NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	22.02.2023
Subject:	NHS Equality Delivery System (EDS) 2022
Director Sponsor:	Heather McNair, Chief Nurse
Author:	Patient Equality Diversity Inclusion Lead

Status of the Report (please click on the appropriate box)

Approve☐   Discuss☐   Assurance☐   Information☒   A Regulatory Requirement☐

Trust Priorities	**Board Assurance Framework**
☐ Our People ☒ Quality and Safety ☐ Elective Recovery ☐ Acute Flow	☒ Quality Standards ☐ Workforce ☐ Safety Standards ☐ Financial ☐ Performance Targets ☐ DIS Service Standards ☐ Integrated Care System ☐ Sustainability

Summary of Report and Key Points to highlight:

This report gives an overview of the work that has been carried out on the NHS Equality Delivery System implementation during 2022-23. Once completed, the report will be submitted to NHS England equality and health inequalities team and published on the trust's website.

The Equality Delivery System (EDS 2022) 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. Implementation of the Equality Delivery System (EDS) is a requirement for NHS commissioners and NHS providers. It supports our work in meeting the Public Sector Equality Duties (PSED) of the Equality Act 2010.

During 2022, the EDS framework has been updated and national requirements are for trusts to consider two services for domain 1 (services) and to report by 28.02.23.

From March 2023, the requirement is for trusts to assess three services annually and to complete the leadership and workforce domains 2 and 3.

This report describes our EDS assessment work during July 2022 – Feb 2023 for two services. A grading engagement session for one service i.e. (a) Interpreting and Translation Service, was completed in February 2023, with the help of internal and external stakeholders. We continue to develop connections and receive feedback from stakeholders to inform our work in these areas, following the 14 Feb session. A grading engagement session with stakeholders is scheduled for 15 March 2023 for Domain 1 (b) Maternity service – knowledge and skills. To support our EDS work, we are developing some new connections with external groups as we refresh our approach. It is important to allow time for this, rather than complete an internal-only grading. We therefore acknowledge our second EDS event will be completed after the 28 Feb reporting deadline.

We also note this is a transition year for the new EDS 2022 framework, which was released to trusts in later Summer 2022 and trusts are encouraged to report progress to date. Therefore, this report includes the completed work on (a) the interpreting and translation service (which has been a key focus during 2022), together with the work completed so far in relation to (b) maternity service – knowledge and skills i.e. evidence gathered for the grading session in March.

A number of groups and organisations have kindly given their time to support us as we develop this work, which will support our equality and patient and public involvement work and service development work going forward.

This report was presented by the Patient EDI Lead to the Quality & Safety Assurance Committee on 21.02.2023

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation
Quality and Safety Assurance Committee	**21.02.2023**	

NHS Equality Delivery System 2022
EDS Reporting Template

York and Scarborough Teaching Hospitals NHS Foundation Trust 2022-2023

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	York and Scarborough Teaching Hospitals NHS Foundation Trust		Organisation Board Sponsor/Lead		
			Heather McNair, Chief Nurse (Domain 1) Polly McMeekin, Head of Workforce and Organisation development (Domain 2&3)		
Name of Integrated Care System	Humber and North Yorkshire Health and Care Partnership				

EDS Lead	Head of Equality Diversity Inclusion Patient Equality Diversity lead for Deputy Chief Nurse		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	This EDS assessment was made during July 2022 – Feb 2023 for two services using Domain 1, in line with national requirements.		Individual organisation	York and Scarborough Teaching Hospitals NHS Foundation Trust
	A grading engagement session for Domain 1 (a) Interpreting and Translation Service, was completed in February 2023, with the help of internal and external stakeholders. We continue to develop connections and receive feedback from stakeholders to inform our work in these areas, following the 14 Feb session.

A grading engagement session with stakeholders is scheduled for 15 March 2032 for Domain 1 (b) Maternity service – knowledge and skills. | | Partnership* (two or more organisations) | X In preparing our report for the interpreting service we have liaised with neighbouring acute trusts in our system to consider performance and quality i.e. Northern Lincolnshire and Goole NHS trust and Hull Teaching NHS FT. For the maternity service, we have invited our ICS maternity link to be involved in our grading exercise. |

	To support our EDS work, we are developing some new connections with external groups as we refresh our approach. It is important to allow time for this, rather than complete an internal-only grading. We therefore acknowledge our second EDS event will be completed after the 28 Feb reporting deadline. We also note this is a transition year for the new EDS 2022 framework, which was released to trusts in later Summer 2022 and trusts are encouraged to report progress to date. Therefore, this report includes the completed work on (a) the interpreting and translation service (which has been a key focus during 2022), together with the work completed so far in relation to (b) maternity service – knowledge and skills i.e. evidence gathered for the grading in March. Thank you to the stakeholders who have kindly given their time to support us by attending our EDS grading engagement sessions and by giving feedback in other ways which has informed our work, including; Healthwatch North Yorkshire and York York Council / Deaf club York Human Rights Network York Racial Equality Network (YREN) York Speak Up Diversity - Anti-Racist Network (IERUK) North Yorkshire County Council – refugee resettlement Scarborough and York Disability Action Group		

	Trust Inclusion Forum Public governors Northern Lincolnshire and Goole NHS trust Patient experience lead, individual patients as experts by experience, and Trust colleagues including; facilities helpdesk (translation) and procurement lead, trust access advisor and chaplaincy, patient experience, complaints, patient safety and governance colleagues, and our interpreting provider.		
		Integrated Care System-wide*	X

Date completed	20 February 2023	**Month and year published**	February 2023
Date authorised	22 February 2023 (trust board meeting)	**Revision date**	

EDS Rating and Score Card

Ra	
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

(a) Interpreting and Translation Service

Background to the service:

The interpreting and translation service includes; spoken languages interpreting via telephone, video (on-demand or bookable), face to face interpreting and translation of documents. The service includes British Sign Language (BSL) interpreting face to face and via video service. Other services available e.g. lip-speaker, sign supported English, Makaton and transcription into other formats. Nb. Transcription provision to be reviewed separately, as part of our work on the Accessible Information Standard. This service impacts directly on people with different language and communication requirements, including those with protected characteristics in relation to race / ethnicity and people with a disability or sensory impairment.

The key aim was to review performance of current interpreting service – July to Dec 2022.

Evidence reviewed:
- Service monitoring data - fill rates for interpreting requests
- Usage across types of services
- Usage across languages
- Unfilled requests, safety data
- Staff feedback – issues / risks
- Complaints / concerns
- Compare with others

20230206 EDS
Scoring Session Slides

In December 2022, further analysis was undertaken to review access to languages for refugees and asylum seekers and for some example types of services including maternity and children's services, as further indicators of access related to age, gender and migration status. This work informed the actions taken and action plans included here.

An EDS grading exercise was held with external and internal stakeholders on 14 February 2023 and ratings are included here.

Page	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Overall interpreting service levels below 98% target April-Jul 2022 = 86% and lower than rates achieved by other trusts which were approx. 92%. Access to telephone interpreting, video remote interpreting and translation was close to 100%. However, access to face to face spoken language interpreting was below target, fill rates averaging 86%. When data was reviewed for specific languages, access to British Sign Language (BSL) was found to be poorer with average fill rates of 76%. Risks to access were identified: • Lower fill rates for some languages, especially BSL and demand for Ukrainian. • Lower fill rates for some service areas e.g. X-ray and MRI due to more short notice face to face requests and rare languages. • Lower fill rates overall than other trusts, less use of video interpreting (which had better fill rates). • Transcription service underused* • Limited contract management activity and analysis. • Current contract due to end Dec 2022.	**Developing activity: 1** Results from grading session: 📄 PDF Interpreting services - Equality Delivery Sys	Patient Equality Diversity Lead For Deputy Chief Nurse and Head of Equality Diversity Inclusion.

		Barriers to access for: Deaf people who use BSL and for people in some ethnic minorities with language requirement. No specific data re: age or gender. (* fulfilled by another contracted provider – separate analysis needed re: NHS Accessible Information Standard)		
	1B: Individual patients (service users) health needs are met	Different options can be provided to support different interpreting access needs e.g. telephone, video, face to face and a male / female interpreter can be provided. No evidence of equality monitoring who uses the service, or how often requests for women interpreters can be met. Therefore we looked at some sample services to explore impact on health needs by gender, age, disability - evidence to indicate some areas where current service does not support people with higher risks due to a protected characteristic e.g. **Gender:** access for women using maternity service High telephone interpreting usage, high fill rates, low video interpreting use. Safety report highlighted missed opportunity to meet needs of women with a language / communication need at every contact. **Disability**: ophthalmology - High face to face BSL requests, high impact if unfilled **Disability:** audiology - Low face to face requests, higher video usage, higher fill rates **Age:** Childrens' service - High face to face requests, high refugee languages, high impact if unfilled	**Developing activity: 1**	

		We also note limited on-demand BSL interpreting across sites (2 tablet devices at York and Scarborough, underused. No two-way trust communication system for d/Deaf people to contact trust using BSL relay system. No routine engagement with patients and families in relation to interpreting service.		
	1C: When patients (service users) use the service, they are free from harm	Processes in place for professional standards in interpreting contract. Processes available for reporting incidents and near misses. Limited feedback gathered from staff by provider. Engagement undertaken with staff to explore issues and impacts on patients. Risks identified from staff engagement discussions and complaints data: • Potential risks where friends and family or staff members inappropriately asked to interpret to fill gaps when service/access targets not met. • Delays in accessing face to face interpreting e.g. for X-ray and MRI services can impact people who access healthcare later in their journey. • Some delays due to interpreter availability for rarer languages, those in high demand e.g. Ukrainian and where Makaton support required. • Risk of repeat delays / cancellations impacting same people with protected characteristics e.g. BSL users, refugees (some evidence from complaints). • Staff not aware of video on demand service.	**Developing activity: 1**	

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	1D: Patients (service users) report positive experiences of the service	No routine engagement with patients and families or stakeholders in relation to interpreting service and no relevant analysis of survey data. Patient feedback received about interpreting and translation service only in form of complaints and concerns: April-Sept 2022: 1 complaint where family member asked to interpret; 1 complaint no BSL interpreter booked, 1 concern about BSL interpreter conduct. (During 2021-2022, concerns/complaints about accessible communication in general increased = 6. This compared with 1 complaint and 1 comment in 2019-2020 and 1 concern and 2 enquiries in 20-21. Annual Patient EDI Report, from April 2020 to June 2022). Approx 6 complaints from staff about problems in accessing interpreting service during July-Dec 2022.	**Developing activity: 1**	

Completed actions July - November 2022	
Action/activity	**Related equality objectives**
Activity 1 Work with trust staff and current provider to improve performance: • Improve and sustain fill rates to meet patient needs, including BSL. • Contract management meetings resumed. Weekly action review meetings. • Targeted engagement with teams to address specific needs and issues. • 12 x learning sessions for bookers with tips on common errors / issues. • 150 staff received demonstrations + 30 medics. • Promotion of telephone and video interpreting as first choice.	Objective Two - To engage internally with services to discuss the needs of patients to ensure the reduction in health inequalities, that discrimination is eliminated, and patients and staff are supported with appropriate tools. Objective Three - To achieve compliance with the Accessible Information Standard
Activity 2 Consider how future procurement supports improvement: • Benchmarked current fill rates against others in local system. • Assessed contract options ahead of contract due to end Dec 2022. • Proposal made and accepted to make limited extension to June 2023 and move towards joint system procurement in 2023 (Exec committee paper). • Propose patient involvement (especially BSL users) in the procurement process and that BSL provision is considered.	Objective One - To engage with patients, carers, governors and local stakeholders and organisations (including CCGs, social care, Healthwatch), to listen and understand the needs of our patients. Objective Three - To achieve compliance with the Accessible Information Standard
Activity 3 Roll-out video interpreting tablet devices and explore BSL Relay (into 1): • 20 tablets now in use at trust sites – approx. 45 calls in December 2022 • Intranet page updated with key information for staff • BSL Relay service demonstration January 2023 and liaison with trust IT.	Objectives 1, 2 and 3 (to 2024).

Further analysis completed in December 2022 and shared at the grading event:

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	Overall interpreting service levels remained below 98% target but improved slightly Oct-Dec 2022 = **89%** (from 86%) (Nov 90% Dec 84%, Jan 94%) and numbers up. BSL and spoken language on-demand video interpreting now available at all main sites (9). Access to telephone interpreting, video remote interpreting and translation continued to be close to 100%. Number of video calls increased: Pre-booked video interpreting calls increased from around 9 to 14 per month. In addition, approx. 60 new video interpreting calls using new on demand video tablets and better access to face to face and video for MRI and X-ray. Fill rates for BSL face to face interpreting improved to a similar level to spoken languages and more completed (19/36): Oct-Dec = 79% for spoken languages, 81% for BSL BSL Delivered: Oct 10/12, Nov 6/9, Dec 13/15 delivered. BSL Unfilled: Oct 2, Nov 3, Dec 2.	As above.	Patient Equality Diversity Lead For Deputy Chief Nurse and Head of Equality Diversity Inclusion.
	1B: Individual patients (service users) health needs are met	Evidence to indicate where current service does not support people with higher risks due to a protected characteristic:	As above.	As above.

		Further analysis of sample services in relation to gender, age, sensory impairment: maternity, children's services, ophthalmology, some risks identified: • Access below average for some refugee languages face to face provision for children's service. • Access below average for BSL face to face interpreting for eye clinic. • Access above average e.g. for maternity where telephone service primarily used. Contract management activity weekly review in place. Targeted engagement with services re: tablets etc.		
	1C: When patients (service users) use the service, they are free from harm	1 complaint from staff about BSL interpreter conduct – resolved.	As above.	As above.
	1D: Patients (service users) report positive experiences of the service	Patient groups invited to EDS scoring session to review.	As above.	As above.
Domain 1: (a) Interpreting and translation service overall rating			Developing	
Domain 1: Commissioned or provided services overall rating			See below	

Next actions from Jan 2023 - Interpreting and translation service	
Action/activity	**Related equality objectives**
Activity 1 Continue work to improve and sustain **performance**: • Sustain fill rates to meet patient needs, including BSL, refugee languages. • Continue fortnightly review meetings, review complaints / concerns. • Engage with children's, community, ultrasound/CT teams re: video options. • Monitor usage of video interpreting tablet devices. • Implement BSL Relay service if possible.	These activities support our equality objectives to 2024: Objective One - To engage with patients, carers, governors and local stakeholders and organisations (including CCGs, social care, Healthwatch), to listen and understand the needs of our patients.
Activity 2 Influence **procurement** approach to support people's needs; • Ensure BSL fill rates and face to face provision are specifically considered. • Propose patient involvement and BSL provision are considered. • Propose patient feedback mechanisms are built into future contract. • Develop new tender for interpreting services, exploring a joint approach.	Objective Two - To engage internally with services to discuss the needs of patients to ensure the reduction in health inequalities, that discrimination is eliminated, and patients and staff are supported with appropriate tools.
Activity 3 Plan for future **patient involvement**; as activity 2, and; • Approach local stakeholders to support EDS scoring exercise. • Explore how to involve and receive feedback from people who use interpreting services (and groups who represent them), as our patient safety and patient and involvement activity develops, including survey data and future / repeat EDS review after the procurement exercise e.g. in 2024.	Objective Three - To achieve compliance with the Accessible Information Standard
Action 4 Consider **next steps** on EDS; • Consider areas highlighted in this report for repeat or further EDS review.	

(b) Maternity Service - skills and knowledge to serve our diverse community

Background to the service:

York Teaching Hospital NHS Foundation Trust provides midwifery care to women living in and around York, North Yorkshire and the East coast. This includes women with protected characteristics and specific needs, who can experience inequality.

Key question: are maternity staff equipped with skills and knowledge to provide high quality care for our diverse community, in a changing context?

Evidence reviewed:
- Census demographic data – what's changing?
- Service user and workforce data
- Interpreting service data
- Staff training data / feedback
- Feedback from women and families

A grading engagement session with stakeholders is scheduled for 15 March 2032 for Domain 1 (b) Maternity service – knowledge and skills. To support our EDS work, we are developing some new connections with external groups. It is important to allow time for this, rather than complete an internal-only grading. We therefore acknowledge our second EDS event will be completed after the 28 Feb reporting deadline.

We also note this is a transition year for the new EDS 2022 framework, which was released to trusts in later Summer 2022 and trusts are encouraged to report progress to date. Therefore, the work completed so far in relation to (b) maternity service – knowledge and skills, which will be completed and graded in March and will continue into 2023.

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	National context: Inequalities of access, experience, outcomes e.g. • Outcomes for women from Black and minority ethnic backgrounds, Asian women and women with mixed heritage, and; women living in deprived areas • Experience of trans women and birthing people, LGBT+ parents and families, • Experience of d/Deaf women and families during pandemic • Access for women who are refugees, women from Travelling communities, women with disabilities, mental health needs Local context: Changing population and landscape Joint Strategic Needs Assessment (York / ICS) New Census 2021 data - • East Riding census • Scarborough census • York census New Integrated Care System New NHS expectations – CORE 20+5 + CQC inspection of maternity 2022 Key question: In this changing context, are maternity staff equipped with skills and knowledge to provide high quality care for our diverse community?	Rating to be confirmed following EDS grading session 15 March	Maternity transformation lead, retentions and support midwives Patient Equality Lead, for Deputy Chief Nurse

What did we find?
A: Access to the service
Ethnicity data

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Women using the service 2020 -22 compared with our community and workforce:

% usual residents by ethnic group:	Census	Mums	Workforce
Asian, Asian British or Asian Welsh	3.80%	2.09%	
Black, Black British, Black Welsh, Caribbean or African	0.70%	0.96%	
Mixed or Multiple ethnic groups	1.80%	0.59%	
White, White English, Welsh, Scottish, Northern Irish, or British, Irish, Gypsy or Irish Traveller, Roma, Other white	92.80%	91.76%	
Other ethnic groups	1.00%	3.35%	
Chinese		0.59%	
Not stated / not known		0.67%	

Workforce data to be confirmed ahead of March grading event.

What did we find?
A: Access to maternity service
Language data

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Most commonly requested languages:

• Polish
• Romanian
• Kurdish Sorani
• Turkish
• Ukrainian
• Arabic
• Mandarin Chinese
+ British Sign Language

Census 2021: Country of birth

England	86.10%
Scotland	1.90%
China	1.00%
Poland	0.90%
Wales	0.80%

Resident communities, refugee families, d/Deaf community, international staff / students, changing picture

Trust data informed by EDS (a) Interpreting and translation service work.

What did we find?
A: Access to maternity service
Protected characteristics

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

We have yet to review access data for other protected characteristics and circumstances e.g.

Deprivation / postcode
CORE20+5, Refugees

- Ethnicity
- Disability
- Religion
- Gender
- Transgender
- Sexuality
- Age
- Language

Actions completed to date: To be confirmed ahead of March grading event.

- Trust equality diversity inclusion (EDI) staff training mandatory (Nov 2022).
- Further EDI trust training scheduled for 2023: trans awareness, cultural competence.
- Explore need for specific maternity learning in these areas and trauma informed care.
- Working with Local Maternity System re: EDI data / systems.

				Rating to be confirmed following EDS grading session 15 March	
	1B: Individual patients (service users) health needs are met	**B: Individual needs - support for women** — NHS York and Scarborough Teaching Hospitals NHS Foundation Trust Processes in place: • Interpreting service • Accessible information • Chaplaincy service • Learning Disability Liaison team Potential issues : • Being ready to support Black and minority ethnic women appropriately, including refugee women, traveller women • Being ready to meet trans parent's needs • Being ready to meet language needs at every contact, low video use, BSL short notice • Being ready to meet disability-related needs e.g. autism, sensory and physical needs, reasonable adjustments, accessible information **B: Individual needs - staff knowledge and skills** — NHS York and Scarborough Teaching Hospitals NHS Foundation Trust ▪ Mandatory Equality, Diversity, Inclusion training (Nov 2022) ▪ Jan 2022: 149 midwives at York, 32 have completed EDI module ▪ Some midwives have specific knowledge and training and local information / contacts ▪ No tailored training on meeting women's specific needs e.g. www.fivexmore.com or trans ▪ d/Deaf awareness low take-up ▪ Releasing maternity staff to attend training is a challenge ▪ Engagement to be improved e.g. MVPs being refreshed ▪ Equality monitoring data / IT systems to be improved ▪ Initial audit started to look at women's communication needs			

B: Individual needs - potential impacts

Data/system issues:

- Ethnicity recording is poor in some areas
- Record systems not always inclusive of trans parents
- Needs not readily highlighted on systems e.g. reasonable adjustments or communication needs

Potential impacts:

- Unable to equality monitor
- Not always able to meet needs in appropriate timely way
- Not always able to support psychological safety
- Risk to good quality communication and care
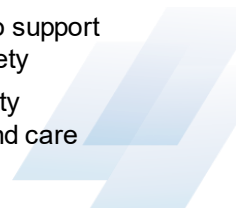
B: Individual needs - protected characteristics

We have yet to review data by other protected characteristics and circumstances e.g. refugee women, deprivation CORE20+5
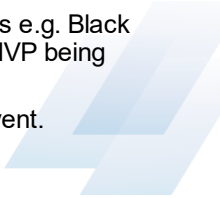
Review of women with communication needs started and paused

- Ethnicity
- Disability
- Religion
- Gender
- Transgender
- Sexuality
- Age
- Language

				Rating to be confirmed following EDS grading session 15 March	
	1C: When patients (service users) use the service, they are free from harm	**C: Safe from harm - staff knowledge and skills** — NHS York and Scarborough Teaching Hospitals NHS Foundation Trust Processes in place: • Professional standards • Managing complaints • Reporting safety concerns Potential risks : • Staff may be unaware of needs, risks and opportunities – low training compliance • Staff may be unaware of national inequalities and local changes e.g. video interpreting • Staff may not be ready to meet needs at every opportunity / contact • Staff and leaders may not be ready to support colleagues who face racism **C: Safe from harm - communication** — NHS York and Scarborough Teaching Hospitals NHS Foundation Trust Issues from safety data: • HSIB example of missed opportunities for interpreting support • Example of missed communication in letter • Example of unmet BSL interpreting need Other examples from EDS interpreting: • Some delays due to face to face interpreter availability • Some examples where friends and family inappropriately asked to interpret • Staff not always aware of 'on demand' or alternative options		Rating to be confirmed following EDS grading session 15 March	

		C: Safe from harm - protected characteristics NHS York and Scarborough Teaching Hospitals NHS Foundation Trust We have yet to review safety monitoring data using protected characteristics and circumstances e.g. Deprivation / postcode CORE20+5, Refugees • Ethnicity • Disability • Religion • Gender • Transgender • Sexuality • Age • Language		
	1D: Patients (service users) report positive experiences of the service	**D: People's experiences - feedback** NHS York and Scarborough Teaching Hospitals NHS Foundation Trust To be confirmed ahead of March 15 grading event. 1. Feedback from complaints and concerns : 2. Feedback from external engagement: Currently no specific engagement with equality groups e.g. Black and minority ethnic women, refugees, trans parents. MVP being refreshed. Engaging with stakeholders to support EDS grading event.	Rating to be confirmed following EDS grading session 15 March	

D: People's experiences - maternity survey

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

To be confirmed ahead of March15 grading event.

3. CQC maternity survey - trust key areas for improvement:
• A
• B
• C
• D

Potential impacts for particular groups:
• A
• B
• C

• Nb. Limited survey equality data at local level, but national data informs us and can also draw on Black Maternity Experiences Survey 2022 and forthcoming York Anti-Racist City research (tbc March 2023).

Domain 1: Commissioned or provided services overall rating	TBC

Domain 2: Workforce health and well-being - not applicable for EDS 2022-23

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	This domain not applicable for EDS 2022-23 reporting.		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	This domain not applicable for EDS 2022-23 reporting.		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	This domain not applicable for EDS 2022-23 reporting.		
	2D: Staff recommend the organisation as a place to work and receive treatment	This domain not applicable for EDS 2022-23 reporting.		
Domain 2: Workforce health and well-being overall rating			N/A	

Domain 3: Inclusive leadership - not applicable for EDS 2022-23

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	This domain not applicable for EDS 2022-23 reporting.		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	This domain not applicable for EDS 2022-23 reporting.		
	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	This domain not applicable for EDS 2022-23 reporting.		
Domain 3: Inclusive leadership overall rating			N/A	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): N/A		**Independent Evaluator(s)/Peer Reviewer(s):** N/A		

EDS Organisational Rating (overall)

EDS Organisation Rating (overall): Undeveloped (score = 4, based on 1 service graded) Nb. grading for second service due in March 2023.
Organisation name(s): York and Scarborough Teaching Hospitals 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**
Equality Diversity Inclusion Lead Patient Equality Lead for Deputy Chief Nurse Maternity Transformation Lead	2023
EDS Sponsor	**Authorisation date**
Heather McNair, Chief Nurse (for Domain 1 – services)	Feb 2023

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service		For Interpreting and translation service: Actions planned for 2023 are identified above. For Maternity - staff knowledge and skills, Actions for 2023 to be developed with grading event in March.	
	1B: Individual patients (service users) 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	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	Not applicable for EDS 2022-23		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Not applicable for EDS 2022-23		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Not applicable for EDS 2022-23		
	2D: Staff recommend the organisation as a place to work and receive treatment	Not applicable for EDS 2022-23		

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	Not applicable for EDS 2022-23		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Not applicable for EDS 2022-23		
	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	Not applicable for EDS 2022-23		

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net