -19 services supported over 102,000 families across North Yorkshire and the North East during this period.

- The Trust is continuing to develop approaches with the identification and 'flagging' of patients with learning disabilities in order to support the effective provision / implementation of reasonable adjustments.

1.B Individual patients (service user's) health needs are met.

Miscellaneous: Supporting Evidence – Areas of Strength:

Other examples of localised or specialised service include:

- Provision of a learning disability nurse based at Harrogate District Hospital to provide specialist advice, support and information to patients who have a learning disability. This extends to providing information in easy to read formats (e.g. via the *Easyhealth* web site www.easyhealth.org.uk) liaising with carers and supporting people whilst they are in hospital.

- Use of voluntary 'Hospital Passports' which contain important information for staff relating to a patient's disability.

- Provision of a number of local specialist children programmes e.g. across Hambleton and Richmondshire which provide a range of services for children and young people with physical, communication learning or development difficulties.

- Speech and language therapy for children.

- Specialist sexual health clinics.

- A youth consultation forum with the specific aim of making healthcare services easier for young people to use.

- Specialist same sex services e.g. maternity and gynaecology services to women.

- Two bowel screening programmes for men and women across Harrogate, Leeds and York via the *Harrogate Screening Centre.*

Further partnership working with local voluntary community and social enterprise (VCSEs) is recommended to develop further approaches to designing and delivering personalised care in the district.

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength:

The collection of profiling data relating to the ethnicity of inpatients is good at 92.5% (as of March 2022) and further work is underway within the Trust to improve this. This includes working with a Central London Community NHS Trust (CLCH) who have greatly improved their *Ethnicity* recording rates on their own patient records. Staff have also been issued with reminders as to the importance of collection of this data including all reception staff (See page 28 of this report.)

The trust is further investing in providing new electronic 'check in kiosks previously removed during the pandemic. This gives patients the option upon 'check in' to declare their *Ethnicity.* The Trust is also exploring options for sending electronic forms to patients for completion and return which would allow people to declare their *Ethnicity.*

Collection of other detailed Equality profiling data is an identified key area of development for the Trust (detailed in a future section of this report.) This is especially relevant in determining whether the health needs are being met for patients of all 'Protected Characteristics.'

No evidence was available to indicate the specific development of services locally to meet the needs of *some* groups of people who share protected characteristics. For example, *Ethnicity* where screening of local BME men, who are statistically at much higher risk of getting prostrate cancer, is a common initiative, producing information for people of certain religions about hospital arrangements, working with local third sector organisations e.g. *Disability* groups and LGBTQ forums to identify bespoke initiatives designed to meet both local health needs and address local health inequalities.

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Strength:

There is evidence indicating that the Trust does acknowledge that to identify inequalities in access and disparities in health outcomes, specific patient profiling information needs to be collected and analysed internally.

In 2022, as part of a new initiative, posters were displayed in Staff and Public areas encouraging greater collection of data. (Please see overleaf.) Information relating to this initiative was also included in the Weekly Staff bulletin along with a link to the attached guide showing how to add, amend or confirm a person's *Ethnicity*.

Figs 1.8 and 1.9 Examples of internal communications October 2022:

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Development:

ESDS 2022 fundamentally allows NHS organisations to measure their success and challenges in respect of people who share 'Protected Characteristics'. This of course, is not possible if data is not available to indicate the profile of people who share the aforementioned 'Characteristics'. Whilst there is example of good practice in the Trust, there is also evidence to suggest that it does not currently routinely collect or subsequently analyse patient information across many of the 'Protected Characteristics'.

This is particularly relevant in respect of patient's:

- *Age* – patients of all age groups.

- *Disability* – all disabilities i.e. physical, sensory, medical and learning.

- *LGBTQ+* - including patients who identify as both genders or none. Particularly relevant in respect of one to one care, use of pronouns etc.

- Differing *Religions* and *Philosophical Belief Systems* e.g. ethical veganism.

The above gaps in patient information has, throughout this assessment, prevented an accurate analysis of whether people drawn from protected groups fare as well as people overall - the fundaments of EDS2022 reporting and analysis. It also does not meet the Trust' specifc equality objective (below):

- To ensure that Trust leaders have the **right information and skills to promote equality** within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment.

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Development:

Average Patient Waiting Times and Number of Pathways – By Ethnicity:

Ethnicity:	No. Pathways:	% pathways:	Average RTT wait (days):
BME	408	1.7%	111
Not known	6362	26.1%	123
White	17615	72.2%	110
Grand Total	**24385**		**115**

Average Patient Waiting Times and Number of Pathways – By Learning Disability:

Learning Disabilities	No. Pathways	% pathways	Average RTT wait (days)
with LD flag	72	0.3%	124
no LD flag	24313	99.7%	115
Grand Total	**24385**		**115**

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Development:

Average Patient Waiting Times and Number of Pathways – By Deprivation Decile

Deprivation	No. Pathways	% pathways	Average RTT wait (days)
1 (most deprived)	604	2.5%	146
2	354	1.5%	162
3	490	2.0%	157
4	728	3.0%	135
5	1794	7.4%	115
6	3041	12.5%	115
7	4336	17.8%	112
8	3672	15.1%	113
9	2973	12.2%	117
10 (least deprived)	6001	24.6%	106
(blank)	392	1.6%	136
Grand Total	**24385**		**115**
High (1,2)	**958**	3.9%	**152**
Mid (3-8)	**14061**	57.7%	**116**
low (9,10)	**8974**	36.8%	**109**

1.B Individual patients (service user's) health needs are met.

Supporting Evidence – Areas of Development:
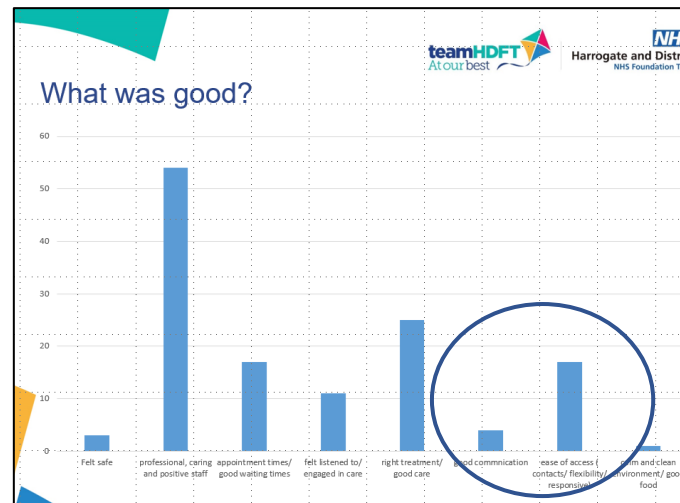
Fig 1.10 Extract – Patient and Carer Feedback Survey January 2022 159 Respondents

As previously referenced, there appears to be an inexplicable disparity in waiting times for patients identified as lower *Socio and Economic Status*. (described as *Deprivation* on Trust reports). A 40.8 % increase in waiting times is currently recorded for patients who are band 2 (in the deprivation decile) A more marginal increase in waiting times of 8 % is recorded for patients who have a learning disability. There is no available supporting evidence to explain these disparities.

Collection across other characteristics in respect of waiting times, referrals to treatment and care pathways does not appear to be recorded. Once again, we recommend the Trust should implement steps to improve collection of profiling data.

1.B Individual patients (service user's) health needs are met.

Areas of Development:

There is no evidence to support that the Trust is meeting all of it's statutory duties under the *Public Sector Equality Duty*. One apparent area of non compliance is directly related to identifying and removing disadvantages. This is also an EDS2022 requirement (Outcome 3b - see page 64 of this report).

Extract Public Sector Equality Duty Requirements (source The Equality and Human Rights Commission)

Section 149 of the Equality Act – the Equality Act Public Sector Duty states:

A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned below:

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

*1: **Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.***

*2: **Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.***

1.B Individual patients (service user's) health needs are met.

Compliance Against the Public Sector Equality Duty: (PSED)continued:

The most common approach taken across the public and private sectors (as a model of best practice) to having *due regard to the need to advance equality of opportunity* is to undertake an Equality Analysis (EqIA) - formally known as an Equality Impact Assessments, on core activities and policies.

Equality Impact Assessment Test:				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?				
Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Sex (Men and Women)				
Race (All Racial Groups including *Communities Experiencing Racial Inequality* (CERI).				
Disability (Including Neuro Diversity, Physical and Carers of Disabled people)				
Religion or Belief				
Sexual Orientation (Heterosexual, Same Sex and Bisexual)				

Fig 1.11 Example Equality Analysis Template – © McKenzie LLP

There are no published EqIAs on any Trust activities which means it is not meeting its statutory duties under the PSED. **This is therefore identified as a major area of development requiring priority action in the Trust.**

1.B Individual patients (service user's) health needs are met.

Compliance Against the Public Sector Equality Duty: (PSED)

Information Collection: (Extract from EHRC guidance)

Public authorities covered by the specific duties must publish information to demonstrate their compliance with the general equality duty.

This information must include information relating to people who share a relevant protected characteristic who are:

- its employees (for authorities with more than 150 staff)
- people affected by its policies and practices (for example, service users).

As previously stated, with the exception of *Age, Ethnicity*, and *Learning Disabilities* which are captured for some patients as part of waiting times and referral information, there is little evidence of further collection of profiling data to either:

- Meet the *Public Sector Equality Duty* and EDS2022 requirements

- Identify any disproportionality within protected groups in respect of health outcomes. For example, in treatment, complaints, admissions, discharges, referrals health outcomes and waiting times.

- Adapt or design Trust services / activities to address identified disproportionality and outcomes.

Whilst it is acknowledged that it may not always be appropriate to collect information across all characteristics in all circumstances - for example in the provision of emergency medical care, the current information gaps in respect of Equality profiling data for patients is currently identified as a major area of development within the Trust generally.

1.B Individual patients (service user's) health needs are met.

There is some very clear evidence that the Trust is currently working to develop both improved and contemporary approaches to data collection as evidenced below by the very latest version of the *Patient Consent* form.

Fig 1.12 Patient Consent Form

EDS Outcome:	Description:	Grading:
1.C	*When patients (service users) use the service, they are free from harm.*	Underdeveloped / Developing / Achieving ✔ / Excelling

Overall Rating Summary:

Rated as **Achieving** which is described under EDS2022 as: *The organisation has procedures/initiatives in place to enhance safety in services for patients in all 'Protected Characteristic' groups where there is known Health and Safety risks. Staff and patients feel confident, and are supported to, report incidents and near misses. The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses.*

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?	✔	✔	✔	✔	✔	✔	✔	✔	✔

1C When patients (service users) use the service, they are free from harm.

Areas of Development:

55% of respondents to the recent *Patient and Carer Survey* returned a good response in respect of reporting *Professional Caring and Positive staff.* However, responses to whether patients had received (the) 'Right Treatment' or 'Good Care' were considerably lower with just 25% of people reporting a positive experience. Whilst of course, it would be inaccurate to surmise that 75% of respondents did not receive the correct treatment, the overall rating could be an area of concern – particularly in respect of identifying mistakes and mistreatment made and if any patient groups were more likely to experience mistakes e.g. vulnerable adults, people with disabilities, older patients and people for whom English is not their first language. It is therefore recommended that a question that allows patients to comment on (for example) whether their experience was 'mistake free' to be added to all future patient consultation processes.
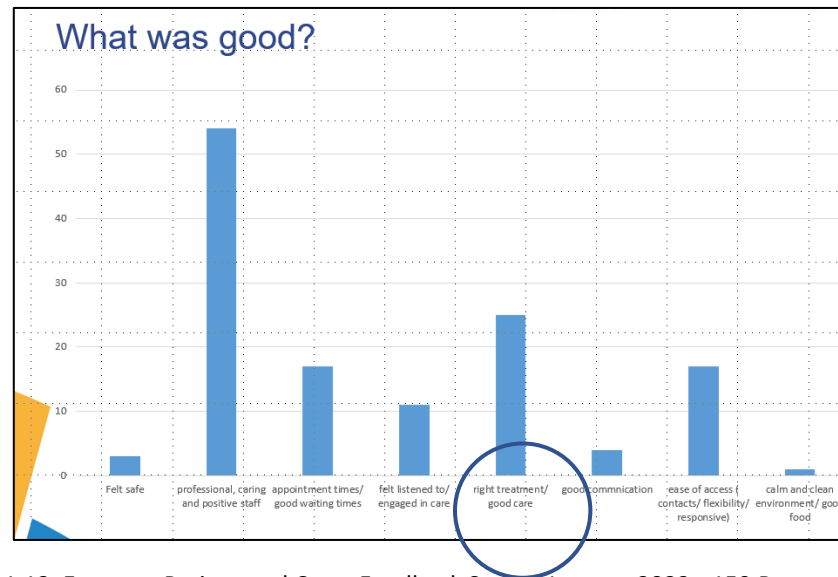

Fig 1.13 Extract – Patient and Carer Feedback Survey January 2022 - 159 Respondents

EDS Outcome:	Description:	Grading:
1D	*People report positive experiences of the service.*	

Overall Rating Summary:

Rated as **Developing** which is described under EDS2022 as: *The organisations collate data from patients with 'Protected Characteristics' about their experience of the service. The organisation creates action plans, and monitors progress.*

Speaking directly to the *Patient Experience Team* in the Trust, it is clear that as well as making complaints (next section of the report) people also submit **compliments**. These are generally forwarded to relevant departments as part of an informal process and are (unfortunately) not recorded. It is not therefore possible to rate this area more accurately due a lack of more detailed evidence.

Grading:
- Red: **Underdeveloped**
- Yellow (✓): **Developing**
- Dark Green: **Achieving**
- Green: **Excelling**

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?					Not known				

1D People report positive experiences of the service.

Areas of Strength:

In addition to the aforementioned *Patient and Carer Survey* results, the Trust also collects patient satisfaction data as part of the NHS *Friends and Family Test*. Formed in 2013, this is a national patient survey and is an important and simple way for patients to give feedback about their care and treatment. All Trust patients are asked the following standard question: **"Overall, how was your experience of our service?"** A scale of answer options is available ranging from *'Very Good'* to *'Very Poor'*.

The latest results of the *Friends and Family Test* are shown below:

Summary: Friends and Family data

Service		Apr-21	May-21	Jun-21	Q1	Jul-21	Aug-21	Sep-21	Q2	Oct-21	Nov-21	Dec-21	Q3	Jan-22	Feb-22	Mar-22	Q4	2021/22 Financial year
Inpatients	% good or very good	96.2%	97.7%	100.0%	98.0%	98.4%			98.4%									98.2%
	% poor or very poor	0.0%	0.0%	0.0%	0.0%	1.6%			1.6%									0.8%
	No. responses	26	44	75	145	61			61									206
Outpatients	% good or very good	94.6%	93.6%	95.2%	94.5%	94.8%			94.8%									94.7%
	% poor or very poor	1.7%	2.4%	2.0%	2.1%	2.0%			2.0%									2.0%
	No. responses	2136	2279	2455	6870	2575			2575									9445
ED	% good or very good	89.8%	86.1%	84.5%	86.8%	85.7%			85.7%									86.3%
	% poor or very poor	3.4%	5.2%	6.8%	5.1%	6.8%			6.8%									6.0%
	No. responses	441	460	528	1429	512			512									1941
Maternity	% good or very good	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%									100.0%
	% poor or very poor	0.0%	0.0%	0.0%	0.0%	0.0%			0.0%									0.0%
	No. responses	144	63	70	277	93			93									370
Community	% good or very good	94.7%	95.5%	96.5%	95.6%	96.1%			96.1%									95.8%
	% poor or very poor	1.8%	1.5%	2.3%	1.9%	1.3%			1.3%									1.6%
	No. responses	57	67	86	210	77			77									287

Fig 1.14 Friends and Family Test Results. Source: https://www.hdft.nhs.uk

By way of a summary, the latest report which comprises 12,249 responses shows an overall average (mean) of 95 % of patients reporting either *'Good'* or *'Very Good'*. Satisfaction rates by Trust departments varied from 100% within the Maternity functions to 86.3 % for Emergency departments.

1D People report positive experiences of the service.

Areas of Strength:

The *Friends and Families Test* survey also gives patients the opportunity to declare Equality related profiling information (see below).

There is however, no evidence of the subsequent collation or reporting of this information within the Trust.

Fig 1.15 *Friends and Family* Survey Extract

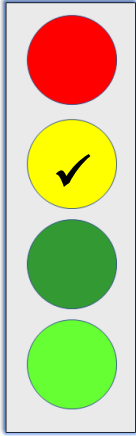*1D People report positive experiences of the service.*

Areas of Development:

The existing system in the Trust for recording complaints is capable of capturing a patient's *Sex, Age, Race, Religion, Disability* and *Sexual Orientation.* However, whilst the system, can record this information, it is currently not captured / recorded by the Trust at the start of the complaints process.

This (of course) means that it is not possible to:

1: Identify any disproportionality in complaints data by 'Protected Characteristic'.

2: Create any evidence based action plans (in collaboration with patients) to improve patient experience for people who share 'Protected Characteristics'.

3: Ultimately address any disparities in treatment or experience which may be exacerbating inequality of health outcomes.

EDS Outcome:	Description:						Grading:		
2A	*When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.*								

Overall Rating Summary:

Rated as **Developing** which is described under EDS2022 as: *The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions. The organisation promotes work-life balance. The organisation signposts to national support.*

Grading:
- Red — **Underdeveloped**
- Yellow ✓ — **Developing**
- Dark Green — **Achieving**
- Light Green — **Excelling**

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?									

2A *When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.*

Areas of Strength:

As part of the internal *Making Every Contact Count* processes, the Trust currently offers information and guidance to all colleagues on:

- Managing Obesity.

- Diabetes.

- Smoking Cessation.

- Alcohol Consumption.

- Mental Health.

- The Menopause.

- Domestic Abuse.

This information and guidance is available to colleagues who visit the Trust's Vaccination Centre for either their Covid or Flu vaccine.

The Trust also has an employee assistance programme called *Vivup* which provides further guidance / support on a whole range of physical and mental health issues.

2A When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

Areas of Development:

There is no evidence to indicate that the Trust currently monitors the health of staff by 'Protected Characteristics'. For example, by:

- Using sickness and absence data to identify trends or disproportionality

- Designing / providing tailored support to staff in managing long term conditions, making healthier lifestyle choices and reducing the overall negative impacts of certain health conditions in the working environment.

EDS Outcome:	Description:	Grading:
2B	*When at work, staff are free from abuse, harassment, bullying and physical violence from any source.*	

Grading:

- 🔴 **Underdeveloped**
- 🟡 **Developing**
- 🟢 ✔ **Achieving**
- 🟢 **Excelling**

Overall Rating Summary:

Rated as **Achieving** which is described under EDS2022 as: *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 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 those who have suffered verbal and physical abuse.*

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?	✔	✔	✔			✔	✔	✔	✔

2B When at work, When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Areas of Strength:

Firstly, the Trust has continued to develop and can evidence a number of real initiatives all designed with the overall aims of:

1. Promoting diversity and inclusion
2. Supporting staff with 'Protected Characteristics'
3. Promoting an open culture.

These include:

- Forming of a number of internal staff Network Groups which include; *BAME and Ally Staff Network*; *LGBTQ+ Staff Network*; *Disabilities and Long-Term Conditions* group and a *Staff Menopause Network*.

- A range of celebratory awareness days and events. For example, *Gay Pride, South Asian Heritage Month, LGBTQ+ History Month* and the *Root Out Racism Campaign.*

- Diversity and Inclusion related news and information pages promoted via the Trust's weekly staff e-newsletter

- Social media activity - both by the internal (colleague) *Facebook* page and external / community *Facebook* and *Twitter* pages.

- A trust wide presentation on inclusion given by the Trust's Equality, Diversity & Inclusion Manager which can be seen at https://youtu.be/RxoPDOfCZ_8

Please see further evidence / examples on the following two pages of this report.

2B When at work, When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Areas of Strength:

Evidence of internal activities, initiatives and commitments to Equality, Diversity and Inclusion within the Trust.

Fig 1.16

2B When at work, When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Areas of Strength:

Evidence of internal activities, initiatives and commitments to Equality, Diversity and Inclusion within the Trust.

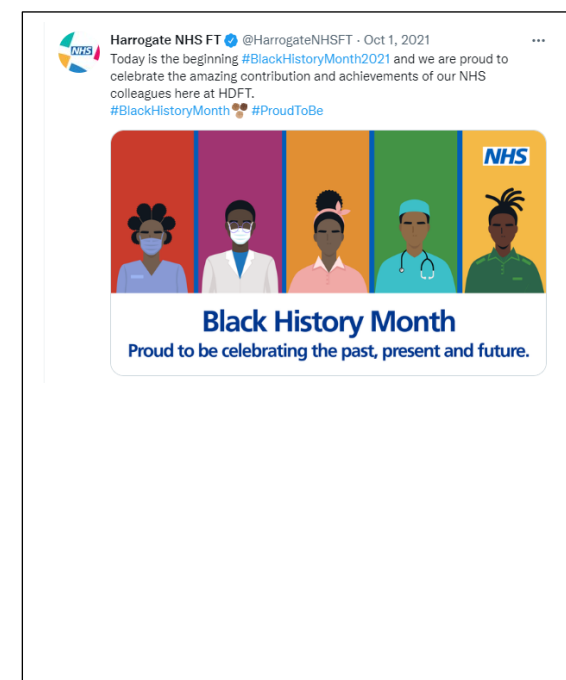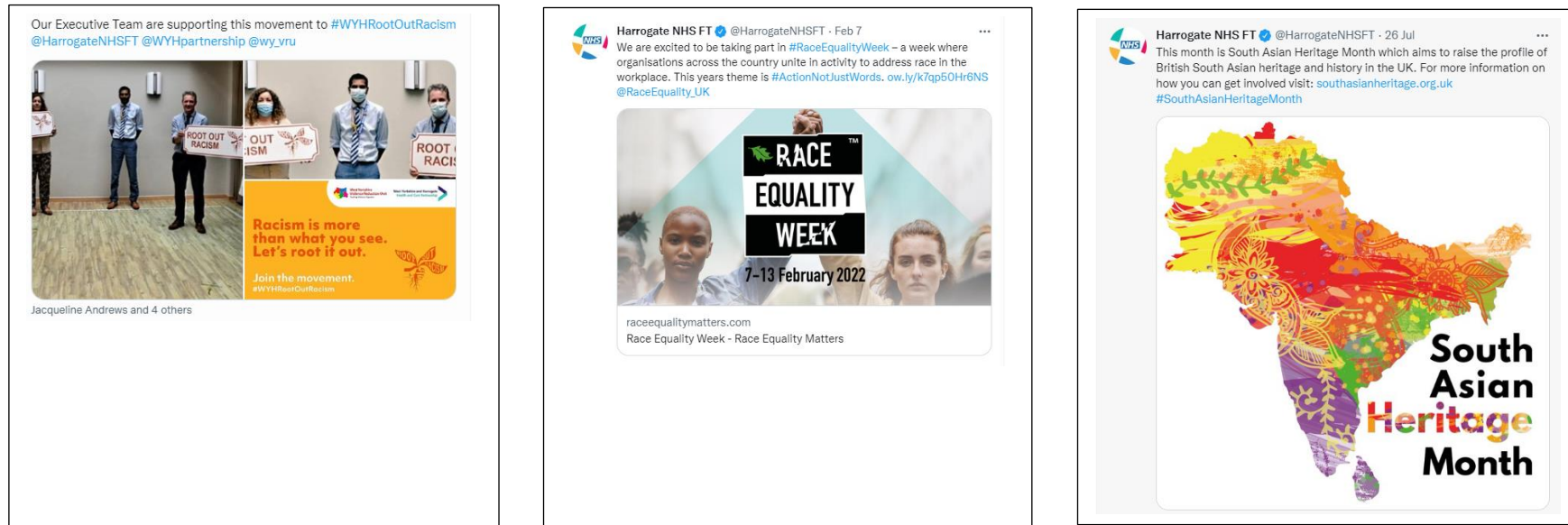Fig 1.17

2B When at work, When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Areas of Strength:

The Trust also has a comprehensive policy framework which has been reviewed as part of this assessment.

The detailed (30 page) bullying and harassment policy clearly and accurately defines the terms bullying and harassment and sets out the responsibilities of all Trust employees in this area.

The policy also very clearly details the support available to all Trust staff. Please see the next section of this report for further details.

2B When at work, When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Areas of Development:

The percentage of staff experiencing harassment, bullying or abuse – especially from patients and colleagues remains high. Please see an extract from the Trust's latest *Workforce Race Equality Standard* report for 2022 below:

Indicator:	White Staff	BME Staff
Percentage of staff experiencing harassment, bullying or abuse from patient/ services users, relatives or the public in the last twelve months.	**27 %**	**32 %**
Percentage of staff experiencing harassment, bullying or abuse from staff in the last twelve months.	**27 %**	**30 %**
Percentage of staff experiencing harassment, bullying or abuse from manager / team leader in the last twelve months.	**8 %**	**19 %**

Source: Trust Board of Directors Meeting Report 28th September 2022

2B When at work, When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Areas of Development:

Two further recommendations are made in this area:

1: The Trust develops a *Transitioning at Work / Gender Identity* policy to reflect the very latest expectations and considerations in this area.

2: All bullying and harassment related complaints in the Trust are reported year on year indicating:

(i)   If progress is being made overall in reducing complaints / incidences of bullying and harassment

(ii)   If any overall disproportionality exists relating to employee's 'Protected Characteristics' e.g. if bullying and harassment is more likely to be experienced / reported by employees who have a disability, are in a same sex relationship, are of a certain religion etc.

EDS Outcome:	Description:	Grading:
2C	*Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.*	Red – Underdeveloped Yellow – Developing Dark Green (✔) – Achieving Green – Excelling

Overall Rating Summary:

Rated as **Achieving** which is described under EDS2022 as: *Freedom to Speak Up guardians are embedded in the organisation. Relevant staff networks are active and accessible. Staff support available via channels provided by NHS England.*

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?	✔	✔	✔	✔	✔	✔	✔	✔	✔

2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

Areas of Strength:

In addition to the staff networks previously referenced, the following ten sources of support are available to all Trust employees:

(Source: the Trust's bullying and harassment policy)

1: Bullying and Harassment Advisors. These are are employees of the Trust, from various departments who are specially trained to provide independent, confidential support to all employees.

2: Fairness Champions. Also employees of the Trust, from various departments, that raise awareness locally to staff and volunteers about the importance of the Trust values / behaviours, an open culture and speaking up to specifically addressing bullying behaviours.

3: Occupational Health Service. Confidential support and advice available for all employees through the Occupational Health Department.

4: Staff Counselling. A confidential well-being service. Staff self-refer to this service / counsellors.

5: Chaplaincy. The Chaplaincy can provide confidential, impartial and non-judgmental support to all employees. They operate an 'open door' policy for people of all faiths or none.

6: Trade Unions and Staff Organisations. Unions and Staff Organisations can support any member through problems during employment. They help members understand difficult situations and give practical advice on employment rights and how to address any concerns.

2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

Areas of Strength:

In addition to the staff networks previously references, the following ten sources of support are available to all Trust employees: (continued)

7: Take Time: The Yorkshire Deanery provide this service specifically for junior doctors and dentists which offers confidential counselling and psychotherapy for situations of work related and personal difficulties.

8: The Trusts' Human Resources (H.R.) Department. H.R. provide information to staff about policies and procedures, practical advice about how to address issues of concern and mediation if required. They can also direct staff to independent sources of advice and support.

9: Freedom to Speak Up Guardian. The Freedom to Speak Up Guardian offers the opportunity for staff to raise concerns confidentially.

10: **Trust Managers** who share responsibility for ensuring employees are able to address immediate concerns, monitor situations and direct staff to an independent source of advice where necessary.

2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

Areas of Development:

Equality Impact Assessments (EqIAs) are specifically stated as a requirement under this EDS2022 outcome for policies and procedures designed for reporting abuse, harassment or violence in the Trust.

(Source NHS EDS2022 ratings and score card guidance 2022 NHS England.)

EDS Outcome:	Description:		Grading:
2D	*Staff recommend the organisation as a place to work and receive treatment.*		

Overall Rating Summary:

Rated as **Developing** which is described under EDS2022 as: *Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services.*

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.

Grading:
- 🔴 Underdeveloped
- 🟡 ✔ Developing
- 🟢 Achieving
- 🟢 Excelling

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?									

2D Staff recommend the organisation as a place to work and receive treatment.

Supporting Evidence (Areas of Strength)

Fig 1.18 Source: Trust Teamwork Survey: July 2022. Total *Agree* or *Strongly Agree* = **66%**

2D Staff recommend the organisation as a place to work and receive treatment.

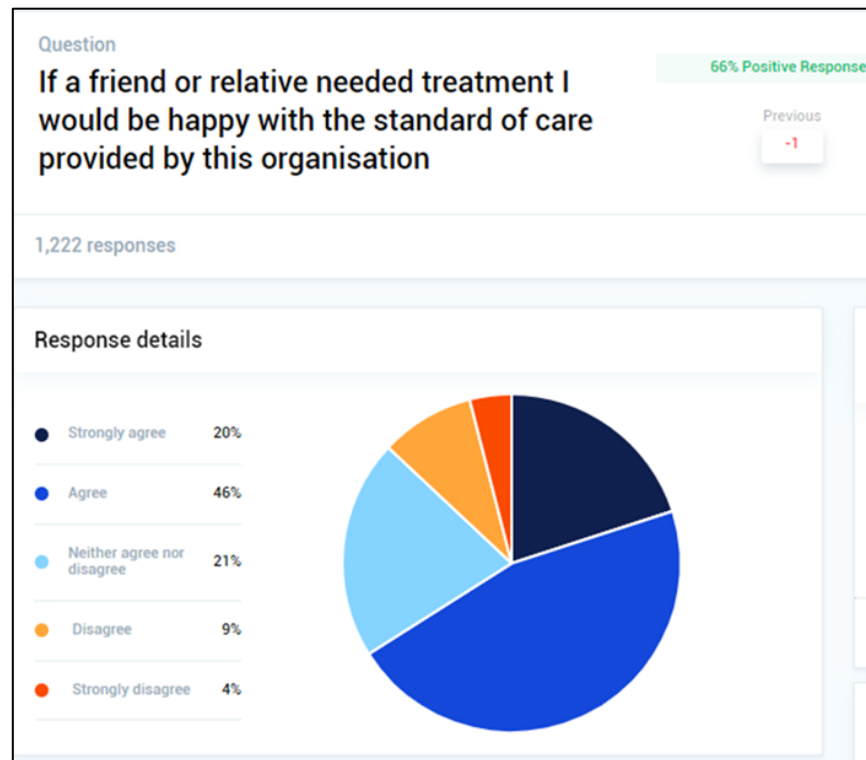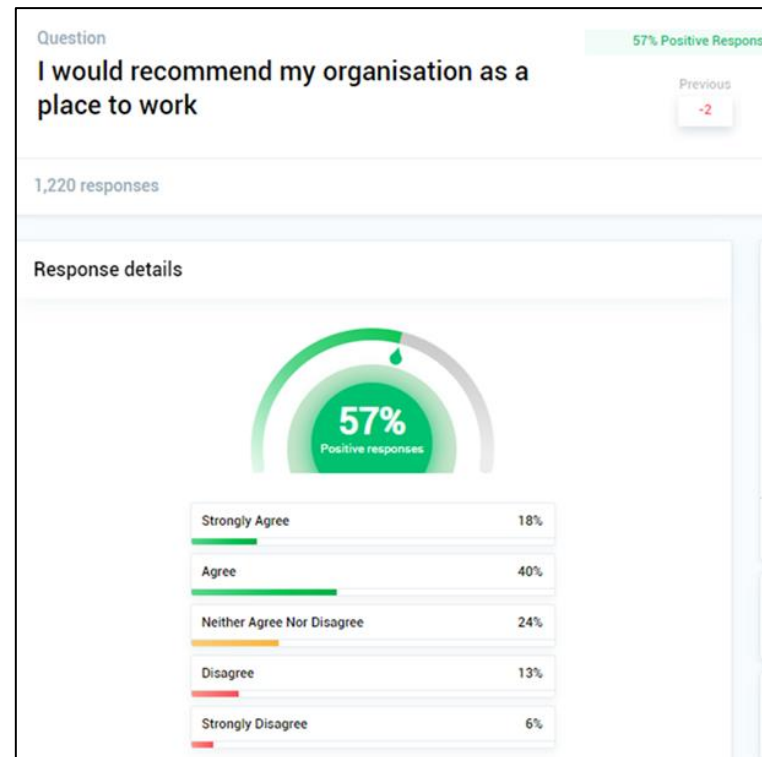**Supporting Evidence (Areas of Strength)**

Fig 1.19 Source: Trust Teamwork Survey: July 2022 Total *Agree* or *Strongly Agree* = **58%**

2D Staff recommend the organisation as a place to work and receive treatment.

Areas of Development:

The next level of competence in respect of this outcome (Achieving) is defined within the *NHS England* EDS2022 scorecard as:

- Over 70% of staff who live locally to services provided by the organisation do / would choose to use those services.

- Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work.

- Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends. The organisation uses sickness and absence data to retains staff.

- The organisation uses data from end of employment exit interviews to make improvements.

- The organisation collates and compares the experiences of BME, LGBT+ and Disabled staff against other staff members, and acts upon the data.

These are all therefore potential areas of development / worthy of further consideration.

EDS Outcome:	Description:	Grading:
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.*	

Overall Rating Summary:

Rated as **Developing** which is described under EDS2022 as: *Both equality and health inequalities are discussed in board and committee meetings. Board members and senior leaders have at least yearly/twice yearly engagement with staff networks. Board members and senior leaders acknowledge religious, cultural or local events and/or celebrations. Board members and senior leaders engage with staff about equality, diversity and/or inclusion only.*

Grading legend:
- Red — Underdeveloped
- Yellow ✔ — Developing
- Dark Green — Achieving
- Light Green — Excelling

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?		✔	✔			✔	✔	✔	✔

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.

Areas of Strength:

There is evidence indicating senior commitments to local events. This includes the Trust's executive directors endorsing a number of internal EDI related events via 'Team Talks'.

Examples include; *Black History Month, Disability History Month, National Inclusion Week and LGBTQ 2022 History Month.*
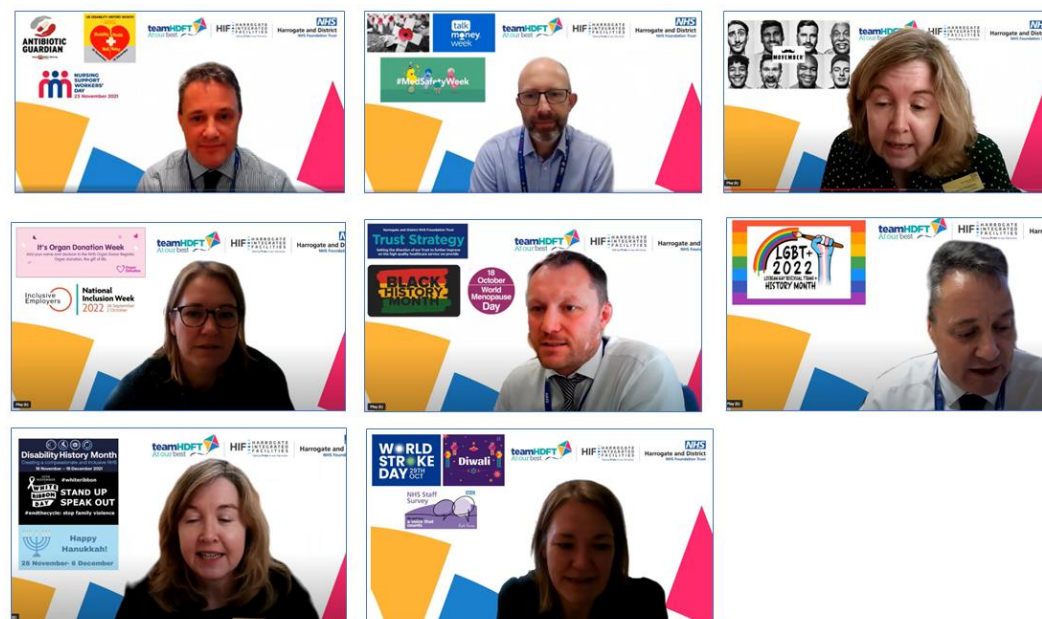

Fig 1.20

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.

Areas of Development:

Historical board papers make very little reference to Equality or Equality related outcomes.

Visible commitments to Equality, Diversity and Inclusion (EDI) via the Trust's web site is assessed as weak.

The current EDI page contains:

A series of minutes from Equality and Diversity Stakeholder meetings- the most recent being seven years old.

The Trust's equality objectives (as shown below):

- To ensure that our services provide effective and safe care that is sensitive to people's personal and cultural needs as well as appropriate to their clinical condition.
- To seek effective feedback about the experiences of people with protected characteristics who use our services in order to improve access and experience, and improve staff awareness and communications about equality.
- To utilise the Workforce Equality Group to deliver action plans focused on improving the availability of workforce equality information. This helps us to assess our progress towards ensuring we have a representative and supported workforce.
- To ensure that Trust leaders have the right information and skills to promote equality within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment.
- governance arrangements aim to ensure that we have the systems in place to ensure we address the requirements of legislation, duties, standards and guidance, and measure our performance and progress towards meeting our equality objectives.

Further evidence of board members holding services to account, allocating resources to, and raising issues relating to, equality and health inequalities on a regular basis is required for the Trust to progress to the next EDS2022 rating in this area.
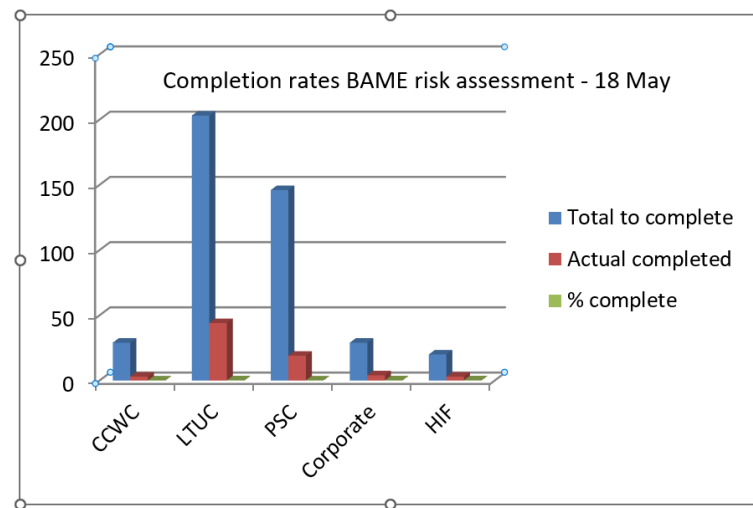
EDS Outcome:	Description:	Grading:
3B	*Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.*	Red — Underdeveloded Yellow ✓ — Developing Dark Green — Achieving Light Green — Excelling

Overall Rating Summary:

Rated as **Developing** which is which is described under EDS2022 as: *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. 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.*

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well ?									

3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Areas of Strength:

Whilst currently, Equality Impact Assessments are rarely completed in the Trust, some BME staff assessments have been undertaken and some internal inequalities – particularly *Covid 19* related health inequalities have been risk assessed and considered.

Completion rates BAME risk assessment - 18 May

BAME risk assessment returns by Professional Group – 18ᵗʰ May 2020

Fig 1.20

3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Areas of Development:

To progress further against the EDS2022 framework, the following actions are required within the Trust:

- Equality and health inequalities are made 'standing' agenda items in all board and committee meetings.

- Equality Impact Assessments and Health Inequalities Impact assessments should be completed for all projects and policies and signed off by the board and senior team.

- Equality and health inequalities are reflected in the organisational business plans to help shape work to address local need.

EDS Outcome:	Description:	Grading:
3C	*Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients*	● Underdeveloped ✔ Developing ● Achieving ● Excelling

Overall Rating Summary:

Rated as **Developing** which is which is described under EDS2022 as: 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: WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, PCREF (Mental Health), EDS 2022

Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex
Which characteristics fare well ?		✔				✔		✔

3C Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Areas of Strength:

NHS Workforce Disability Equality Standard (WDES):

This was introduced in 2019 and is a set of specific measures that the Trust can use to compare the experiences of staff who have a *Disability* and those who do not. The report examines 10 key indicators.

The trust has completed and reported on WDES for the last two years. The latest data (using specific WDES indicators) reports some improvements in the experiences of *Disabled* staff as they report being twice as likely to be appointed from job vacancy shortlisting than non-disabled staff and less likely to feel pressurised to work when unwell. The data also indicates the Trust appears to act 'fairly' regarding career progression.

On the less positive side, *Disabled* staff are more likely to be victims of harassment, bullying or abuse, less likely to be satisfied in the way the organisation values staff and less likely to have their personal circumstances met by implementing adjustments.

A full copy of the latest WDES report can be found here

Equality and diversity - Harrogate and District NHS Foundation Trust (hdft.nhs.uk)

Gender Pay Gap:

Reported annually by the Trust and can be viewed here.

Statutory documentation - Harrogate and District NHS Foundation Trust (hdft.nhs.uk)

3C Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Areas of Strength:

NHS Workforce Race Equality Standard (WRES):

Also completed and reported by the Trust annually.

As previously stated, Black and Minority Staff (BME) represent 11% of the Trust's workforce. The BME population within the Trust has slightly increased during in the last twelve months by 0.1%.

In respect of recruitment, the Trust's WRES data indicates that of the 795 BME people who were shortlisted for jobs, 204 (25%) were appointed into the roles applied for compared to 33% of people who identified as White.

The number of staff from BME backgrounds experiencing harassment, bullying or abuse from patients, relatives or the public has decreased by 3.5% from 35.7% in 2021 to 32.2% in 2022, compared to White staff in 2021 who moved from 22.9% to 26.6% in 2022 - an increase of 3.7%.

The number of staff from BME backgrounds experiencing harassment, bullying or abuse from staff in last 12 months has also decreased by 1.9% from 32.0% to 30.1%.

A full copy of the latest WRES report can be found here:

WRES-Annual-Report-2021_Paper-004.pdf (hdft.nhs.uk)

3C Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients
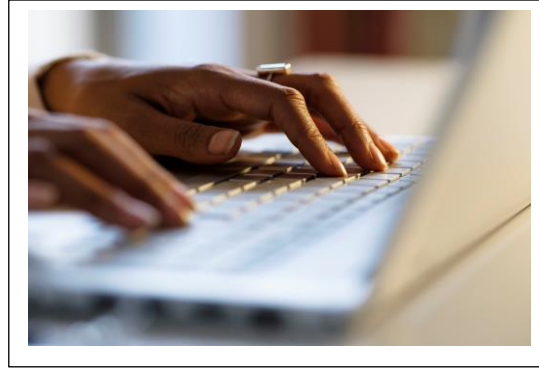
Areas of Development:

Accessible Information Standard:

As previously referenced, this remains work in progress for the Trust and is a stated requirement of this EDS2022 outcome.

Gender Pay Gap:

Not produced / published for 2022.

Section 3.0 Action Planning

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 1A: Page 19 Develop a system for the additional collection / reporting of waiting times by patient *Age, Sex, Disability* status and *Disability* type. (*Ethnicity* is currently collected.)	Emma Nunez and Jackie Andrews	31.07.23
Outcome 1A: Page 19 Publish a project plan / Gantt chart detailing how and when the implementation of the *Accessible Information Standard* will be completed in the Trust.	Emma Nunez and Jackie Andrews	31.07.23
Outcome 1B: Page 30 Amend the existing Trust patient record collection to include *Age, Sex, Disability, Religion and Belief* and *LGBTQ+* status. (Ethnicity is currently collected.)	Emma Nunez and Jackie Andrews	

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 1B Page 34: Design a revised *Initial Screening* tool and full *Equality Analysis Template* for implementation within the Trust during 2023.	Emma Nunez and Jackie Andrews	31.07.23
Outcome 1B Page 34: Design two separate types of Equality Impact Analysis (EqIA) training. One for scrutinisers (people responsible for the supervision of EqIAs) and one for 'Completers' – people actually responsible for completing EqIAs in the Trust.	Shirley Silvester and Richard Dunston Brady	31.07.23

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 1B Page 34:

Add reviewing / scrutinising EqIAs to the standard board agenda in the Trust. | Shirley Silvester and Richard Dunston Brady

Emma Nunez and Jackie Andrews | 31.07.23 |
| Outcome 1B Page 34:

Publish all completed EqIAs on a new portal within the Trust's web site. | Shirley Silvester and Richard | 31.07.23 |

	Dunston Brady Emma Nunez and Jackie Andrews	
Outcome 1D Page 40: Collect, analyse and internally publish the details of all complaints made to the Trust in respect of a patient's *Sex, Ethnicity, Disability, Age, Religion* and *Belief* and *LGBTQ+* status.	Emma Nunez and Jackie Andrews	
EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 1D Page 40:		31.07.23

Design a formal system for capturing and collecting compliments made to the Trust (e.g. in respect of good care received) by, for example ward and department.	Emma Nunez and Jackie Andrews	
Outcome 1D Page 40: Collect and report on the profile of patient information e.g. *Ethnicity, Sex* etc given by people when completing the Trust's *Friends and Families* test.	Emma Nunez and Jackie Andrews	31.07.23

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
General Actions: Patient Outcomes:	Emma Nunez	31.07.23

Design a new monthly *Patient Outcome Report* for the Trust detailing disparities, by 'Protected Characteristic' throughout the entire patient 'lifecycle' e.g. waiting times, admissions, treatments, discharges, referrals etc.	and Jackie Andrews	
General Actions: Patient Outcomes: Use the outcomes of the above report to identify future resourcing planning and service developments.	Emma Nunez and Jackie Andrews	31.07.23
General Actions: Patient Outcomes: Undertake a comprehensive Equality Impact Analysis on all letters currently sent to patients to establish where alternative formats are required and could be implemented. Present the same to the next meeting of the *Equality Reference Group* in June 2023.	Emma Nunez and Jackie Andrews	31.07.23

EDS₂₀₂₂ Action Planning:		
Action:	By Whom:	Review Progress:
General Actions: Patient Outcomes: Amend the Trust's *Patient Survey* to allow respondents to elaborate on how well their additional needs were met and what more the Trust could have done to meet any additional needs or overcome language barriers (Currently one of the lowest performing survey questions.)	Emma Nunez and Jackie Andrews	31.07.23
Set up a new consultation forum for 2023 with the *Patient Experience Group* and the *Patient Research Ambassadors* to specifically explore current approaches to Equality, Diversity and Inclusion within the Trust. (Perceived areas of strength and development)	Emma Nunez and Jackie Andrews	31.07.23
Publish a section on the Trust's web site to detail the current co working with local voluntary organisations. Add the details of this to the evidence submitted for this report.	Emma Nunez and Jackie Andrews	

EDS₂₀₂₂ Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 2A – Page 46: Record, analyse and report internally, staff absence data by Protected Characteristics.	Shirley Silvester Richard Dunston Brady	31.07.23
Outcome 2A Page 46 Amend the current staff support available in respect of managing health conditions as specified in page 46 of this report.	Shirley Silvester Richard Dunston Brady	31.07.23
Outcome "B – Page 53 Develop a new *Transitioning at Work and Gender Identity* policy.	Shirley Silvester	31.07.23

	Richard Dunston Brady	
EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 2A – Page 46: Report and analyse complaints of bullying , harassment and discrimination by protected characteristics as detailed on page 53 of this report.	Shirley Silvester Richard Dunston Brady	31.07.23

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 3A Page 64 Create a new portal on the Trust website detailing the overt commitment to EDI from the board and senior team.	Shirley Silvester Richard Dunston Brady	31.07.23
Deliver EDI scrutiny training to the board setting out the defined responsibilities of the senior team in respect of monitoring progress in this area in accordance with the Public Sector Equality Duty.	Shirley Silvester Richard Dunston Brady	31.07.23
Add EDI progress and monitoring to all future board meeting agendas.	Shirley Silvester	31.07.23

	Richard Dunston Brady Emma Nunez and Jackie Andrews	
Deliver specific EqIA scrutiny training to the board.	Shirley Silvester Richard Dunston Brady	31.07.23

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
Outcome 3B Page 67		

Ensure that health inequalities (as identified via Health Inequalities assessments) and actions are routinely reflected / referenced in all future organisational planning to shape future work and address local need.	Shirley Silvester Richard Dunston Brady	31.07.23