

Equality Delivery System 2022: Reporting of Assessment and Action Plan 2023 - 2024

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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, General Practice (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 published its strategy and its purpose is to improve the health and wellbeing of its patients, children and community by putting the patient and child first. To do this the Trust has underpinning ambitions to:

- Deliver the best quality, safest care
- Provide person centred, integrated services through strong partnerships.
- Give their children and young people a great start in life.
- And be a great place to work, with the right people, with the right skills, in the right place.

The Trust also aims to ensure that all of their services are accessible, appropriate and sensitive to the needs of the whole community and that they have a workforce representative at all levels of the population they serve, which is managed fairly and equitably. They are committed to eliminating discrimination and ensuring equality in care, and continue to embed their equality and diversity values into policies, procedures and everyday practice.

The purpose of this report is to communicate the findings of the Equality Reference Group review meeting, in February 2024.



Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

1.2 Existing Trust Equality Objectives:

The Trust has three equality strategic objectives:

“We will build strong teams who support each other, work collaboratively and with collective goal of delivering excellent care to our patients.

We will promote equality and diversity, so everyone feels valued and recognised through the embedding of Equality Impact Assessments as expected practice, the continued development of our staff support network leadership development and training of all colleagues. Our work on Equality Diversity and Inclusion will be nationally aligned to the NHS Equality, Diversity, and Inclusion Improvement Plan.

We will seek to increase diversity across our decision making forums”

1.2.1: Profile of Trust Employees:

The Trust currently employs 4697 people (31 March 2023). The organisation is predominantly female – just 15% of employees are male. A total of 257 employees declared they have a disability last year (which is 5.3% of staff).

Whilst only 4.6% of the overall population of Harrogate are either Black or minority ethnicity (BME), a total of 569 Trust employees (11.8% of the workforce) identified as BME last year.



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 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**. In 2023, the scoring system was updated by NHS England to include a peer review process for domain three. This domain was reviewed independently by staff from York and Scarborough Teaching Hospitals NHS Foundation Trust using evidence provided by Harrogate District NHS Foundation Trust in support of the marking criteria. The remaining two domains were evidenced by HDFT colleagues and scored by the Equality Reference Group.

A summary of the three domains is shown below:

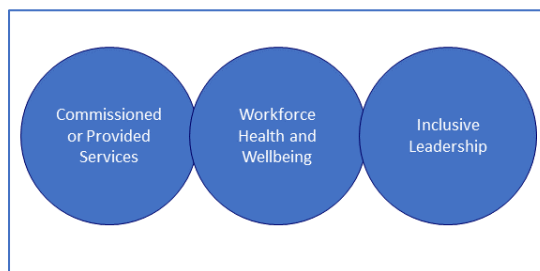


Fig 1.1 Summary of the three new overall EDS2022 domains

+ 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:

The following people participated in the 2024 EDS ratings meeting:

Lee Adams – Chair *Healthwatch* North Yorkshire

John Sheepy – *Parkinson’s* Harrogate

Callum McCready *RNIB* (written feedback only)

Sally Weatherill (Public lay member, Disability charity worker and retired nurse)

Jo Cann (Freedom to Speak Up Guardian)

Mike Burnitt – Senior Partner – McKenzie LLP – External Equality, Diversity, and Inclusion Specialists

Shirley Silvester (Deputy Director of People and Culture)

Nichola Langdale (Head of Education, Learning and Development)

Sally Carter Consultant McKenzie LLP – External Equality, Diversity, and Inclusion Specialists

Richard Dunston Brady (Equality, Diversity, and Inclusion Manager)

Cara Philpott (Patient Engagement and Involvement Officer)

Mel Kavanagh (Employee Wellbeing Manager)

David Forrest (Community Anchor)

Ginelle Clough (Community Anchor)

Maria Clarke (Community Anchor)



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 in 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 EDS2022 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 three 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: An external **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.

3: York and Scarborough Teaching Hospitals NHS Foundation Trust were appointed as the peer reviewer for domain three.

All the final grades and assessments published in this report have been agreed upon and signed off by the Equality Reference Group.



1.4 Overall Gradings Awarded: (Examples extracted from the EDS2022 scorecard are used as ‘descriptors’ for 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 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 ES2022. 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, people with ‘Protected Characteristics’ have tailored access to services, and report excellent levels of accessibility and where the organisation can demonstrate how outcomes have improved for people who previously experienced 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:

We report considerable progress has been made within the Trust during the last twelve months. Last year, the Trust was awarded an overall score of 15 out of a possible 33 - resulting in a summary rating of a **‘Developing Organisation.’**

In 2024, a summary rating of an **‘Achieving Organisation’** was made with the Trust scoring 22 out of a possible 33. Overall improvements in ratings were recorded against seven out of the eleven EDS2022 outcomes. A reminder that these outcomes were the subject of a day of external scrutiny, debate, appeals made against panel ratings and subsequent detailed discussions. **Please note that all final ratings were awarded by individuals who are not employed by HDFT.**

Particularly good progress was noted concerning reported patient experience relating to ‘Protected Characteristics’ and was this year rated as ‘Excelling.’ The initiatives relating to *‘Freedom to Speak Up’* (support for employees experiencing stress and other abuse) were also rated as ‘Excelling’ and were also, incidentally, the subject of national recognition within the NHS.

Clear areas of continuing strength within the Trust include a strong portfolio of accessible, specialist health services designed and delivered to meet the specific needs of some 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.

The Trust has now started collecting and monitoring patient complaints by ‘Protected Characteristics’ (previously reported as an area of development). The Trust has also again met its 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*.

Finally, very good progress concerning board commitment, completion of Equality Impact Assessments and internal Diversity and Inclusion-related training initiatives for managers and staff were evidenced as part of this assessment.

1.5 Executive Summary – Overall Findings:

Areas of Development:

Improvements are still required concerning the Trust’s overall approach to the collection, analysis and reporting of patient profiling data by ‘Protected Characteristics’ - for example concerning waiting times, access to services and patient outcomes. In many cases, e.g., patient waiting times, very selective information is collected and analysed. In other activities, information is either not collected or is not capable of being evidenced. This apparent low overall information base is continuing to prevent any rigorous analysis of disproportionality in patient outcomes.

A reminder that the Trust should at least, be able to report on the *Sex, Race, Age* and *Disability* profiles of all patients throughout their ‘lifecyle’ of experience within the Trust e.g., admissions, referrals, waiting times, treatment, discharge, and overall health outcomes.

Except for the Trust’s children’s services which demonstrated some examples of excellent initiatives, it was identified that more evidence is required to indicate that an analysis of the profiles of local service users by ‘Protected Characteristics’ has been undertaken and that bespoke services have been subsequently developed and implemented to meet local health need. Whilst we acknowledge some examples of local practice were presented to the scrutiny panel, much more specific evidence, mapped exactly against the eleven EDS2022 outcomes will be required when reviewing the Trust’s ratings for 2025.

Finally, the Trust’s *Equality, Diversity, and Inclusion* website pages – a significant factor in respect of public perceptions of the Trust in this area, whilst improved from last year, remains incomplete. For example, at the time of writing, the link relating to Equality Impact Assessments contains no examples of completed assessments and the information relating to the *Accessible Information Standard* does not detail the progress made within the Trust to date.



Mike Burnitt
Senior Partner
McKenzie LLP

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



Harrogate and District
NHS Foundation Trust

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Section 2.0: Detailed Reporting Against EDS₂₀₂₂ Outcomes

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EDS Outcome:	Description:								Grading:
1A	<i>Patients (service users) have required levels of access to the service.</i>								
<p>Overall Rating Summary:</p> <p>Rated as Achieving which is described under EDS2022 as Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (75% of those using the service) have adequate access to the service.</p> <p>In summary, there is very clear evidence of areas of strength in this area with some very commendable modern and inclusive approaches. The Trust has made several key changes to how they support their patients in terms of providing them with the required levels of access to their services.</p>									
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 Community and Children directorate excelled in their delivery of accessible information for service users. Their service information is available via an app for a smartphone which enables service users to access this information 24 hours a day. The trust has included a live chat facility for people who prefer to engage online rather than by telephone. The app also enables people to source information about the different services and service partners the trust works with and includes guidance documents to refer to. Screenshots from the app are available on the next page.

The app was designed and created collaboratively with service users in a partnership approach to ensure that all protected characteristics have been included and has over 35,500 downloads which helps to demonstrate the value and commitment to providing excellent communication to our service users. Feedback is also collated from the teams using online surveys and social media platforms to engage with as many people as possible. The patient app which is available for all community service users is a comprehensive information and advice platform with links to online live chat functions and appointments.

For those service users who may not have access to the app, leaflets and hard copy surveys are also available from the different site locations and available in alternative languages and formats on request, including remote video interpreting with British Sign Language interpreters.

The trust employs a number of staff with very specific service remits, such as people to support the Gypsy, Romany and Traveller communities, SEND nurses, family nurses and those trained in emotional resilience, who are all able to provide a care package delivered in a manner that meets the requirements of the service user.

The trust is making changes to the content of their patient letters and information available via the internet. This will include but is not limited to:

Service users in Harrogate who speak one of the top five languages used there will have a statement on their patient letters in these languages advising those people they can receive their letter in the language of their choice (Polish, Romanian, Spanish, Chinese and

Hungarian). Reasonable adjustments are to be mentioned on the patient website to ensure that interpreters, longer appointments etc may be requested or required.

Equality Impact Assessments are being carried out by the Trust and stored within our PolicyStat database for all employees to access. As there is no legal requirement to publish these online, they will be held and made available on request to the public.

The business information teams can analyse data using the following characteristics, age, socio-economic status, ethnicity, sex, and sexual orientation.

Since the 2023 report was published, further work has also taken place on the Accessible information standard. The trust is working towards developing a new website which will enable people with sensory or learning difficulties/ disabilities to change their view of the online content. In addition, there are now guidance documents in place to support people who are required to provide information in easy-to-read formats.

The patient app which is available for all community service users is a comprehensive information and advice platform with links to online live chat functions and appointments.

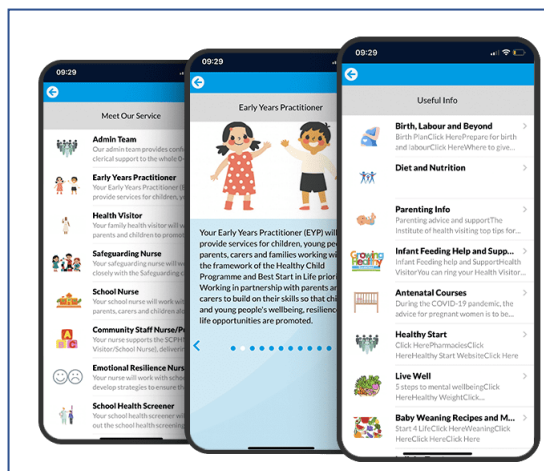


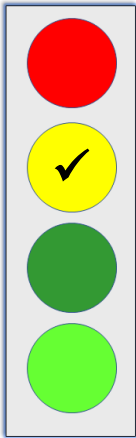
Fig 2.1 Patient app which is available for all community service users

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

Supporting Evidence – Areas of Development:

There was insufficient evidence from the two other directorates for them to demonstrate the same high levels of service access during the meeting.

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EDS Outcome:	Description:								Grading:
1B	<i>Individual patient's (service user's) health needs are met.</i>								
<p>Overall Rating Summary:</p> <p>Rated as Developing which is described under EDS2022 as: Patients at higher risk due to protected characteristic needs are met in a way that works for them. The organisation often consults with patients and the public to commission, de-commission and cease services provided. The trust maintained its score of developing from 2023. The reason for this was they were only able to evidence the work from one clinical directorate, rather than all three.</p>									
Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well?	✓	✓			✓	✓		✓	

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

Supporting Evidence – Areas of Strength:

The trust works collaboratively with its commissioners across the community and children’s directorate to ensure that their contracts are being delivered and quality assurance is demonstrated. The assurance is supported by the friends and family test and customer satisfaction survey results which are collated and reported on. Following each patient contact, the parent or young person is asked to provide their feedback which is collated and analysed. More recently, the service has started to include questions about protected characteristics to ensure that those who are marginalised can support service improvements by having a voice and being included in service changes and requirements.

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

Supporting Evidence – Areas of Strength (continued):

The patient experience team have re-launched their reading group. The group enables all people who want to be able to provide valuable input into written service documents. The group member is asked to provide feedback around ease of use, understanding and format to suit all readers and patient groups.

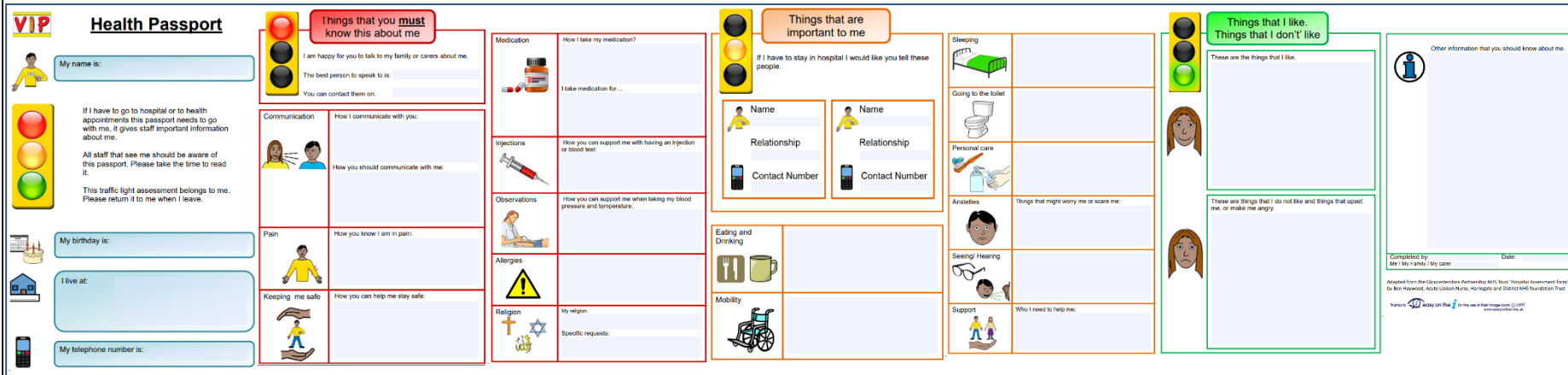
The Equality, Diversity and Inclusion Manager is delivering bespoke training to groups of staff across the organisation with a specific theme of Unconscious Bias. The training has been rolled out to over 200 colleagues across all three directorates, including midwifery and the preceptorship training groups. This training has provided additional information to these staff groups to help them understand some of the differences they can experience in terms of culture, barriers, and blockages to working with diverse patient and staff groups.

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

Supporting Evidence – Areas of Strength (continued):

Patient ‘passports’ for those with learning disabilities continue to be in use around the organisation as well as a new patient portal which is being launched in the spring of 2024 “Patients Know Best” which will facilitate some patient information to be accessed remotely.

Maternity voice groups and other patient groups are established to ensure that a collaborative approach to patient care and services is inclusive.



VIP Health Passport

Things that you must know this about me

My name is: _____

If I have to go to hospital or to health appointments this passport needs to go with me, it gives staff important information about me.

All staff that see me should be aware of this passport. Please take the time to read it.

This traffic light assessment belongs to me. Please return it to me when I leave.

My birthday is: _____

I live at: _____

My telephone number is: _____

Things that are important to me

If I have to stay in hospital I would like you tell these people.

Name	Name
Relationship	Relationship
Contact Number	Contact Number

Things that I like. Things that I don't like

These are the things that I like.

These are things that I do not like and things that upset me, or make me angry.

Completed by: _____ Date: _____

Adapted from the Gloucestershire Partnership NHS Trust 'Hospital Assessment Form' by Ben Heywood, Acute Liaison Nurse, Harrogate and District NHS Foundation Trust.

Printed on the 4th of the use of their page 100% (100%) recycled paper.

Fig 2.2 Hospital Passport

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

Supporting Evidence – Areas of Development:

EDS2022 fundamentally allows NHS organisations to measure their success and challenges concerning 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 an 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.’ While much of this issue will be addressed with the introduction of the new electronic patient records system, the patient information cannot be fully analysed in that regard.

This is particularly relevant in respect of patients:

- *Age* – patients of all age groups.
- *Disability* – all disabilities i.e., physical, sensory, medical, and learning.
- *LGBTQ+* - including patients who identify as both genders and none. Particularly relevant concerning one-to-one care, use of pronouns etc.
- Differing *Religions and Philosophical Belief Systems* e.g., ethical veganism.

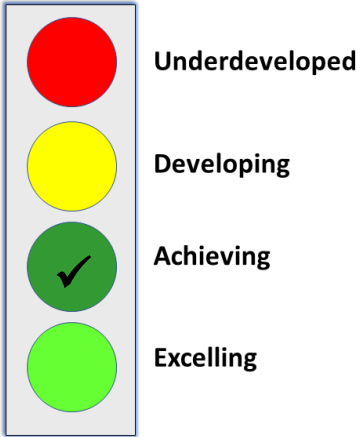
Supporting Evidence – Areas of Development:

A new electronic patient recording system is being tendered for 2024/2025 as part of a larger procurement process that includes another trust. The new system will have more complete access to the recording of those with protected characteristics. The current system demonstrates partial compliance in this area.

Further evidence is to be provided by the Planned and Surgical Care and Long Term and Unscheduled Care directorates so they can demonstrate that health inequalities are recorded and escalated where appropriate to their respective Boards. This already takes place within Community and Children's but was yet to be fully highlighted by the remaining two directorates at the 2024 stakeholder meeting.

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EDS Outcome:	Description:								Grading:
1C	<i>When patients (service users) use the service, they are free from harm.</i>								
<p>Overall Rating Summary:</p> <p>Rated as Excelling which is described under EDS2022 as: The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there are known H&S risks. Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.</p>									
Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Part	Pregnancy / Maternity	Race	Religion / Belief	Sex	Sexual Orientation
Which characteristics fare well?	✓	✓	✓	✓	✓	✓	✓	✓	✓

EDS Outcome:	Description:								Grading:
1D	<i>People report positive experiences of the service.</i>								
Overall Rating Summary: Rated as Achieving which is described under EDS2022 as: The organisations collate data from patients with protected characteristics about their experience of the service.									
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.									
Supporting Evidence – Areas of Strength: Since the 2023 report was published, the patient experience team have improved their data collection process to include questions to identify other protected characteristics. In addition, compliments and complaints which are handled by this team will be transferred to a new recording system, DATIX which will have the additional capability to run reports and extract data regarding the protected characteristics. “How to” guides have been developed to include a range of services which include easy read, large print, audio, Braille, BSL, and interpreter booking services.									

Patient ‘passports’ for those with learning disabilities continue to be in use around the organisation as well as a new patient portal which is being launched in the spring of 2024 “Patients Know Best” which will facilitate some patient information to be accessed remotely.

Maternity voice groups and other patient groups are established to ensure that a collaborative approach to patient care and services is inclusive.

HDFT reader group has been developed to ensure that information is accessible to all.

1D: People report positive experiences of the service.

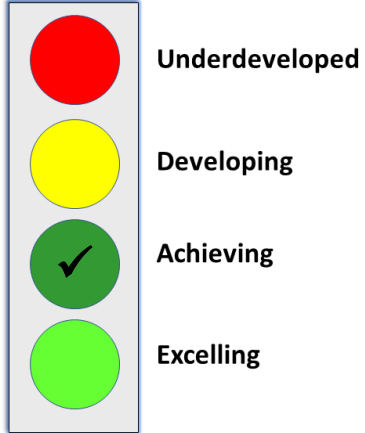
Supporting Evidence – Areas of Development:

The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.

The organisation actively works with the VCSE to ensure all patient voices are heard.

The organisations create data-driven/evidence-based action plans and monitor progress. The organisation shows an understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.

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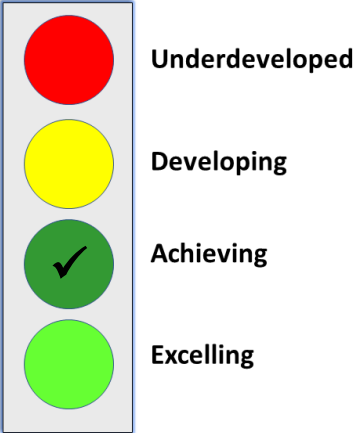
EDS Outcome:	Description:							Grading:		
2A	<i>When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.</i>									
<p>Overall Rating Summary:</p> <p>Rated as Achieving which is described under EDS2022 as: The organisation monitors the 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 the 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 voluntary community and social enterprise (VSCE) support.</p>										
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 Development:

- There is opportunity to monitor the health needs of all staff using various methods.
- Use sickness absence data to reduce negative impacts in the working environment.
- Signpost to national and VSCE support networks helping colleagues to make healthy lifestyle choices as part of their day-to-day working life at HDFT

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EDS Outcome:	Description:							Grading:		
2B	<p><i>When at work, staff are free from abuse, harassment, bullying and physical violence from any source.</i></p>							<div style="border: 1px solid black; padding: 5px;">  </div>		
<p>Overall Rating Summary:</p> <p>Rated as Achieving which is described under EDS2022 as: <i>“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.</i></p> <p><i>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.”</i></p>										
Characteristic Analysis:	Age	Disability	Gender Reassignment	Marriage Civil Partnership	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 a number of internal staff Network Groups which include *BAME and Ally Staff Network; LGBTQ+ Staff Network; Disabilities and Long-Term Conditions* group, Men’s network, Neurodiversity staff network, Working Families and Carers Network 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, Disability History Month, and various health and wellbeing awareness promotions*.
- Diversity and Inclusion-related news and information pages are promoted via the Trust’s weekly staff online bulletin, resource hub on the intranet and an EDI portal via the internet.
- 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
- Unconscious bias training delivered by the Equality, Diversity, and Inclusion Manager

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

Areas of Strength:

A campaign for Root Out Racism was launched during the year with several colleagues using their photographs and names added for greater impact to get people to ask them their preferred name. Positive anecdotal feedback was received at the time.

Further presentations have been delivered via teamTalk and poster presentations for Black History Month and South Asian Heritage Month which took place during the year.



Fig 2.3 Root out Racism – Ask me my preferred name

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

Areas of Strength:

Colleagues have access to a robust support offer which includes an employee support programme from Vivup. A resource which is available 24 hours a day for counselling support, advice and information. The trust also employs a colleague well-being manager and an in-house psychologist. In addition to these services, the Freedom to Speak Up Guardian is also available to meet with staff in a confidential forum. The FtSU guardian meets regularly with the trust chair and chief executive to escalate any areas of concern as well as presenting themes and findings at the People and Culture Committee meetings which are minuted for reference.

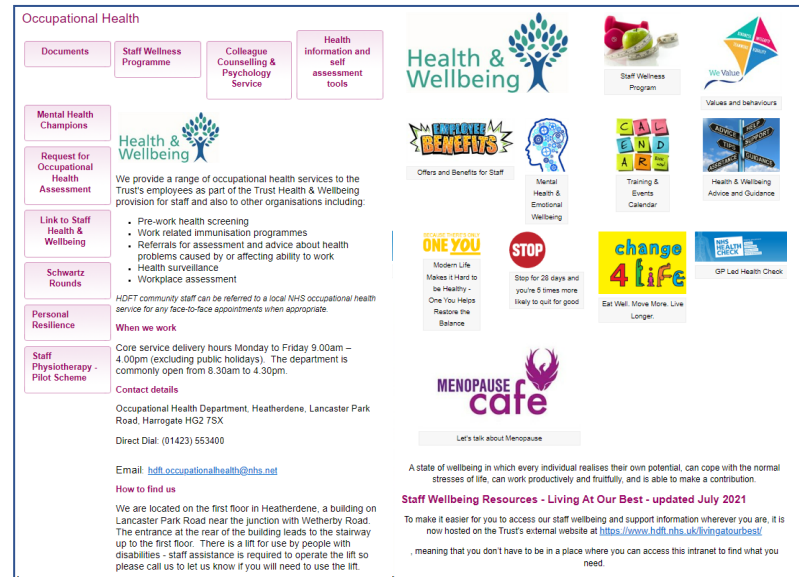


Fig 2.4 Health and Well-being intranet pages for colleagues

2B: 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 2023 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.	23.8%	29.9%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last twelve months.	15.9%	27.5%
Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or other colleague in the last twelve months.	9.6%	11.4%



Areas of Development:

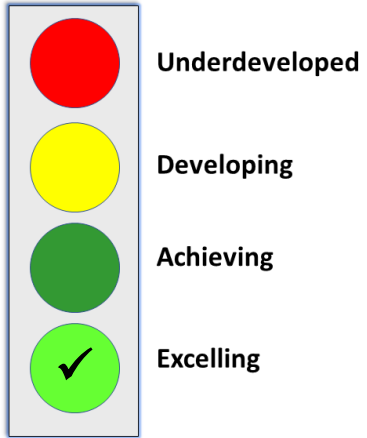
Demonstrate a year-on-year improvement against the WRES and WDES metrics.

Collate data from the Freedom to Speak Up Guardian to monitor those with protected characteristics enabling identification of themes.

Provide additional signposting to those who may have suffered verbal or physical abuse to VSCE organisations.

Comply with the NHS EDI Improvement Plan High-Impact Actions.

Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

EDS Outcome:	Description:								Grading:
2C	<p><i>Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source.</i></p>								
<p>Overall Rating Summary:</p> <p>Rated as Excelling which is described under EDS2022 as: The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality. Freedom to Speak Up Guardians are embedded and empowered. Relevant staff networks are staff-led, funded, and provide protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source. Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policies and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure. The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence. The organisations use evidence from people’s experiences to inform action and change and influence other system partners to do so.</p>									
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:

- 1: Bullying and Harassment Advisors.** These 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, raise awareness locally to staff and volunteers about the importance of the Trust values/behaviours, an open culture and speaking up to specifically address bullying behaviours.
- 3: Occupational Health Service.** Confidential support and advice are available for all employees through the Occupational Health Department.
- 4: Staff Counselling.** A confidential well-being service. Staff self-refer to this service/counsellor.
- 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.
- 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.

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 (continued):

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 can address immediate concerns, monitor situations, and direct staff to an independent source of advice where necessary.

The trust has also excelled at operating eight successful staff networks which provide a safe space for colleagues to speak openly and freely about any adverse matters that may impact them at work. The Equality, Diversity and Inclusion Manager and the Freedom to Speak Up Guardian attend the People and Culture Committee meetings to ensure that they are kept abreast of any issues that need escalating on behalf of their colleagues.

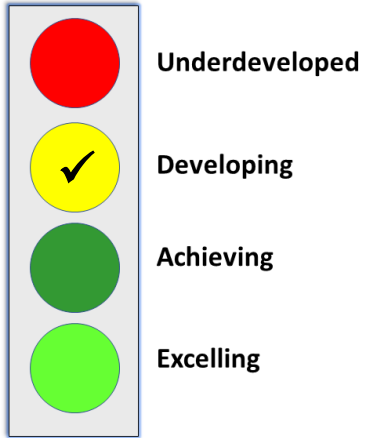


2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source.

Areas of Development:

The continuous development of Equality Impact Assessments is taking place as each policy and guidance document is reviewed updated and stored in PolicyStat for governance and document control.

Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

EDS Outcome:	Description:								Grading:
2D	Staff recommend the organisation as a place to work and receive treatment.								
<p>Overall Rating Summary:</p> <p>Rated as Developing which is described under EDS2022 as: <i>Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services.</i></p> <p><i>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.</i></p>									
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):

To be graded as ‘achieving’ for this metric, over 70% of staff who live locally to the services must be happy that they would recommend the organisation as a place to work and to receive treatment.

+/-	Questionnaire Section	Question	Organisation
(+)	YOUR ORGANISATION	Q25c I would recommend my organisation as a place to work (Agree/Strongly agree).	63.7%

Fig 2.5 IQVIA 2023 Harrogate and District NHS Foundation Trust Positive Scores Heatmap

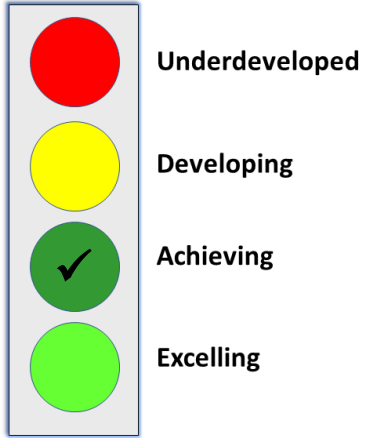
2D: Staff recommend the organisation as a place to work and receive treatment.

Areas of Development:

To be graded as achieving the organisation needs:

- 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 retain staff.
- The organisation uses data from the 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.

Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

EDS Outcome:	Description:								Grading:
3A	<p><i>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.</i></p>								
<p>Overall Rating Summary:</p> <p>Rated as Achieving: Both equality and health inequalities are standing agenda items and are discussed in Board and Committee meetings. Board members and senior leaders meet staff networks at least three or more times a year. Staff networks have a senior sponsor. Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities regularly. 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. Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity, and inclusion.</p>									
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 'TeamTalks.'

Examples include Mental Health Awareness Week, Lunar New Year, *Trans Day of Visibility* and *Baby Loss Awareness*, and other *observation and religious days and festivals*.



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:

Historical board papers evidence that EDI is a regular point of discussion at each of the People and Culture Committee meetings with a presentation made by the Equality, Diversity and Inclusion Manager and a colleague's story to highlight the board's commitment to employee lived experiences and some of the issues they may face in their place of work.

Visible commitments to EDI via the Trust's website include information from each of the staff networks, blogs from colleagues and a vlog from Mr Wallace Sampson, Non-Exec Director, and EDI Champion for the Trust. Additional information can also be found to signpost readers to a list of our external partners.

All mandated reports can be found on the Trust internet site:

- Workforce Race Equality Standard
- Workforce Disability Equality Standard
- Gender Pay Gap Report
- Ethnicity Pay Gap Report
- Public Sector Equality Duty
- Equality Delivery System 2022

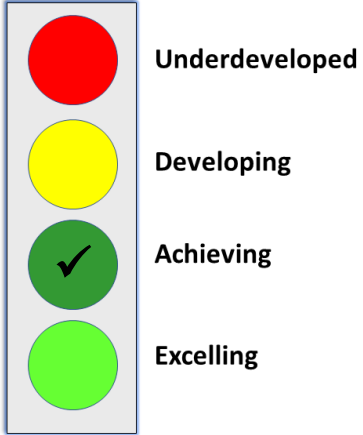
3A Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.

Areas of Development:

To achieve “Excelling” in this Domain, the organisation needs:

- Health inequalities as standing agenda items in all board and committee meetings.
- Board members and senior leaders to enable underserved voices to be heard. Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities regularly. Board members implement the Leadership Framework for Health Inequalities Improvement.
- Board members and senior leaders to actively communicate with staff and/or system partners about health inequalities, equality, diversity, and inclusion.

Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

EDS Outcome:	Description:								Grading:
3B	<i>Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.</i>								
<p>Overall Rating Summary:</p> <p>Rated as Achieving which is which is described under EDS2022 as both equality and health inequalities are standing agenda items in some board and committee meetings. Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. BME COVID staff risk assessments are completed Required actions and interventions are measured and monitored.</p>									
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:

Risk assessments were carried out during the pandemic for BME employees, this is no longer a requirement of the NHS. Other risk assessments and risk maps are documented and discussed at the individual directorate boards. The triumvirate leads present their business strategies to the boards which includes actions to support those who are impacted by health inequalities, age, gender, and socio-economic status.

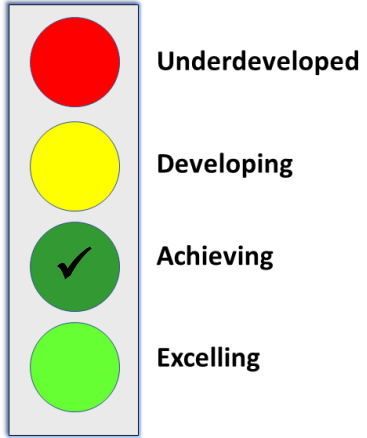
3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Areas of Development:

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

- Equality and health inequalities are reflected in the organisational business plans to help shape work to address local needs.
- Both equality and health inequalities are standing agenda items in all board and committee meetings.
- Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.
- Required actions and interventions are measured and monitored. The WRES, WDES are used to further develop approaches and build strategies.

Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

EDS Outcome:	Description:						Grading:	
3C	<p><i>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.</i></p>							
<p>Overall Rating Summary:</p> <p>Rated as Achieving which is which is described under EDS2022 as 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. Those holding roles at AFC Band 8C and above are reflective of the population served Organisations can show year-on-year improvement using Gender Pay Gap reporting, WRES and WDES. Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, end of employment exit interviews, Patient and carer race equality framework (PCREF - Mental Health), EDS2022.</p>								
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 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 declared a *Disability* and those who have not.

The trust has completed and reported on WDES for the last two years.

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

[Equality and diversity - Harrogate and District NHS Foundation Trust \(hdfnhs.uk\)](https://www.hdfnhs.uk/equality-diversity)

Gender Pay Gap:

Reported annually by the Trust and can be viewed here.

[Statutory documentation - Harrogate and District NHS Foundation Trust \(hdfnhs.uk\)](https://www.hdfnhs.uk/statutory-documentation)

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 WRES:

The report is completed and reported by the Trust annually.

The BME workforce represents 11.8% of the Trust's overall workforce. The BME population within the Trust has increased during the previous twelve months of reporting by 1.2%.

In respect of recruitment, the Trust's WRES data indicates that of the 1504 BME people who were shortlisted for jobs, 132 were appointed into the roles applied for.

BME colleagues reported less experience of bullying, harassment and abuse from patients, relatives and the public recorded at 32.2% in 2022 reducing to 29.9% in 2023.

The number of staff from BME backgrounds experiencing harassment, bullying or abuse from other colleagues in the previous 12 months of reporting also decreased from 30.1% to 27.5%

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:

Board members, system and senior leaders must ensure the implementation, monitoring and interventions on unmet goals for:

- WRES (including Model Employer)
- WDES
- NHS Oversight and Assessment Framework
- Impact Assessments
- Gender Pay Gap reporting
- Staff risk assessments (for each relevant protected characteristic)
- SOM, end of employment exit interviews,
- PCREF (Mental Health)
- EDS2022
- Accessible Information Standard
- Partnership working – Place-Based Approaches

Board members, system and senior leaders to actively support those experiencing menopause within the working environment.

Organisation to work with system partners to refocus work, meet unmet needs, and demonstrate change.

Organisation to show year-on-year improvements using Gender Pay Gap reporting, WRES and WDES. Board members, system and senior leaders monitor the implementation and impact of actions required and raised.

Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

EDS2022 Action Planning:		
Action:	By Whom:	Review Progress:
<p>Outcome 1A:</p> <p>Develop a system for the additional collection/reporting of waiting times by <i>Disability</i> status and <i>Disability</i> type and further information and analysis to be included in 2025 from LTUC and PSC directorates.</p>		
<p>Outcome 1B:</p> <p>Continue to update the Gantt chart concerning the procurement of the new adjustments to be made available via the Trust website.</p>		
<p>Outcome 1D:</p> <p>Further evidence is required regarding patient health inequalities and how this is identified and managed as part of the service development which includes the voices of the service users.</p>		
<p>Outcome 2A:</p> <p>The monitoring of sickness by protected characteristics to be able to analyse themes and impacts of the working environment.</p>		
<p>Outcome 2B:</p> <p>Year-on-year improvements of WRES and WDES data.</p> <p>Recording and analysis of themes from the Freedom to Speak Up Guardian</p>		
<p>Outcome 2D:</p> <p>Year-on-year improvements of WRES, WDES, and Impulse survey.</p>		



Equality Delivery System 2022 – Reporting of Assessment and Action Plans 2024- 2025

Outcome 3A: Health inequalities are to be a standing item on the agenda at all board meetings. Implement the leadership framework for health inequalities.		
Outcome 3B: Directorate business plans should shape the needs of their population.		
Outcome 3C: Year-on-year improvements of WRES, WDES, Gender Pay Gap, and Inpulse survey.		