

Classification: Official

Publication approval reference:



## **NHS Equality Delivery System 2022**

### **EDS Reporting Template**

**York and Scarborough Teaching Hospitals Foundation Trust**

**Report February 2025**

Version 1, 15 August 2022

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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/](http://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](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>		York and Scarborough Teaching Hospitals NHS Foundation Trust		<b>Organisation Board Sponsor/Lead</b>	
				Director of Workforce and Organisational Development	
<b>Name of Integrated Care System</b>		Humber and North Yorkshire			
<b>EDS Lead</b>	Virginia Golding		<b>At what level has this been completed?</b>		
				<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	D1, 16 November 2024, 19 November 2024 & 28 November 2024 D2, 12 November 2024 D3, 5 December 2024		<b>Individual organisation</b>	D1 & D2	
			<b>Partnership* (two or more organisations)</b>	D3 peer reviewed by Harrogate and District Teaching Hospitals	
			<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	December 2024	<b>Month and year published</b>	February 2025
<b>Date authorised</b>	29 January 2025	<b>Revision date</b>	February 2026

Completed actions from previous year	
Action/activity	Related equality objectives
<p><b>Domain 1</b></p> <p><b>Learning Disability Liaison services:</b></p> <ul style="list-style-type: none"> <li>Improved data collection for the learning disability register, particularly for sexuality, gender, language, and health inequalities.</li> <li>Continued to provide training to teams across the Trust and work to ensure ED and newly qualified staff are aware of reasonable adjustments, hospital passports, the learning disability liaison team etc.</li> <li>Raised awareness of the team information on Staff Room.</li> <li>Continued review of complaints and concerns information from people with a learning disability. Identified themes and/or teams/departments where training was prioritised.</li> <li>Provided information in the Patient Safety Bulletin about the team and how to contact them. – this has helped departments work more collaboratively with the team, drawing on the team’s expertise in neurodivergence and learning disability.</li> </ul>	<p><b>Public Sector Equality Duty (PSED)</b></p> <p><b>Objective 1</b></p> <p>To engage with patients, carers, Trust Governors and local stakeholders and organisations, (including CCGs<sup>1</sup>, social care, Healthwatch) to listen and understand the needs of our patients.</p> <p><b>Objective 2</b></p> <p>To engage internally with services to discuss how the needs of patients can be met to ensure that:</p> <ul style="list-style-type: none"> <li>health inequalities are reduced</li> <li>discrimination is eliminated</li> </ul> <p>patients and staff are provided with appropriate tools.</p>
<p><b>Tobacco Dependency service:</b></p> <ul style="list-style-type: none"> <li>Tobacco Dependency Advisors understand the importance of gathering demographic information and are more confident asking people for their information.</li> </ul>	<p>As above</p>

<ul style="list-style-type: none"> <li>• Triangulated the service and Trust demographic data to assess representation of the inpatients of the Trust.</li> <li>• Training on dementia, Learning Disability and Autism has been delivered to the Tobacco Dependency Advisors.</li> <li>• Health inequalities training has been included in the induction training.</li> <li>• The service captures ongoing anecdotal feedback about the service and patient experience.</li> </ul>	
<p><b>The palliative and end of life care:</b></p> <ul style="list-style-type: none"> <li>• A process is now in place to collate the positive feedback often included in bereavement cards.</li> <li>• The service is developing training for carers/relatives to give subcutaneous injections so patients can be supported to die at home.</li> <li>• Promoted Dying Matters Week and informed staff on how to ask patients about the most important thing for them when at end of life.</li> <li>• Included information about subcutaneous injections and other content within the Patient Safety Brief, to encourage ward staff to think about how best to support patients to die at home, if that is what they want.</li> <li>• Included in the Trust EDI newsletter, information about how the service is working with patients with protected characteristics/who could be experiencing health inequalities in the.</li> <li>• Included patient experience case studies in presentations for medical grad rounds/preceptorship sessions.</li> </ul> <p>A proposal to have the EDS framework to be included within all care group patient experience working plans has been put forward to the patient experience subcommittee, to then be signed of at board level.</p>	As above

<p><b>Domain 2</b></p> <p>Monthly awareness sessions run by the Wellbeing Team, targeting obesity, diabetes, asthma, COPD and mental health conditions, as well as a host of other things. This is ongoing and will continue next year.</p> <p>Health checks available to staff at Bridlington and Scarborough. This is ongoing, and will continue next year, with discussions taking place around how to fund this for staff in York.</p> <p>Review and relaunch of the Civility, Respect and Resolution Policy working in collaboration with trade union colleagues.</p> <p>Due Regard Assessment completed through policy development.</p> <p>Development of Just and Learning Assessment.</p> <p>Relaunch of the Fairness Champions.</p> <p>Launch of Our Voice Our Future.</p> <p>Trust has signed up to the Sexual Safety at Work Charter.</p>	<p>Ensure all areas of EDI compliance are met and action plans are implemented to improve experience. NHSE EDI Improvement Plan.</p> <p>EDS 2022, Workforce Race and Disability Standards, Accessible Information Standard, Sexual Orientation Monitoring Standard, Gender Pay Gap.</p> <p>Develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. Implement the plan through Task and Finish groups.</p>
<p><b>Domain 3</b></p> <p><b>Outcome 3A</b></p> <p><b>The Chair and CEO to ensure that there is a notable profile of EDI on Board meetings.</b></p>	<p>Ensure all areas of EDI compliance are met and action plans are implemented to improve experience. NHSE EDI Improvement Plan,</p> <p>EDS 2022, Workforce Race and Disability Standards, Accessible Information</p>

<p>It was agreed all EDI reports and required policies etc would be presented at the relevant Committee and Board meetings. Health inequalities is discussed at all Board meetings.</p> <p><b>Executive Director Staff Network Sponsors to use their position as a network sponsor to question and challenge reports and discussions at Committee and Board meetings.</b></p> <p>Work is still ongoing to improve this.</p> <p><b>Outcome 3B</b></p> <p><b>Equality and Health Impact Assessment (EqHIA) updates are provided to the Trust’s Board of Directors on a quarterly basis to provide assurance of the Trust’s process. EqHIA to be included in the report Front Cover Sheet. Progress to be included in the CEO’s report.</b></p> <p>EIA was included in the Trust’s reporting Front Cover Sheet from September 2024. The new EqHIA process is to be approved and implemented in 2025.</p> <p>Work is ongoing with this action.</p> <p><b>Outcome 3C</b></p> <p><b>H&amp;WB Lead and Menopause Champions to present an update report to Resources Committee outlining the work the Trust is undertaking to support colleagues and how senior leaders can become involved.</b></p> <p>Action to be implemented in 2025. The Trust continues to raise awareness about menopause support.</p>	<p>Standard, Sexual Orientation Monitoring Standard, Gender Pay Gap.</p> <p>Implement an Anti-racism strategy, Workplace Adjustment policy and guidance on supporting neurodiverse staff.</p> <p>Develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. Implement the plan through Task and Finish groups.</p>
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## EDS Rating and Score Card

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

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

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

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p><b>Sexual Health and HIV Services</b></p> <ul style="list-style-type: none"> <li>• The service captures demographic data.</li> <li>• The service has identified geographical, psychological, social, and cultural, environmental barriers for people accessing the service and are continually taking action in response to barriers.</li> <li>• They have also identified availability of services and language barriers.</li> <li>• The service regularly engages with affected groups and learns from feedback and incidents to implement meaningful changes.</li> <li>• They continue to engage with people when developing services. <ul style="list-style-type: none"> <li>• “You said, we did” approach to patient feedback.</li> </ul> </li> </ul> <p>Prior to the proactive offer, the service saw around 40 to 50 women and people with cervix a year for opportunistic screening. They are now seeing over 400.</p> <p>Patient feedback:</p>	Achieving Activity 2	Alison Chorlton

		<p>“Care-taking duties in the family means that walk-ins better suit as we can drop in when it's best for us.”</p> <p>“The appointment availability was excellent. The alternative was to go on a 2-3 month waiting list to even be considered for an appointment for a coil fitting at my GP surgery. That’s hardly good for family planning/contraception for those who want to be responsible but have limited options due to age.”</p> <p><b>Endoscopy Services</b></p> <p>Additional patient information is recorded and communicated through the patients care pathway via the patient journal.</p> <p>The service assesses DNAs and has identified the following key barriers: Patient Transport, availability of appointments and psychological barriers due to the intimate nature of procedures. Through recent investment and ongoing development, the service is actively addressing these barriers as shown in the service data and patient feedback.</p> <p>The service has received additional resources recently to increase availability. This has had a positive impact on reducing</p>	<p>Achieving Activity 2</p>	<p>Michelle Robinson</p>
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		<p>wait times significantly and has allowed staff to give more time to patients. This has also meant appointments can be made more strategically, offering disadvantaged patients longer appointment times and matching specific patient needs with the appropriate consultant.</p> <p>The service has developed a vast library of information in different formats – developed with Healthwatch panel which checks patient information is clear and accessible. The treatment sites are also included on AccessAble; helping with wayfinding and identifying facilities such as quiet spaces and disabled toilets.</p> <p>Patient Transport continues to be a challenge across the Trust. The team liaise closely with patients GP and voluntary organisations to ensure patients attend appointments. The team have provided case studies to show how this additional work has resulted in ensuring homeless patients, and those who have been victims of crime have received treatment they would have otherwise not been able to access.</p> <p>“Everyone was so nice and reassuring. The staff nurse was very kind and helped me immensely talking with me and helping me to</p>		
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		<p>stay calm. Very, very many thanks to all the staff.”</p> <p>“Excellent care throughout. Kind staff, empathetic and accommodating. Made one scared lady feel very safe and reassured. 5 stars to everyone.”</p> <p>“The staff made what could have been a very stressful experience very bearable.”</p> <p><b>Ophthalmology Services</b></p> <p>The Ophthalmology service identifies that availability of appointments is a barrier for patients, particularly for those with long term health conditions. The need to travel to specific sites for procedures can be a barrier for those unable to travel independently. The service has adapted its equipment and provision to improve accessibility, but the service is still under pressure from limited physical space and large patient numbers.</p> <p>Much of the feedback reflects the long wait times due to service pressures:</p> <p>“Sometimes it takes 1 hour sometimes 2 hours. But this is because of the number of patients, staff are great.”</p> <p>“Staff are lovely, friendly. Understand nervous clients Polite &amp; reassuring.”</p>	<p>Developing Activity 1</p>	<p>Andy Robinson</p>
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		<p>“I gave good reason to answer these questions because they were very good to me.”</p> <p>“He is wonderful with children and my son looks forward to going to his appointments.”</p> <p>“Very hard to get to as there is no transport given to take you to the hospital.”</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p><b>Sexual Health and HIV services</b></p> <p>The service has good positive working relationships with local VCSE groups and marginalised communities. The staff actively engage with these groups and involves them within service delivery and design. One notable project has been the roll out of trans cervical screening sessions – meeting the gaps of GP services who struggle to correctly code and screen trans patients.</p> <p>The service has recently invested in an engagement lead who is actively reaching out to those known to be less likely to access the service – e.g. care homes, refugee community.</p> <p>Everyone who access the service is contacted and asked about reasonable adjustments required. This information is recorded and communicated as appropriate.</p>	<p>Excelling Activity 3</p>	

		<p>The service is actively seeking to adopt a model to reduce HIV stigma across the Trust, and local community as they recognise this is a barrier for people with HIV having their health needs met.</p> <p>Patient Feedback includes:  “Was made to feel very welcomed and listened to, they explained everything perfectly and was so supportive”  “The clinician who took care of me was absolutely lovely. Just the Type of person you’d want to be looking after you in this sort of vulnerable situation.”</p> <p><b>Endoscopy Services</b></p> <p>Patients at higher risk due to a protected characteristic, and other groups at risk of health inequalities, needs are met in a way that works for them. The service captures reasonable adjustments at the point of referral, at pre assessment and these are discussed again, agreed, and actioned when the patient meets the medical team prior to a procedure.</p> <p>The service encourages all patients to complete the Friends and Family test at the end of a procedure. This is during a debrief/discharge process where any</p>	<p>Excelling Activity 3</p>	
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		<p>feedback and/or concerns can be discussed with a member of the team. This feedback is incorporated in design and delivery decisions.</p> <p>The service works with VCSE organisations and secondary care and social prescribers to ensure harder to reach patients can access their appointments.</p> <p>Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic. With recent investment, the service can plan appointments based on the complexity of the procedure – those requiring more support will take place at a more suitable time with the most appropriate consultant. More straight forward procedures will take place when there is less need for personalised support.</p> <p>“I was talked through the whole procedure very thoroughly. Everything was well explained. The nurses put me at my ease. They were all delightful and very caring. Thank you, team! Had every confidence in your work.”</p> <p>“I was apprehensive and was put at ease by the staff. The whole situation went smoothly</p>		
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		<p>and was even asked what style of music I liked, and Queen music was played. So I have no complaints and what I expected to be an uncomfortable experience turned out OK.”</p> <p><b>Ophthalmology Services</b></p> <p>Patients at higher risk (due to protected characteristic) needs are met in a way that works for them. The service has recently invested in tech adjustable for wheelchair users. The service has developed a digital offer which reduces the need for travel for initial appointments.</p> <p>The service has close links with local vision loss charities and will signpost to VSCE organisations and social prescribing. Using patient passports and with support from the complex care team, reasonable adjustments are documented and communicated – helping embed personalised care into the care delivered for those with higher risks due to a protected characteristic.</p> <p>The service has put in preventative measures to help reduce health inequalities. One initiative is ‘piggy backing’ eye health appointments for diabetic patients, ensuring patients can access an eye appointment</p>	<p>Achieving Activity 2</p>	
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		when they are attending the hospital for any other purpose.		
	1C: When patients (service users) use the service, they are free from harm	<p><b>Sexual Health and HIV services</b></p> <p>Policies and guidance put into practice:</p> <ul style="list-style-type: none"> <li>• Trans &amp; Gender Diverse Communities Policy</li> <li>• Animals on Trust Premises Policy</li> <li>• Accessible Information Standard Policy</li> <li>• Due Regard Impact Assessment</li> <li>• Guidance for Writing Patient Information</li> <li>• Reasonable Adjustment Guidance</li> </ul> <p>Operational/team processes:</p> <ul style="list-style-type: none"> <li>• Incident reporting procedures</li> <li>• Accountability and learning sessions.</li> <li>• Patient feedback encouraged and regularly reviewed.</li> <li>• Seek support from specialist areas e.g. for safeguarding and the complex care team.</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>• Core Skills Training Framework</li> <li>• Specialised Training for Sexual Health</li> <li>• HIV Care</li> <li>• Contraception and reproductive health</li> </ul>	Achieving Activity 2	

		<ul style="list-style-type: none"> <li>• Advanced clinical practitioner training</li> <li>• Continuous Professional Development</li> <li>• EDI training</li> <li>• Statutory and Mandatory training compliance is 96.3% for 82 staff on September 24</li> </ul> <p>August reporting:</p> <ul style="list-style-type: none"> <li>• 6 identified and mitigated risks</li> <li>• 0 overdue compliance/actions</li> </ul> <p><b>Endoscopy Services</b></p> <p>The Endoscopy service has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known Health and safety risk.</p> <p>The service has recently received JAG Accreditation from the Royal College of Physicians' Joint Advisory Group (JAG) on gastrointestinal endoscopy, following a rigorous assessment. This is awarded for only the highest standards of best practice in endoscopy. The award states "High-quality clinical leadership and strong team collaboration."</p>	<p>Excelling Activity 3</p>	
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		<p>Through incident reporting procedures (Datix), monthly 'accountability and learning sessions' and through the recent Trust initiatives for mental capacity act processes, staff are supported and encouraged to report, discuss and learn from incidents and near misses.</p> <p>These initiatives encourage and promote an improvement culture and with support from the patient EDI Lead, actively include equality and health inequality themes in safety incidents and near misses.</p> <p>The service encourages patient feedback and works with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk.</p> <p><b>Ophthalmology Services</b></p> <p>Working with specialist teams across the Trust, the service has procedures and initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known Health and safety risks.</p> <p>Staff and patients feel confident, and are supported to, report incidents and near</p>	<p>Achieving Activity 2</p>	
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		<p>misses reported through a central system (Datix). These are discussed in monthly governance meetings where operations managers, nursing leads, medical leads discuss patient feedback and recorded incidents/near misses. The team identify needs for escalation and learning – these are then shared across sub teams.</p> <p>Weekly complaints meetings take place in the care group – where the service can be held to account with their responses to complaints and seek advice from the patient experience team, incident investigators and chief nurse team.</p> <p>Via patient safety initiatives/campaigns the Trust encourages an improvement culture considering equality and health inequality themes in safety incidents and near misses.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p><b>Sexual Health and HIV services</b></p> <p>The service actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service, as evidenced through work with Trans patients and gender diverse communities and those with HIV.</p>	<p>Excelling Activity 3</p>	

		<p>The service tracks progress and takes learning from patient feedback and the Friends and Family tests (FFT). August 2024: 100% of patients reported they were treated with kindness always or sometimes – this is reflective of the years FFT results.</p> <p>The service actively works with the VCSE to ensure all patient voices are heard as evidenced through the “you said we did”, most recently with a local youth service.</p> <p>The service shows understanding of the link between staff and patient treatment as evidenced through their outreach work on cervical screening.</p> <p>The organisations use patient experience data to influence the wider system and build interventions in an innovative way as evidenced in their outreach work.</p> <p><b>Endoscopy Services</b></p> <p>The service gathers feedback from all patients about their experience of the service. The service creates evidence-based action plans. Through workshops with patients and relevant stakeholders EDI action plan has been set and progress will be monitored with the patient EDI lead. The</p>	<p>Achieving Activity 2</p>	
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		<p>service values and clearly shows understanding of the link between staff and patient treatment and has demonstrated improvements in patient experiences, as shown in the friends and family test results.</p> <p>In the August 2024 FFT result 490 patients reported to have a 'very good' experience, 31 reported their experience as 'good'. There was 1 'poor' experience relating to delayed communication between the hospital and the GP.</p> <p>Other comments include: "Explained everything clearly and double-checked info. Listened to my concerns and were kindness personified. I thank you to all on ward who treated like I was family. Well organised and ward very clean and tidy."  "Every step of the way, everything was explained fully, no questions ignored and was treated with nothing other than care and consideration at every step of the procedure. Thank you for all the kindness and attention I received from everyone."  "Staff could not be any more helpful, kind, friendly, caring, it was excellent. Consultant was lovely too. Kept very clean."</p>		
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		<p>“I can't name a particular thing; everything was perfect all the staff made me feel at ease and very caring.”</p> <p><b>Ophthalmology Services</b></p> <p>The service collects patient experience data via the Friends and Family test. For this period, the service has consistently achieved 90 – 100% across all sites for patient experience being ‘good’ or ‘very good’.</p> <p>The service creates evidence-based action plans with patient feedback and in collaboration with relevant stakeholders. Progress is monitored via the Governance monthly meetings.</p> <p>The service shows understanding of the link between staff and patient treatment and demonstrates improvement in patient experiences as shown in the Friends and Family results.</p> <p>Comments include:  “Staff are lovely, friendly. Understand nervous clients Polite &amp; reassuring.”  “Have been going for years now and just like a family with all the staff.”  “Friendly staff, experience was excellent after 2 appointments. Treated with respect.”</p>	<p>Achieving Activity 2</p>	
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<b>Domain 1: Commissioned or provided services overall rating</b>			11	

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p><u>Obesity and Diabetes</u></p> <ul style="list-style-type: none"> <li>• Free access to the Step into Health course, a 4-week interactive programme, aimed at individuals taking the time to look at their own lifestyles and make positive changes, whilst achieving a qualification in the process.</li> <li>• National weeklong awareness events run throughout the year at all trust sites, several of which target obesity:             <ol style="list-style-type: none"> <li>I. Know your numbers week (January) (BMI, weight, waist measurements, BP etc)</li> <li>II. Nutrition and Hydration week (March) (Healthy nutrition and hydration info promoted)</li> <li>III. Be Active/On your feet Britain week (April) (the importance of activity for physical health/weight management)                 <ul style="list-style-type: none"> <li>• On-site gyms at Scarborough and Bridlington Hospitals</li> <li>• Discounted gym memberships (Staff Benefits)</li> <li>• Cycle to work scheme (Staff Benefits)</li> <li>• Physical activity grant (Staff Benefits)</li> <li>• Online course – Learning Curve Group (Understanding Nutrition and Health)</li> <li>• Free 30-minute virtual health checks, that aims to help individuals identify and monitor areas of their health and behaviour that may affect their current and future health.</li> <li>• Virtual workshops, including:                     <ol style="list-style-type: none"> <li>I. Eat Well</li> <li>II. Weight Management</li> <li>III. Be Active</li> </ol> </li> <li>• Free access to a library of 20-30-minute activity videos, featuring a variety of free activities, including:</li> </ul> </li> </ol> </li> </ul>	<p>2 - Achieving Activity 2</p> <p>(Ranked as developing activity 2023 EDS report)</p>	<p>Alex Cowman, Head of Occupational Health and Wellbeing</p> <p>Jenny Flinton, Head of Employee Relations &amp; Engagement</p>
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- I. Yoga and Pilates
- II. Stretch and unwind
- III. High impact aerobics
- IV. Low impact aerobics
- V. Nutrition, hydration and sleep advice

Asthma and COPD

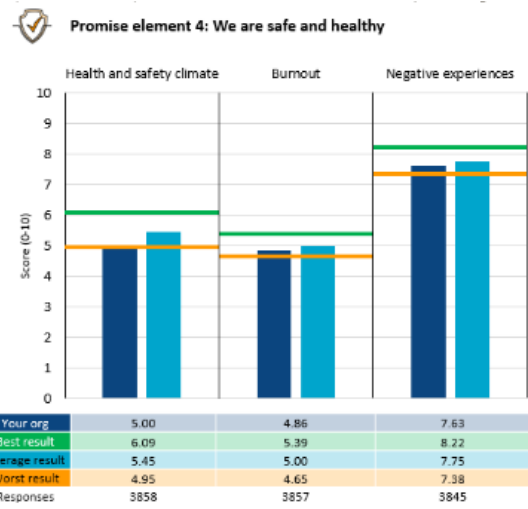
- The Occupational Health (OH) team check for occupational acquired asthma. They conduct health surveillance in areas where there are known respiratory sensitisers e.g., dust, fumes. They also perform lung function tests – e.g., on maintenance workers, max fax, plaster technicians.
- They also complete a Pre-Employment Health Questionnaire (PEHQ), to discuss any allergies, and use this information to advise line managers, to ensure that that they do not expose certain individuals to known sensitisers.
- During Management Referrals, if individuals have asthma, the OH team would ask if this were well controlled, or give basic advice about monitoring peak flows, and advise them to have regular annual checks up with their GP.
- The Trust provides support for any colleagues who want to quit smoking (Tobacco Dependency Advisers)
- The OH team conduct Health Surveillance in areas where there are known respiratory sensitisers (e.g., dust, fumes), for specific roles that have been identified as needing this extra level of care.
- During Management Referrals, the OH team would ask questions about the individuals health conditions, treatment etc, and advise

their line manager about adjustments to role, to reduce the impact of their health condition in the workplace.

Mental health conditions

- The trust currently has 116 trained Mental Health First Aiders (coordinated by The Wellbeing Team)
- Time 2 Talk Week (mental health focussed) (February) – all trust sites visited.
- Mental Health Awareness Week (May) – all trust sites visited.
- Menopause Week (strong focus on women’s mental health) (October) – all trust sites visited.
- Men’s Health Week (strong focus on men’s mental health) (November) – all trust sites visited.
- Wellbeing apps promoted e.g. Headspace, Unmind, Stay Alive etc.
- Menfulness (male mental health charity) promoted in the trust.
- Employee Assistance Programme (EAP)
- The trust also has an internal Staff Support Psychology Team. There’s very little wait for an appointment, no referral process, and nothing is added to personal files.
- All staff are welcome to a face-to-face support session, and a phone call can be arranged if you are not able to attend in person.
- The Staff Psychology Team also offer:
  - 30-minute signposting and support sessions
  - Workshops and webinars e.g., sleep, burnout etc.
  - Ward/department support and group sessions

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



The Trust was below average in comparison to other Acute and Acute and Community Trusts in relation to staff reporting negative experiences through the 2023 staff survey.

- This result is made up from a number of questions:

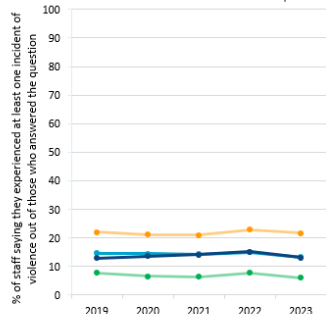
0 - Underdeveloped Activity  
Same rating in 2023

Alex Cowman, Head of Occupational Health and Wellbeing

Jenny Flinton, Head of Employee Relations & Engagement

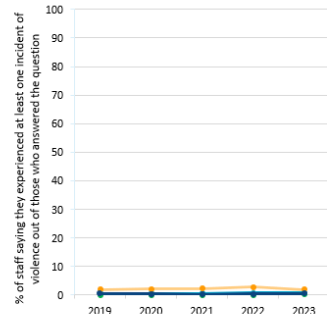


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



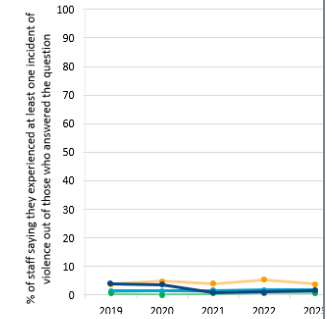
	2019	2020	2021	2022	2023
<b>Your org</b>	12.97%	13.64%	14.10%	15.23%	13.12%
<b>Best result</b>	7.71%	6.51%	6.42%	7.71%	6.06%
<b>Average result</b>	14.67%	14.54%	14.22%	14.98%	13.32%
<b>Worst result</b>	22.06%	21.14%	20.92%	22.90%	21.74%
Responses	3189	2819	3245	3627	3648

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2019	2020	2021	2022	2023
<b>Your org</b>	0.56%	0.31%	0.19%	0.42%	0.63%
<b>Best result</b>	0.00%	0.00%	0.00%	0.11%	0.14%
<b>Average result</b>	0.54%	0.51%	0.63%	0.79%	0.67%
<b>Worst result</b>	1.98%	2.11%	2.23%	2.87%	1.87%
Responses	3185	2810	3234	3602	3590

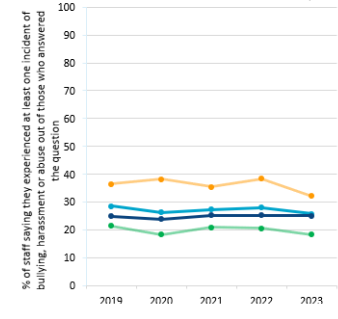
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2019	2020	2021	2022	2023
<b>Your org</b>	3.73%	3.56%	0.91%	1.00%	1.5%
<b>Best result</b>	0.52%	0.06%	0.56%	0.76%	0.6%
<b>Average result</b>	1.41%	1.36%	1.58%	1.82%	1.7%
<b>Worst result</b>	3.79%	4.85%	3.97%	5.40%	3.8%
Responses	3188	2817	3205	3580	3590

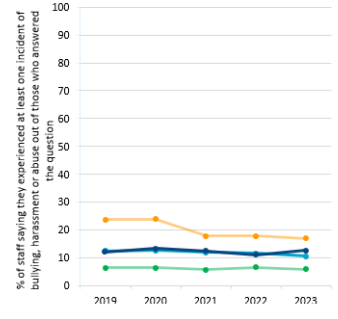


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



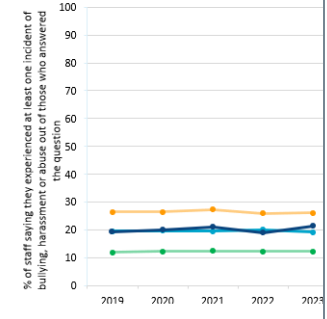
	2019	2020	2021	2022	2023
<b>Your org</b>	24.93%	23.87%	25.20%	25.22%	25.00%
<b>Best result</b>	21.48%	18.24%	20.91%	20.55%	18.33%
<b>Average result</b>	28.51%	26.23%	27.39%	28.03%	25.82%
<b>Worst result</b>	36.49%	38.19%	35.40%	38.39%	32.15%
Responses	3192	2812	3225	3615	3842

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



	2019	2020	2021	2022	2023
<b>Your org</b>	12.16%	13.20%	12.33%	11.07%	12.62%
<b>Best result</b>	6.37%	6.31%	5.73%	6.45%	5.78%
<b>Average result</b>	12.48%	12.60%	11.91%	11.55%	10.49%
<b>Worst result</b>	23.60%	23.90%	17.82%	17.85%	16.90%
Responses	3184	2809	3225	3602	3815

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2019	2020	2021	2022	2023
<b>Your org</b>	19.40%	20.11%	21.01%	19.07%	21.4%
<b>Best result</b>	11.88%	12.31%	12.42%	12.32%	12.3%
<b>Average result</b>	19.50%	19.73%	19.50%	19.99%	19.7%
<b>Worst result</b>	26.36%	26.39%	27.32%	25.87%	26.0%
Responses	3183	2800	3185	3593	3780

- No Excuse for Abuse launched August 2024.

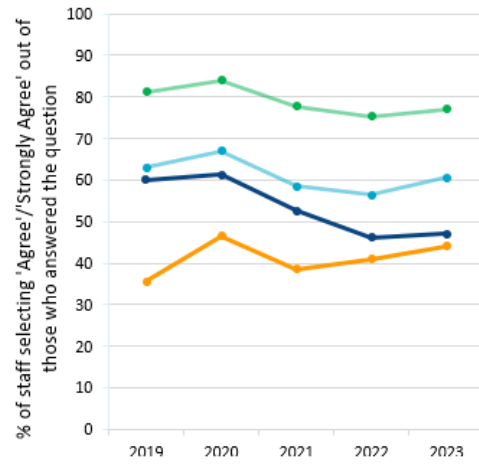
		<ul style="list-style-type: none"> <li>• Launch of new Civility, Respect and Resolution Policy to make it easier for staff to raise concerns.</li> <li>• Launch of Just and Learning Assessment to ensure a fair process for all, everyone is accountable for their own behaviours.</li> <li>• Signed up to the Sexual Safety Charter, new policy being developed, training available to all staff members.</li> <li>• Review of the Trust's exclusion policy and associated training to follow.</li> <li>• Policy – Managing Violence and Aggression – In final stages of ratification.</li> <li>• Recruited two Safety Trainer and Educators in violence reduction, they are currently on with planning and prep work, obtaining licenses to deliver specific physical intervention and breakaway modules for our staff. Roll out of this training will commence in March 24' and will be offered to all staff, but with a phase 1 roll out targeting our high-risk areas. Training is now available via the learning hub, nearly 400 members of staff have now been on course (Enhanced Conflict Management)</li> <li>• Paper to be submitted April 2025, to recruit some non-clinical safety investigators, who will be able to give greater support to staff following an incident.</li> <li>• Working with external agencies such as the Police and Crown Prosecution Service to ensure that that the 'Assault against Emergency Workers act. 2018' is appropriately used to prosecute individuals who subject NHS staff to violence and aggression when they are undertaking their duties. Single points of contact for York and Scarborough sites in NYP.</li> <li>• Area specific Violence and aggression risk assessments have been developed and are now live, this is allowing staff locally to see the hazards associated with violence and aggression and what the Trust is putting in place to mitigate and control the risks posed.</li> </ul>		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>The Trust has a range of support available to staff:</p> <ul style="list-style-type: none"> <li>• Union Representatives</li> <li>• Freedom to Speak up Guardian</li> <li>• Fairness Champions</li> <li>• Staff networks</li> <li>• Chaplaincy</li> <li>• Mental Health First Aiders</li> <li>• Health and Wellbeing Booklet</li> <li>• Psychological support</li> <li>• Occupational Health and Wellbeing</li> <li>• Due Regard Impact Assessments on all policies</li> </ul> <p>Actions taken by the Trust in support:</p> <ul style="list-style-type: none"> <li>• Review and relaunch of the Civility, Respect and Resolution Policy working in collaboration with trade union colleagues.</li> <li>• Due Regard Assessment completed through policy development</li> <li>• Development of Just and Learning Assessment</li> <li>• Staff networks invited to review and comment on any HR policy whilst it is in review/development</li> <li>• Relaunch of the Fairness Champions</li> <li>• Launch of Our Voice Our Future</li> <li>• Union representatives independent members on CRR panels</li> <li>• Refresh of Due Regard Impact Assessments ongoing</li> <li>• Trust has signed up to the Sexual Safety at Work Charter</li> </ul>	<p>1 - Developing Activity 1</p> <p>Same rating in 2023</p>	<p>Alex Cowman, Head of Occupational Health and Wellbeing</p> <p>Jenny Flinton, Head of Employee Relations &amp; Engagement</p>

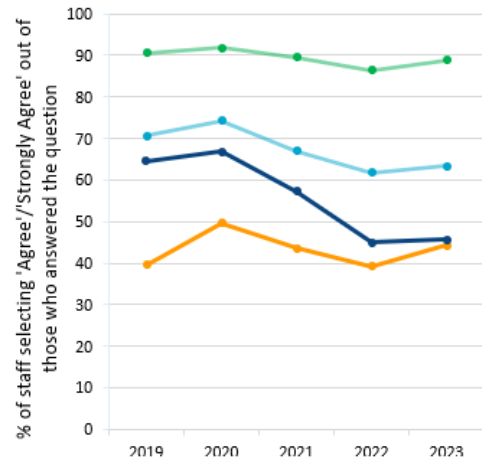
2D: Staff recommended the organisation as a place to work and receive treatment

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
<b>Your org</b>	60.04%	61.32%	52.63%	46.10%	46.96%
<b>Best result</b>	81.18%	83.99%	77.82%	75.24%	77.09%
<b>Average result</b>	62.94%	67.00%	58.40%	56.48%	60.52%
<b>Worst result</b>	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	3198	2820	3235	3621	3832

Q25d If a friend or relative needed treatment would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
<b>Your org</b>	64.50%	66.74%	57.25%	44.89%	45.73%
<b>Best result</b>	90.62%	91.76%	89.51%	86.38%	88.82%
<b>Average result</b>	70.57%	74.32%	66.99%	61.82%	63.32%
<b>Worst result</b>	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	3197	2822	3235	3624	3837

0- Underdeveloped Activity

Same rating in 2023


Jenny Flinton, Head of Employee Relations & Engagement

Alex Cowman, Head of Occupational Health and Wellbeing

Domain 2: Workforce health and well-being overall rating

3

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	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	Presentation attached   EDS Domain3 Y&S evidence Dec 2024 - t	Achieving Activity 3	Virginia Golding, Head of EDI/Polly McMeekin, Director of Workforce and Organisational Development
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	See above	Achieving Activity 3	Virginia Golding, Head of EDI/Polly McMeekin, Director of Workforce and Organisational Development
	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	See above	Achieving Activity 3	Virginia Golding, Head of EDI/Polly McMeekin, Director of Workforce and Organisational Development
<b>Domain 3: Inclusive leadership overall rating</b>			9	
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b>		<b>Independent Evaluator(s)/Peer Reviewer(s):</b>		

**2024-2025 Organisational Score 23, Rating Achieving**

EDS Organisation Rating (overall rating):

Organisation name(s):

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**

<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Head of Equality Diversity and Inclusion	2024/2025
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Director of Workforce and Organisational Development	29 January 2025

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 1: Commissioned or provided services</b></p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<p><b>Sexual Health and HIV Service</b> Objective 1 (Engagement)</p> <p>Objective 2 (reduce health inequalities and discrimination)</p>	<p><b>Sexual Health and HIV Service</b></p> <ul style="list-style-type: none"> <li>• Consistently capture protected characteristics of those accessing the service.</li> <li>• Consistently capture characteristics within patient feedback channels.</li> <li>• Continue to work with community organisations and outreach projects, identifying health needs not met.</li> <li>• Continue to develop projects in partnership with the above to reach underserved communities.</li> </ul>	
		<p><b>Endoscopy Services</b></p> <p>Objective 1 (Engagement)</p> <p>Objective 2 (reduce health inequalities and discrimination)</p>	<p><b>Endoscopy Services</b></p> <ul style="list-style-type: none"> <li>• Consistently capture protected characteristics of those accessing the service.</li> <li>• Engage in the patient transport review.</li> <li>• Continue to produce accessible information.</li> <li>• Engage with community groups to help with the dissemination of information around endoscopy procedures.</li> </ul>	
		<p><b>Ophthalmology Services</b></p>	<p><b>Ophthalmology Services</b></p>	

		<p>Objective 1 (Engagement)</p> <p>Objective 2 (reduce health inequalities and discrimination)</p>	<ul style="list-style-type: none"> <li>• Consistently capture protected characteristics of those accessing the service.</li> <li>• Engage in the patient transport review.</li> <li>• Apply a 'use said we did' approach to EDI concerns and complaints.</li> </ul>	
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1B: Individual patients (service users) health needs are met	<b>Sexual Health and HIV Service</b>  Objective 1 (Engagement)	<b>Sexual Health and HIV Service</b> <ul style="list-style-type: none"> <li>• Continue to work with patients, VCSE and public when designing and delivering services.</li> <li>• Create channels for ongoing engagement around service delivery.</li> <li>• Continue work with community groups to encourage referrals into the service from underserved communities – addressing the barriers to engagement.</li> <li>• Work with patient experience team to promote the work that's being carried out regarding reasonable adjustments, engagement/reach and identifying health needs.</li> </ul>	
	<b>Endoscopy Services</b>  Objective 2 (reduce health inequalities and discrimination)	<b>Endoscopy Services</b> <ul style="list-style-type: none"> <li>• Engage in ongoing 'no excuse for abuse' initiatives.</li> <li>• Review patient journals and how reasonable adjustments are carried out.</li> </ul>	

		<p><b>Ophthalmology Services</b></p> <p>Objective 1 (Engagement)</p> <p>Objective 2 (reduce health inequalities and discrimination)</p>	<p><b>Ophthalmology Services</b></p> <ul style="list-style-type: none"> <li>• Encourage staff to take part in EDI training and Information sessions.</li> <li>• Ensure new IT system is compliant with Accessible Information Standard.</li> </ul> <p>Engage with community groups and carers to manage waiting lists appropriate to patient needs.</p>	
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b>Sexual Health and HIV Service</b></p> <p>Objective 2 (reduce health inequalities and discrimination)</p> <p><b>Endoscopy Services</b></p> <p>Objective 2 (reduce health inequalities and discrimination)</p> <p><b>Ophthalmology Services</b></p> <p>Objective 2 (reduce health inequalities and discrimination)</p>	<p><b>Sexual Health and HIV Service</b></p> <ul style="list-style-type: none"> <li>• Develop current H&amp;S/patient safety initiatives to incorporate feedback from patients with protected characteristics and frontline staff.</li> </ul> <p><b>Endoscopy Services</b></p> <ul style="list-style-type: none"> <li>• Hold EDI related sessions with staff and consultants.</li> <li>• Review patient journals and how reasonable adjustments are carried out.</li> </ul> <p><b>Ophthalmology Services</b></p> <ul style="list-style-type: none"> <li>• Include elements of the EDS within the service reviews.</li> </ul>	
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p><b>Sexual Health and HIV Service</b></p> <p>Objective 1 (Engagement)</p> <p>Objective 2 (reduce health inequalities and discrimination)</p> <p><b>Endoscopy Services</b></p> <p>Objective 2 (reduce health inequalities and discrimination)</p> <p><b>Ophthalmology Services</b></p> <p>Objective 1 (Engagement)</p> <p>Objective 2 (reduce health inequalities and discrimination)</p>	<p><b>Sexual Health and HIV Service</b></p> <ul style="list-style-type: none"> <li>• Continue to gather patient feedback, “you said we did”.</li> <li>• Continued review of patient feedback when developing services.</li> <li>• Work with the Trust to influence wider systems and build innovative interventions e.g. HIV stigma.</li> </ul> <p><b>Endoscopy Services</b></p> <ul style="list-style-type: none"> <li>• Provide EDI training to admin, improving support for those with hearing loss and vision loss.</li> <li>• Assess FFT feedback against identified protected characteristics.</li> </ul> <p><b>Ophthalmology Services</b></p> <ul style="list-style-type: none"> <li>• Continue to gather patient feedback.</li> <li>• Review patient feedback against protected characteristics.</li> </ul> <p>Engage with community groups when addressing capacity challenges.</p>	
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<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>For staff to be provided with support in managing obesity, diabetes, asthma, COPD, and mental health conditions.</p>	<p>To continue to raise awareness of the current support that is available within the trust, and ensure that all support can be accessed by all staff, by having a variety of communication sources used – e.g., internal comms, emails, posters, drop-in sessions etc.</p> <p>More informative training for Line Managers, so that they are aware of what is on offer and can roll this out to their teams. A Line Manager Toolkit has been developed and has started rolling out in 2024. It includes information about the wellbeing offer and where to look to find all this information, which will result in managers being better equipped to support their teams, who can in turn, support themselves and others.</p> <p>Liaise with comms team to include the wellbeing booklet to include in Staff Matters, to target staff who don't access computers. Alongside this, continue to run wellbeing visits in areas that don't always attend</p>	<p>End of 2024 (ongoing and continuous piece of work).</p> <p>Sessions now running for all managers within the trust. This will be ongoing.</p> <p>Throughout 2024-2025</p>
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			wellbeing roadshows etc, e.g. theatres.	
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Staff are free from abuse, harassment, bullying and physical violence at work.</p>	<p>The 'No excuse for abuse' campaign launched in August 2024, this needs to be embedded in the Trust. An anonymous reporting tool to be developed.</p> <p>Sexual Safety Policy to be developed.</p> <p>Sexual Safety training now available on learning hub, to be completed by staff members.</p> <p>Embed the new Civility, Respect and Resolution Policy which was relaunched in December 2023, working in collaboration with trade union colleagues.</p> <p>Embed the new Managing Violence and Aggression Policy.</p> <p>Roll out of training with new Safety Trainers and Educators in violence reduction to be offered to all staff, but with a phase 1 roll out targeting our high-risk areas.</p> <p>Paper to be submitted to recruit some non-clinical safety</p>	<p>Ongoing through 2025</p> <p>February 2025</p> <p>Ongoing through 2025</p> <p>Ongoing through 2025</p> <p>Ongoing through 2025</p> <p>Ongoing through 2025</p> <p>Commenced March 2024 / Ongoing through 2025</p> <p>April 2025</p>
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			<p>investigators, who will be able to give greater support to staff following an incident.</p> <p>New training including recent research on 'avoiding harm' for investigation officers.</p>	<p>July 2025</p>
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>That staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.</p>	<p>A lot of the support is relatively new, so it needs to be embedded more within the trust to be able to measure efficacy.</p> <p>More informative training for Line Managers, so that they are aware of what is on offer and can roll this out to their teams. The Line Manager Toolkit was rolled out in 2024. It includes information about the wellbeing offer and where to look to find all of this information, which will result in managers being better equipped to support their teams, who can in turn, support themselves and others.</p> <p>Embed the new Civility, Respect and Resolution Policy which was relaunched in December 2023, working in collaboration with trade union colleagues.</p> <p>Development of Just and Learning Culture.</p> <p>Launch of Our Voice Our Future.</p>	<p>Ongoing throughout 2024.</p> <p>Ongoing through 2025</p> <p>Ongoing through 2025</p> <p>Ongoing through 2025</p> <p>Completion December 2025</p>
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			<p>Trust has signed up to the Sexual Safety at Work Charter. Development of a Sexual Safety Policy.</p> <p>The trust Deputy Head of Security &amp; Violence Prevention and Reduction Lead/LSMS is looking at a piece of work. that would support staff through the Datix process – engaging with staff about how they’re feeling etc.</p> <p>Executive committee have agreed for staff members to be able to spend 10% of their substantive time working in additional roles e.g. staff networks, this needs to be embedded and staff supported to have the time.</p>	<p>February 2025</p> <p>Throughout 2025</p> <p>Throughout 2025</p>
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	2D: Staff recommend the organisation as a place to work and receive treatment	Staff recommend the organisation as a place to work and receive treatment	<p>The continuation of Our Voice, Our Future, a 2-year continuous improvement programme focused developing an inclusive culture where colleagues want to come to work. The programme is following the NHSE Culture and Leadership Programme.</p> <p>Development of a Just and Learning culture supported by the Patient Safety Incident Response Framework, a new Conduct and Disciplinary Policy and the Civility, Respect and Resolution Policy.</p> <p>Line Management Development training, mandatory for all line managers</p> <p>Review of progress against this criteria through quarterly Pulse Surveys</p>	<p>Programme completion December 2025</p> <p>Throughout 2025</p> <p>Throughout 2025</p> <p>Quarterly through 2025</p>
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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	Board members and senior leaders communicate the importance of equality, diversity and inclusion.	Executive Director Staff Network Sponsors to use their position as a network sponsor to question and challenge reports and discussions at Committee and Board meetings.	February 2025
		All communication platforms to include EDI and HI topics where relevant.	Communication Team to create an annual communication timetable plan.	March 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Provide a sample of completed EQIA for policies and projects which are signed off at the appropriate level where required.	Implement the draft new Equality and Health Impact Assessment process for the Trust	June 2025
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	Evidence year on year improvements of WRES, WDES, Gender Pay Gap reporting and compliance to the Accessible Information Standard.	Upon analysis of the 2025 WRES and WDES data, track and report on the progress of the top three priority metrics.	Gender Pay Gap, continue to report on the year-on-year progress made.  Progress made in complying with the Accessible Information Standard will	2025

		<p>Board and senior leaders support those people experiencing menopause.</p>	<p>be reported through the Equality Objectives Annual Report and the assigned steering group.</p> <p>Continue to highlight menopause specific support to the Non-Executive Director Wellbeing Guardian. Report on Occupational Health and Wellbeing activity including a gap analysis.</p>	
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<sup>i</sup> Note that since the objectives were written the CCG had become the Integrated Care Board including York Place.

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