

NHS Equality Delivery System 2022

EDS Report 2025

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff, and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing +health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement, and insight.

The EDS Report is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

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|---------------------------------------|--|--|---|--|--|
| Name of Organisation | | Harrogate and District NHS Foundation Trust | Organisation Board Sponsor/Lead | | |
| | | | Wallace Sampson Non-Executive Director and EDI Champion. | | |
| Name of Integrated Care System | | Humber and North Yorkshire ICB | | | |
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| EDS Lead | Richard Dunston Brady | | At what level has this been completed? | | |
| | | | | *List organisations | |
| EDS engagement date(s) | Domains 1 and 2: 5 February 2025 Domain 3: 4 December 2024 | | Individual organisation | | |
| | | | Partnership* (two or more organisations) | York and Scarborough Teaching Hospitals NHS Foundation Trust | |
| | | | Integrated Care System-wide* | | |

| | | | |
|------------------------|------------|---------------------------------|---------------|
| Date completed | 15/04/2025 | Month and year published | June 2025 |
| | | | |
| Date authorised | 28/05/2025 | Revision date | February 2026 |
| | | | |

| Completed actions from previous year | |
|--|--|
| Action/activity | Related equality objectives |
| <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>We will have a clearly communicated and positive focus on all aspects of health and wellbeing with the aim that every colleague feels supported.</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>We will create and maintain multiple channels for our colleagues to have a voice, be heard and feel empowered to speak up.</p> |
| <p>Outcome 2D:</p> <p>Year-on-year improvements of WRES, WDES, and Impulse survey.</p> | <p>We will be an organisation where everyone demonstrates our KITE behaviours to care for our patients, children and communities who are at the focus of everything we do.</p> |

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure and can assist you and those you are engaging with to ensure rating is done correctly.

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance with scores are below

| Undeveloped activity – organisations score out of 0 for each outcome | Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped |
|---|---|
| Developing activity – organisations score out of 1 for each outcome | Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing |
| Achieving activity – organisations score out of 2 for each outcome | Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving |
| Excelling activity – organisations score out of 3 for each outcome | Those who score 33 , adding all outcome scores in all domains, are rated Excelling |

Domain 1: Commissioned or provided services.

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|--|--|---|-----------|---|
| Domain 1: Commissioned or provided services. | 1A: Patients (service users) have required levels of access to the service | Community, Children and Public Health Directorate Gateshead 0-19 Contract | Achieving | Community, Children and Public Health Directorate |
| | | <ul style="list-style-type: none"> Delivered accessible information for Gateshead 0-19 contract. Provides services to a large Jewish community. Contracted services for asylum service users in the area. Service information available via a smartphone app, accessible 24 hours a day. Included a live chat facility for online engagement. App provides information about different services and service partners, including guidance documents. Designed collaboratively with service users to include all protected characteristics. Over 35,500 downloads, demonstrating value and commitment to communication. Feedback collected using online surveys and social media platforms. Over 90% of service users report good access to the service. Comprehensive information and advice platform with live chat and appointment links. Leaflets and hard copy surveys available at different site locations and in alternative languages and formats on request. Remote video interpreting with British Sign Language interpreters available. Directorate website includes RECITEME for neurodiverse service users to make adjustments for easier access. | | Long-term Unscheduled Care Planned Surgical Care |

- RECITEME video shown to stakeholders to demonstrate interactivity.

Long-term and Unscheduled Care Team
Cancer Service at Sir Robert Ogden

- Ranked highly by The Macmillan Quality Environment Mark on:
 - Design and Use of Space
 - The User’s Journey
 - Service Experience
 - The User’s Voice
- Information sheets available in over 200 languages, braille, BSL, and easy read formats.
- National Cancer Patient Experience Survey 2023 results:
 - 90% of service users offered information about financial help and post-hospital care.
 - 100% of patients said their care plans were always discussed with them.
- Provides a checklist for holistic care and a “What matters to me” form.

Planned and Surgical Care
Maternity and Midwifery Service

- Delivered around 1700 babies per year at home, in birthing pools, or in Consultant-led labour wards.
- Data collected on the demographics of service users.
- Awareness of issues such as mental health, safeguarding, domestic violence, and high BMI, managed with personal plans.
- Introduction of Badgernet and video tours to support neurodiverse people and those with English as a second language.
- Maternity Voices Partnership meets regularly and has its own website.

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| | | <ul style="list-style-type: none"> Released a strategy at the end of 2024 reflecting ambitions, aspirations, and achievements. Service users in Harrogate can receive patient letters in their preferred language (Polish, Romanian, Spanish, Chinese, Hungarian). Reasonable adjustments, such as interpreters and longer appointments, highlighted on the patient website. Reader Group reviews and sense-checks leaflets, surveys, forms, and template letters. Patient Experience Team collaborates with other patient groups and NHS Healthwatch North Yorkshire. <p>Equality Impact Assessments</p> <ul style="list-style-type: none"> Carried out by the Trust and stored in the PolicyStat database, available to the public on request. Performance and Planning teams analyse patient data to understand trends in health inequalities based on age, socio-economic status, ethnicity, sex, and sexual orientation. | | |
| | 1B: Individual patients (service users) health needs are met | <p>Gateshead 0-19 Contract</p> <ul style="list-style-type: none"> The Trust collaborates with commissioners and the Children and Young People's Public Health Directorate. Contracts are delivered with demonstrated quality assurance. Assurance supported by the Friends and Family Test and service user feedback. The 0-19 Service identifies needs around culture, gender, sexual orientation, and religion. Operates a holding hotel for asylum seekers and refugees. Offers weekly drop-ins and bespoke antenatal assessments over multiple contacts. | Achieving | <p>Community, Children and Public Health Directorate</p> <p>Long-term Unscheduled Care</p> |

- Provides pregnant individuals with a 'baby box' and children with age-appropriate development packs and toys.

Maternity and Midwifery Service

- Patients receive personalised care to meet individual needs.
- Individual management plans and risk assessments used throughout the maternity journey.
- Guidance documents available in the first language for those with English as a second language.
- Patient information sensitive to gender identity.
- Personalised care approach embedded in the new maternity strategy.

Cancer Service

- The Sir Robert Ogden Centre provides checklists for patients, including "Concerns" and "What Matters to Me".
- Information included in holistic needs assessment data.
- Suzy Walker, a Lung Cancer Specialist Nurse, presented a case study on a patient with complex needs, demonstrating that health needs are met.

Planned
Surgical
Care

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| | 1C: When patients (service users) use the service, they are free from harm | <p>Gateshead 0-19 Service</p> <ul style="list-style-type: none"> Regular governance huddles to share learning, disseminate best practice, and address identified risks. Implementation of HDFT Impact training to support continuous quality improvement. Adoption of Impact methodologies to ensure safe, high-quality care. <p>Cancer Service</p> <ul style="list-style-type: none"> Information available in multiple languages to ensure understanding of treatment plans. Holistic Needs Assessment conducted to capture broader care needs and involve patients in decision-making. Single point of contact for each patient. Staff trained to Level 2 in Psychological Support. Policies and procedures stored in PolicyStat for stronger version control and compliance. <p>Maternity and Midwifery Service</p> <ul style="list-style-type: none"> Clear processes to support staff in escalating concerns. Regular safety huddles, routine incident reporting, and a culture of learning from incidents. Consideration of socioeconomic background and ethnicity during audits to ensure equitable care. Embedded EDI action plan, regularly reviewed through governance structures. | Excelling | <p>Community, Children and Public Health Directorate</p> <p>Long-term Unscheduled Care</p> <p>Planned Surgical Care</p> |

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| | 1D: Patients (service users) report positive experiences of the service | <ul style="list-style-type: none"> • Feedback from the Gateshead 0-19 service included service user experience, different platforms, and mechanisms to enable service users to record their experiences in ways which enabled them to have a voice. • Patient feedback from the Sir Robert Ogden Cancer Service were also recorded 95% respondents said that relevant information was available to them, 100% said their care plan was reviewed and kept up to date. • The maternity service had also similar success being rated with the 5th highest positive score in a recent CQC Maternity Survey which was representative of the population they serve. Action plans and feedback is discussed with the Maternity and Neonatal Voices Partnership. • The Patient Experience Team also presented evidence in this section and spoke about the Friends and Family Test, Stroke Service Pathway Improvements, carer survey groups, focus groups, patient stories which are brought to Board and our involvement with NHS Healthwatch North Yorkshire. | Achieving | Community, Children and Public Health Directorate Long-term Unscheduled Care Planned Surgical Care |
| Domain 1: Commissioned or provided services overall rating | | | | Achieving |

Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|--|---|---|-----------|---|
| Domain 2: <i>Workforce health and well-being</i> | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | <ul style="list-style-type: none"> • Wellbeing advice and signposting available on the Intranet site, refreshed regularly. • Free physiotherapy for all staff. • Discounted gym membership. • Blue Light Card benefits. • Health promotions: Stoptober, Know Your Numbers, Healthy Eating Week. • Staff vaccination programme: annual flu jab, health screening, and signposting. • Employee Assistance Programme. | Achieving | Wellbeing and Occupational Therapy Services |

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| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | <ul style="list-style-type: none"> Percentage of staff experiencing harassment, bullying, or abuse remains high. Extract from the Trust's latest Workforce Race Equality Standard report for 2023: <ul style="list-style-type: none"> Reduction in harassment, bullying, or abuse for both White and BME staff across metrics 5, 6, and 8: <ul style="list-style-type: none"> 3.4% reduction from patients, relatives, and the public. 8.1% reduction from staff. 7% reduction from managers, team leaders, or other colleagues. Gap between BME and White staff experiences has narrowed for metrics 6, 7, and 8. Gap for metric 5 (bullying, harassment, or abuse from patients, relatives, or the public) has widened by 0.4%. | Achieving | People and Culture Directorate |
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| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | <ul style="list-style-type: none"> Wellbeing Service supported the development of the revised sickness policy. Established a team of Mental Health Champions. Freedom to Speak Up Guardian expanded their reach by developing a network of Freedom to Speak Up Champions. Trust routinely reviews DATIX reports to identify trends, including bullying and harassment. Signed the Sexual Safety Charter in 2024. Introduced a team of Domestic Abuse Champions to enhance staff support. Operates eight staff networks for colleagues to speak openly, share experiences, and access peer support. Equality, Diversity and Inclusion Manager and Freedom to Speak Up Guardian feed insight and concerns into the People and Culture Committee. Ensures senior leaders remain informed and responsive to workforce issues. | Excelling | Wellbeing and Occupational Therapy Services |
| | 2D: Staff recommend the organisation as a place to work and receive treatment | <ul style="list-style-type: none"> To be ranked as 'achieving' for this metric: <ul style="list-style-type: none"> Over 70% of staff who live locally to the services must be happy. Staff must recommend the organisation as a place to work and to receive treatment. | Developing | People and Culture Directorate |
| Domain 2: Workforce health and well-being overall rating | | | Achieving | |

Domain 3: Inclusive Leadership

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|-----------------------------|--|---|-----------|-------------------|
| <i>inclusive leadership</i> | 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 | <ul style="list-style-type: none"> • Evidence of senior commitments to local events. • Trust's executive directors endorse internal EDI-related events via 'TeamTalk'. • Examples of endorsed events: Mental Health Awareness Week, Lunar New Year, Trans Day of Visibility, Baby Loss Awareness, and other observation and religious days and festivals. • Historical board papers show EDI is a regular discussion point at People and Culture Committee meetings. • Presentations by the Equality, Diversity and Inclusion Manager and colleague stories highlight board commitment to employee lived experiences. • Visible EDI commitments on the Trust's website include: <ul style="list-style-type: none"> ◦ Information from staff networks. ◦ Blogs from colleagues. ◦ Vlog from Mr Wallace Sampson, Non-Exec Director, and EDI Champion. ◦ Signposting to external partners. • Mandated reports available on the Trust internet site: <ul style="list-style-type: none"> ◦ Workforce Race Equality Standard. ◦ Workforce Disability Equality Standard. ◦ Gender Pay Gap Report. ◦ Ethnicity Pay Gap Report. ◦ Public Sector Equality Duty. ◦ Equality Delivery System 2022. | Achieving | Corporate |

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| | <p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> | <ul style="list-style-type: none"> • Risk assessments for BME employees were carried out during the pandemic. • This is no longer a requirement of the NHS. • Other risk assessments and risk maps are documented and discussed at individual directorate boards. • Triumvirate leads present their business strategies to the boards. • Strategies include actions to support those impacted by health inequalities, age, gender, and socio-economic status. | Achieving | Corporate |
| | <p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p> | <ul style="list-style-type: none"> • Introduced in 2019, the WDES is a set of specific measures to compare the experiences of staff with a disability to those without. • Latest data based on key WDES indicators shows positive trends for disabled staff: <ul style="list-style-type: none"> ○ Increased confidence in reporting bullying, harassment, or abuse at work. ○ Reduction in the number of disabled staff feeling pressured to attend work when unwell, compared to the previous year. ○ Perception that the Trust acts fairly in relation to career progression for disabled staff. | Achieving | Corporate |
| <p>Domain 3: Inclusive leadership overall rating</p> | | | Achieving | |

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):

Royal Collage of Nursing

Independent Evaluator(s)/Peer Reviewer(s):

Domains 1 and 2

LGBTQ+ Staff network chair

Race, Equality and Cultural Heritage Staff Network Chair

Harrogate and District Community Action Group

Members of the HDFT Reader Group

RCN Representative

Public Governors

Chair of North Yorkshire Health Watch

Trust Members

Domain 3

Employees from York and Scarborough Teaching NHS Foundation Trust

EDS Organisation Rating (overall rating): Achieving

Organisation name(s): Harrogate and District NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**.

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**.

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**.

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**.

| EDS Action Plan | |
|---|---------------------------|
| EDS Lead | Year(s) active |
| Richard Dunston Brady (Equality, Diversity, and Inclusion Manager) | <i>Three</i> |
| EDS Sponsor | Authorisation date |
| Angela Wilkinson (Director of People and Culture) Wallace Sampson (NED EDI Champion) | 28/05/2025 |

| Domain | Outcome | Objective | Action | Completion date |
|---|--|---|--|------------------------|
| Domain 1: Commissioned or provided services. | 1A: Patients (service users) have required levels of access to the service | 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 LTUCC and PSC directorates. | Directorates to discuss with planning teams how they can extract data to help them to develop their service. | |
| | 1B: Individual patients (service users) health needs are met | Further engagement of patient's community groups and the public in commissioned services | Clinical Directorates to lead on their own specialisms | |

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| | 1C: When patients (service users) use the service, they are free from harm | Outcome 1C: N/A as the Trust has reached 'Excelling' in 2025 | | |
| | 1D: Patients (service users) report positive experiences of the service | 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. | Clinical Directorates/ PET team to consider how they can include all protected characteristics in their feedback mechanisms. | |
| Domain | Outcome | Objective | Action | Completion date |
| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | Improved sickness absence monitoring data of staff considering all protected characteristics. | People and Culture Directorate to consider additional support for staff with long- covid conditions (2A) and the monitoring of them to provide improved staff support | |
| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | <p>Year-on-year improvements of WRES and WDES data.</p> <p>Continue to deliver Cultural Competency Training to staff.</p> <p>Recording and analysis of themes from the Freedom to Speak Up Guardian</p> | <p>Equality, Diversity, and Inclusion Manager to report on these metrics annually.</p> <p>In place.</p> <p>Freedom to Speak Up Guardian to collate data where available and report on analysis</p> | |

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|--|--|---|---|--|
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | N/A as the Trust has reached 'Excelling' in 2025 | | |
| | 2D: Staff recommend the organisation as a place to work and receive treatment | Year-on-year improvements of WRES, WDES and Impulse survey. | Equality, Diversity, and Inclusion Manager to report on these metrics annually. | |

| Domain | Outcome | Objective | Action | Completion date |
|-----------------------------------|--|--|---|-----------------|
| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Health inequalities are to be a standing item on the agenda at all board meetings. Improved attendance at staff networks by Exec Sponsors Board to hold services to account and demonstrate their commitment to health inequalities. | All directorates to action this and include the EDI Manager in quarterly meetings for updates | |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Directorate business plans should shape the needs of their population in terms of health inequalities. | All directorates to work with planning teams as per 1A | |
| | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | Year-on-year improvements of WRES, WDES, Gender Pay Gap and Impulse survey. | Equality, Diversity, and Inclusion Manager to report on these metrics annually. | |

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