Equality Delivery System Grading Report

(EDS 2022)

2023/24

Produced by the Inclusion & Wellbeing Team at Barnsley Hospital NHS Foundation Trust
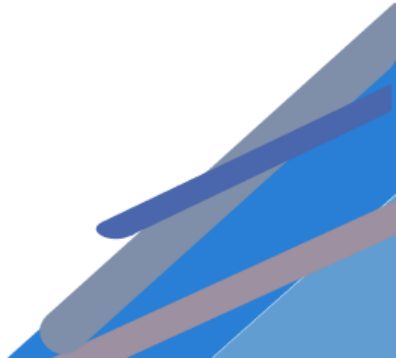
Roya Pourali – EDI Lead for HWB

Contents

Introduction

This report will describe the performance of the refreshed Equality Delivery System (EDS 2022) grading assessment.

The Equality Delivery System (EDS) was first launched for the NHS in 2011. Through collaboration and co-production. EDS 2023 helps NHS organisations improve the services that they provide for their local communities and provide better working environments, free from discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act (2010). The main purpose of EDS 2022 is to help organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act. This can assist NHS organisations in complying with their Public Sector Equality Duty (PSED).

The EDS supports the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

It is important to stress that EDS 2022 is not a self-assessment tool. Performance must be assessed and graded by NHS organisations in discussions with local people and their workforce. It is therefore driven by both evidence and insight. At the heart of the new EDS2022 are eleven separate outcomes under three overall domains/themes. It is these outcomes/themes that the Trust, in discussion with local partners, assess and agree both gradings and future actions. A summary of the three domains is shown below

- Commissioned or provided services
- Workforce health and wellbeing
- Inclusive Leadership

National requirements recommend Trusts to consider three services for domain one (commissioned or provided services) instead of three services required for the next reporting period in 2024. The service chosen can be a service where data indicates it is doing well, not doing so well or where its performance is unknown. It was decided by the South Yorkshire ICB and other SY Trusts to include one transition service. A consultation meeting was held to identify three services and it was agreed to select Neonatal service, Ophthalmology service and for transition Diabetes service.

Methodology / Criteria Used to Undertake this Review
Under each of the three overall EDS 2022 domains lie 11 separate outcomes which are specifically measured These are also shown below;

Domain 1 - Commissioned or provided services
- 1A: Patients (Service users) have required levels of access to the service
- 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 2: Workforce health and wellbeing
- 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
- 2C: Staff have access to independent support and advice when suffering from stress, physical violence from any source
- 2D: Staff recommended the organisation as a place to work and receive treatment

Domain 3: Inclusive Leadership
- 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
- 3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts and risks and how they will be mitigated and managed
- 3C: Board members and system leaders (Band 9 and VSM) ensure levels are in place to manage performance and monitor progress with staff and patients

EDS 22 Grading Systems:

The outcomes are evaluated, scored, and rated using available evidence and insight to provide assurance or point to the need for improvement.

EDS GRADES - OVERVIEW	
Undeveloped activity – organisations score 0 for each outcome **Underdeveloped** No or little activity taking place	Those who score under 8, adding all outcome scores in all domains, **are rated Undeveloped**
Developing activity – organisations score 1 for each outcome **Developing** Minimal/ basic activities taking place	Those who score between 8 and 21, adding all outcome scores in all domains, are **rated Developing**
Achieving activity – organisations score 2 for each outcome **Achieving** Required level of activity taking place	Those who score between 22 and 32, adding all outcome scores in all domains, are **rated Achieving**
Excelling activity – organisations score 3 for each outcome **Excelling** Activity exceeds requirements	Those who score 33, adding all outcome scores in all domains, are **rated Excelling**

Equality Objectives

> **Ensure a caring, supportive, fair and equitable culture for all**

> **Create an organisational climate that supports equality, diversity and inclusion**

> **We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand**

> **We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health**

A wide range of internal and external stakeholders were invited to participate in the EDS 2022 grading exercise. Various evidence was gathered and grading engagement exercise undertaken with internal and external stakeholders representing a range of protected characteristics. Valuable insight was gained to assist with formulating an action plan. Some of our South Yorkshire partners came together as peers to develop our scoring in the domains. The peer review exercise with Rotherham Hospital, RDaSH and Doncaster & Bassetlaw Teaching Hospital enabled us to compare our services and share good practices

81 participants were invited to review Domain 1 service and 19 attended. An assessment panel was established with membership drawn from a range of local stakeholders including service users. The survey and related information were sent to the stakeholders who could attend the event. The first EDS grading event took place 11th January 2024 and there were representatives from the following groups:

Barnsley CSV, Armed Forces Rep, ELSH, BME Community Rep, BMBC, Healthwatch, Barnsley LGBTQ+ Forum, Union, MVP, Trans Barnsley, Equality Forum, ICB and community member.

A presentation was delivered outlining the evidence data, metrics and examples relating to domain 1. Stakeholders were given the opportunity to ask questions

Participants were asked to review the evidence.

Domain 1 - Commissioned or provided services

Diabetes 1A

Feedback from school staff
Survey monkey sent out to school staff
- 17 responses (48% response rate)
- 100% felt the videos and virtual sessions were easy to access
- 100% felt the right amount of information was provided

Graph 2: Did you find the information in the videos and virtual sessions clear enough for you to keep a child with diabetes safe in school?

Good clear explanations. At appropriate level

Ongoing training is vital to keep children safe in school

Diabetes Centre – Satisfaction 2022/23

Question	Answer	Average	Male	Female	16-24	25-34	35-44	45-54	55-64	65-74	75+	BAME	Disability
Thinking about the service we provide, overall how was your experience of our service?	Positive	97.7%	96.9%	98.5%	100%	100%	100%	98.9%	97.6%	91.7%	100%	100%	97.5%
	Negative	2.3%	3.1%	1.5%	0%	0%	0%	1.1%	2.4%	8.3%	0%	0%	2.5%
	Total	448	233	214	12	51	83	92	86	85	37	20	83

0-16 years (94 children in total)	16-19 years of age (44 patients)
Disabled: 1 child	Disabled: 1 young person
BAME: 2 children	BAME: 0
Autism: 4 children	Autism: 0
LGBTQ: 0 children	LGBTQ: 2 young people

"Because I was looked after very well all the time I was there and everything was explained to me."
(Learning Disability)
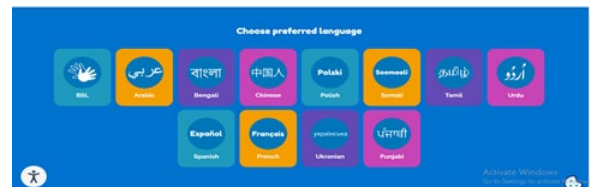
- FFT result: 97.75% responded very positive
- National patient and Patient Reported Experience Measures (PREMs) yearly. Currently focusing on feedback from first 18 months of care. Positive feedback received and action plan monitored regularly
- Transition education days completed for children and young people moving from Primary to Secondary school, and then to college Feedback was very positive with overall rating of 78% out of 100
- All children and young people with type 1 and type 2 diabetes have an individualised care plan in place with school/college
- All patients are given diabetes journal on admission to hospital and each child/young person is offered an education session

Neonatal 1A

Neonatal Parent/Carer Satisfaction 2022/23

Question	Answer	Average	16-24	25-34	35-44	BAME	Disability
Thinking about the service we provide, overall how was your experience of our service?	Positive	95.1%	100%	95.6	100%	100%	100%
	Negative	4.9%	0%	4.4%	0%	0%	0%
	Total	41	4	23	13	2	1

"The neonatal unit staff have been very supportive with looking after our premature baby". "The doctors take time to communicate and update us on our baby's care and nursing staff has been tremendous help. We are carried along in caring for our baby".
(BAME)

- [Neonatal is working in partnership with SYICS to address HI and deliver action plan](#)
- [Free parking](#) available for all parents with a child on the neonatal unit which can be renewed through the stay with no charge.
- 15 Steps Walk through by MNVP and [action plan developed](#)
- Parent feedback reviewed regularly and improvements made – [*'You said, we did'*](#)
- Unit has **above the BAPM** (British Association of Perinatal Medicine) **standards** for Qualified in Speciality (QIS) the standard is to have >70% of qualified staff QIS. Barnsley is **currently 73.6%** with an [action plan](#) in place to ensure we keep at this level or higher
- Cultural awareness training for all staff on mandatory training - 93% of staff completed as of November'23

Ophthalmology 1A

Ophthalmology – Satisfaction 2022/23

Question	Answer	Average	Male	Female	Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75+	Disability
Thinking about the service we provide, overall how was your experience of our service?	Positive	64.6%	64.2%	64.4%	0%	100%	66.6%	50%	66.7%	70.5%	55.5%	73.9%	59.3%
	Negative	35.4%	35.8%	35.6%	100%	0%	33.4%	50%	33.3%	29.5%	44.5%	26.1%	40.7%
	Total	82	28	45	1	1	3	2	9	17	18	23	32

"The whole visit was very efficiently carried out. Staff were very friendly and explained every procedure carefully. Very Good experience". **(75+)**

- Feedback via FFT and complaints/concerns reviewed. April-Oct data indicates 44 responses with 29 rating good/very good (66%)
- Staff up to date with mandatory training. Up to November 2023,
- Tendable audit for monthly checks on aspects of safety including equipment checked and in date, staff can articulate safe practices – 94% Score
- Complaints action plans are managed and [reported to the committee](#)

- Grading was requested after the event via a survey monkey links:

1A: Survey: https://www.surveymonkey.com/r/95XRC8P

1B: Survey: https://www.surveymonkey.com/r/BJVN9RH

1C: Survey: https://www.surveymonkey.com/r/BWSX2HL

1D: Survey: https://www.surveymonkey.com/r/226XQ7V.

- These were anonymised and additional ideas was requested to help devise the EDS action plan.

SUPPORTING EVIDENCE: Please refer to the Domain 1 presentation below for additional detail and supporting evidence that detailed above in this summary report.

EDS Presentation
Evidence - Domain 1.p

Domain 1 - EDS Grading Results:
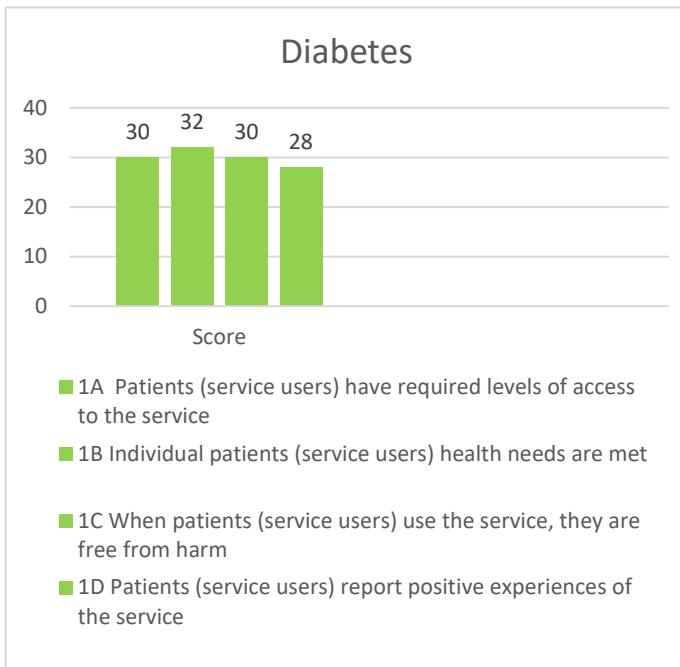
Diabetes

Diabetes	Score	Rating
1A Patients (service users) have required levels of access to the service	30	**Achieving (2)**
1B Individual patients (service users) health needs are met	32	**Achieving (2)**
1C When patients (service users) use the service, they are free from harm	30	**Achieving (2)**
1D Patients (service users) report positive experiences of the service	28	**Achieving (2)**

Diabetes chart scores: 30, 32, 30, 28

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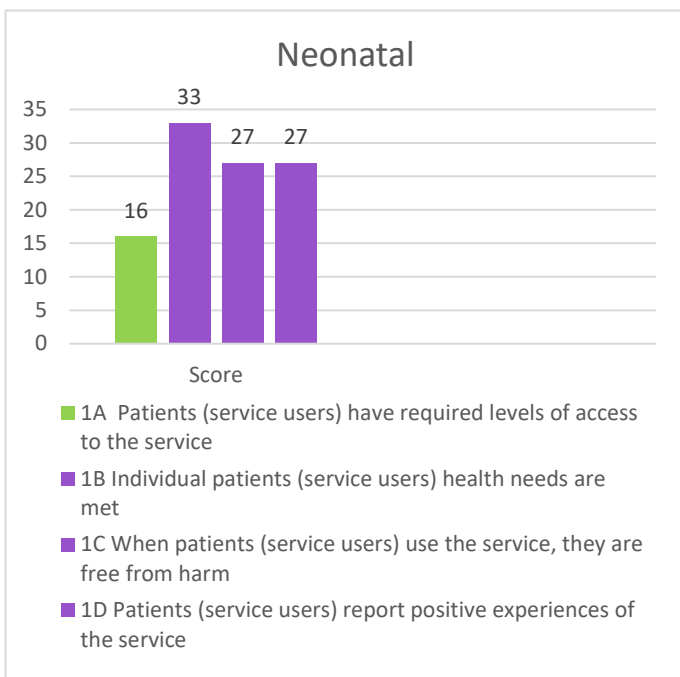
Neonatal

Neonatal	Score	Rating
1A Patients (service users) have required levels of access to the service	16	**Achieving (2)**
1B Individual patients (service users) health needs are met	33	**Excelling (3)**
1C When patients (service users) use the service, they are free from harm	27	**Excelling (3)**
1D Patients (service users) report positive experiences of the service	27	**Excelling (3)**

Neonatal chart scores: 16, 33, 27, 27

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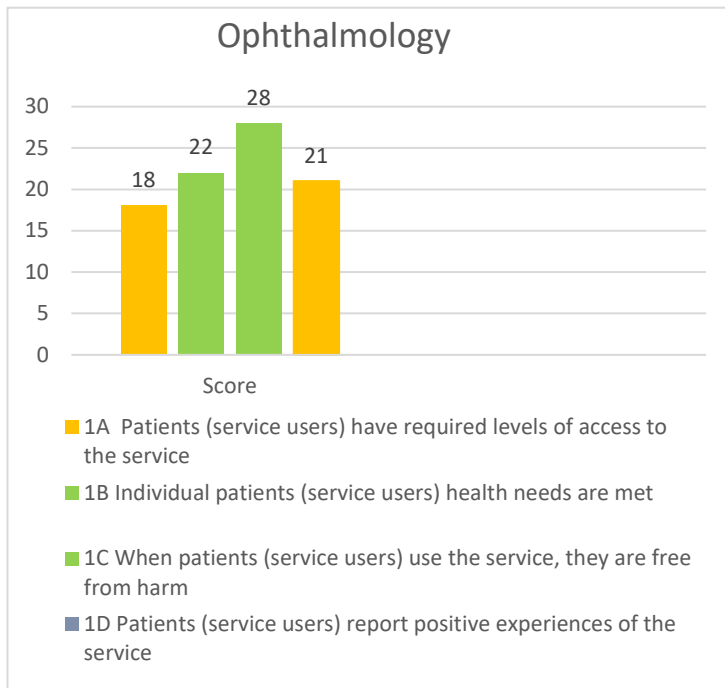
Ophthalmology

Ophthalmology	Score	Rating
1A Patients (service users) have required levels of access to the service	18	**Developing (1)**
1B Individual patients (service users) health needs are met	22	**Achieving (2)**
1C When patients (service users) use the service, they are free from harm	28	**Achieving (2)**
1D Patients (service users) report positive experiences of the service	21	**Developing (1)**

	Domain 1 – Peer Review Commissioned or provided services				
	1A	**1B**	**1C**	**1D**	**Overall Outcome**
Neonatal	3	3	3	3	(12) 3
Diabetes	2	2	2	2	(8) 2
Ophthalmology	1	1	2	1	(5) 1

Domain 1 - Overall rating = Achieving

1A = 3, 1B = 3 1C = 3, 1D = 3 (Service Users)
Neonatal = 3, Diabetes = 2, Ophthalmology = 1 (Peer review)

Key Points of feedback:

Domain 1:

Diabetes - "Good evidence to show supporting access to service but based on feedback, there appears to be some work to do in regard to disability."

"Although I have type 2 diabetes I have never been treated at the hospital, but the results of your own surveys seem to indicate this"

"Hard work but needs improvement"

Neonatal – "Seems to have a positive experience feedback from all of the demographics"

"The evidence seems to indicate that this is working at its capacity and at the required level."

"High levels of satisfaction from service users and low levels of negative feedback"

"Demonstrates person-centered care and works closely with Maternity Voices Partnership for continued service improvement."

"Collaboration and partnership working with the MVP. Activity based upon feedback and monitoring and striving for continuous improvement with support from service users."

Ophthalmology – "Not enough evidence to demonstrate those with protected characteristics have adequate access to the service."

"Lack of engagement with service users and needs more service user focus"

"I do use this service and feel that the appointments system is failing the patient as the waiting time and system of running the clinic could be improved."

"Patients have to wait an hour to see someone. Lack of engagement"

"Positive feedback but some levels of negative feedback"

Area of strength and development

Domain 1	Area of strength	Area of development
Trust-wide	• Diverse service user panel - demonstration of consistent engagement with protected characteristics • Wider engagement with local community i.e. Armed Forces • New health inequalities report is available for the outpatient transformation group to begin to monitor access related to	• Collaborate and strengthen meeting the Accessible Information Standard • The Trust to encourage and promote an improvement culture actively including equality and health inequality themes in safety incidents and near misses

	equality deprivation scores. This will be used to inform transformation about access for people with inequalities. • Equality and Health Inequalities Impact Assessment policy and Toolkit is being developed	
Diabetes	• Service demonstrated innovative way to increase level of access • Different ways to meet the patients' needs are utilised e.g. jamboard • All children and young people with type 1 and type 2 diabetes have an individualised care plan in place with school/college	• Enhance diabetic service and create more visibility of diversity in service delivery
Neonatal	• Service demonstrated a consistent and sustainable service user involvement (MNVP group) • Service-users co-production in improving their services improvement plan • Service work in partnership with VCSE and Barnsley place to improve outcomes for patients • The LMNS has an equity and equality action plan the service is working closely with the LMNS on this. • Parent feedback reviewed regularly and improvements made – 'You said, we did'	
Ophthalmology	• Service provide additional support to the patients. Eye Clinic Liaison Officer (ECLO) provide emotional and physical support to patients diagnosed, or living with visual impairment	• Lack of engagement with service user in order to Increase level of service user satisfaction • Ophthalmology service to increase the level of engagement with service users and the local communities • To increase the level of engagement with service users

		and the local communities to ensure all patient voices are heard • Service to create action plan in collaboration with patients and relevant stakeholders, and monitors progress • Service to work with the VCSE, patients and communities to ensure all patient voices are heard

Domain 2

The EDS grading event took place 8th January 2024, 305 were invited, 36 attended. The information and the link to survey also sent to the staff who couldn't attend the meeting.

EDS Domain 2022 Approach

Information Governance Project Officer, Chair for LGBTQ+ Staff Network, Chair for Race Equality & Inclusion Staff Network, Chair for Disability Staff Network, Freedom to Speak Up Guardian, Senior HRBP, BFS Health & Safety, Lead Nurse for Workforce Development, Learning & Development Manager, Health & Safety Coordinator, Facilities Coordinator, Lead Chaplain, Children's Community Sister/CHN Neuro-disability Autism, Augmentative & Alternative Communication Service Lead, Practice Educator for International Recruitment, Head of Business Intelligence, Lead Nurse Main OPD, Head of Finance, Operations and Contracts Manager, Specialist Counsellor, Sterile Services, Consultant Pediatrician, Data Warehouse Developer, Locum Consultant, Legacy Mentor, Breast Screening Prog Manager/Breast Imaging Mod Lead, Applications Developer, Consultant in Medical Microbiology and Virology, Health Care Assistant, Administrator, Head of Inclusion & Wellbeing, Macmillan Cancer Support Worker / Navigator

Presentations were delivered to evidence progress on responding to the needs of protected groups using the EDS 2022 assessment criteria.
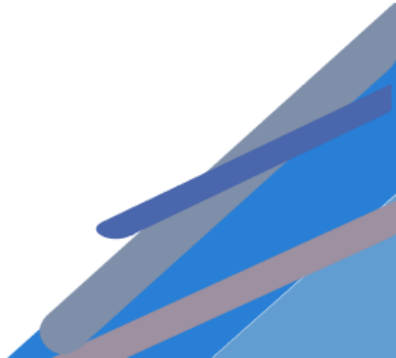
Domain 2: Workforce health and wellbeing

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

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- **Health and wellbeing service directory** created, promoted and disseminated to provide internal and external HWB service.

- **HWB Roadshows** - included Survey, raising awareness and informing staff of relevant signposting to additional support services.

- **HWB Hub Page Development** - Inclusion and Wellbeing – Hospital Hub (trent.nhs.uk)

- **HWB Apps** - NHS staff have been given free access to a number of wellbeing apps to support with their mental health and wellbeing -31 December 2023

- **WOW (Wellbeing on Wednesday) Sessions** – commenced Jan 2024 - new monthly HWB sessions aimed at all staff on a range of wellbeing topics e.g. Physical Activity, Healthy Eating etc.

- **Input to Preceptorship** session around HWB services - Shared info on support available, how to access our service.

- **Mindfulness support** - 8-week MBSR course delivered, which finished in May 2022 with positive feedback received from participants.

"I would really like to thank you for this lovely course, which has contributed to my health and wellbeing getting back on track."
MBSR Course Feedback

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

- **Menopause Peer Support Group** - There are 170 staff registered on the group. The group was meeting online monthly - Drop-in sessions arranged for 2024

- **Menopause Advocates / Champions Training Programme** - 25 staff have undertaken the Advocates training programme throughout 2023 and they will also be involved in supporting the Trust in the 'Menopause Friendly' process and ongoing work in this area

- **Menopause Friendly Accreditation** - BHNFT achieved Menopause Friendly Accreditation in August 2023 A HSJ Award for this work was given on Nov 2023. Celebration event hosted Oct 2023 to raise awareness of support offered.

Independently accredited
menopause friendly employer

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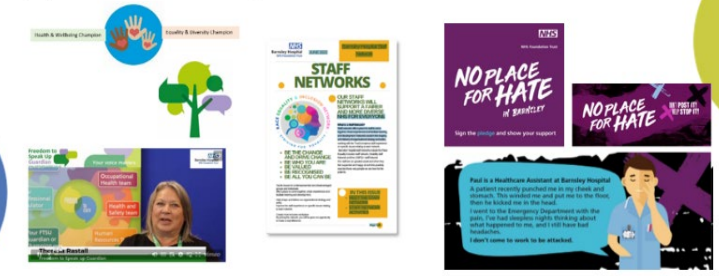
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

- **WRES** – There has been a decrease in the percentage of staff experiencing AHB. From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%.
  From staff: Reduction from 28% to 27%.

- **WDES** – From colleagues, reduction from 24.1% to 23.3%.

- Neurodiversity Guide created 2023
- Reasonable Adjustment Guide created 2023
- We've have the No Place for Hate campaign
- Hate Crime Awareness Week
- Violence & Aggression Management Group; is a committee accountable to the Health & Safety Committee Group and Trust has an effective strategy in relation to incidents of violence and aggression to staff.

- Bullying & Harassment (B&H) policy - issues resolved informally or formally investigated. The policy also outlines the expectations of staff in the workplace. Bullying and Harassment in the Workplace Policy SE 3 7 (trent.nhs.uk)

- Staff encouraged approach Freedom To Speak Up (FTSU) guardian / champions and the FTSU policy is available for all http://intranet.bdgh-tr.trent.nhs.uk/teams/other/freedom-speak-guardian/

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

- Freedom To Speak Up mandatory training
  Freedom To Speak Up mandatory training – Hospital Hub (trent.nhs.uk)

- There are 19 freedom to speak up champions

- Passport to management training is offered throughout the year to managers on HR policies with a specific section on B&H.
  - 101 delegates complete 'EDI' Training to date
  - 106 delegates completed 'Managing Grievance, Bullying and Harassment' Training to date
  - Search Results for "passport to management" – Hospital Hub (trent.nhs.uk)

- **Trans Equality Inclusion Policy** has been updated and shared with the staff network, Barnsley LGBTQ+ Forum, TransBarnsley and Trade Union.

- International Educated Nurses HWB/Bullying & Harassment workshops held

- Staff Networks; LGBQT+, Race & diversity, Ability

- Proud to Care Conference

"I have to say, this is possibly one of the best, most comprehensive policies I have read."
TransBarnsley member

Trans Policy 2023

**NHS Barnsley Hospital NHS Foundation Trust**

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

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

- **Inclusion and Wellbeing Champion** – 67 in total

- **FTSU Guardian/ champions** - 19 in total

- Self-referral to OH and management referral and management support

- OH exploring a model that would provide access as appropriate to a Professional Nurse Advocate within the service - Occupational Health – Hospital Hub (trent.nhs.uk)

- Professional Midwife Advocate PMA / Professional Nurse Advocate PNA – support staff to improve their wellbeing

- Union reps support staff and their responsibility is outlined in policies. Just culture statement in all policies. We have a specific policy called *'support for staff involved in an incident, inquest, complaint or claim'* which details how we can support staff. Trust Approved Documents – Hospital Hub (trent.nhs.uk)

- Yearly report goes to PEG outlining all employee relations (disciplinary, grievance, B&H) detailing this against protected characteristics to see if any group may be being disadvantaged

- **Staff Networks** – Race, Equality & Inclusion, Ability, LGBTQ+ (staff network is safe place for staff share their experience)
- Quarterly listening session with the Chair together with staff network members- executive champion for REI staff network

- **Mediation** – 9 Internal mediators and TCM External Mediation support service is available

- **VIVUP** – 24/7 Support available 365 days a year to VIVUP, stress risk assessments etc.

- **Carers Support group** – Forum established with regular meetings offering range of info, support and signposting. Carers Week was celebrated with a multi-agency event

- Counselling service - 232 referrals

- Hospital Chaplaincy are available to provide support

- Supporting staff involved in an incident, inquest, complaint or claim policy - provides a range of support available

- **Schwartz Rounds**

- Inclusion and wellbeing undertake different surveys at the staff network events to make sure staff are aware where to access help if they suffering from stress, abuse, bullying harassment from any source

- Equality and health inequality Impact assessment policy and toolkit updates are in process.

NHS Barnsley Hospital NHS Foundation Trust

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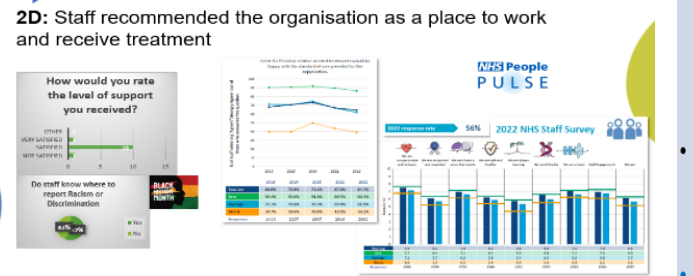
2D: Staff recommended the organisation as a place to work and receive treatment

- **Staff Survey – 2022 results:**
  - **65.5%** of people would recommend BHFT as a place to work
  - **64.4%** of people would be recommend the Trust to friends & relatives if they needed treatment
  - **Scored 7.5 out of 10** for *'we are compassionate and inclusive'* (best 7.7)
  - **Scored 7 out of 10** for *staff engagement* (best 7.3)

- **People Pulse Survey:**
  - **63.2%** of people recommend the Trust as a place to work *(based on low numbers 175 responses – August 2023)*
  - **64.5%** of people would be happy with the standard of care provided by the Trust if a friend or relative needed treatment

- Flexible working policy +leave, Flexible retirement, Job share, Employment break, secondment policies promoted to all staff on the intranet and news bulletins.

  Increase provision; i.e. amendments to Family Friendly Policy including increasing family friendly paid leave i.e. from day one of employment, increase 3 to 5 days paid leave, Bereavement; paid Leave for 2-5 days plus one day for funeral and Emergency dependant leave from 1 to 2 days

- Exit interviews; emails to leavers with link to ESR to encourage them to complete the exit questionnaire directly allowing employee to be honest and transparent

- Staff Network and Diverse & Inclusive sub Group working very closely and developed an action plan for capturing experiences of BAME, LGBTQ+ and Disabled, Neurodivergent staff

- Promoted staff networks and events are combined with surveys to make sure staff are aware of resources and feedback is captured so that an action can be to improve future development of the staff networks.

- Grading was requested after the event via a surveymonkey link: https://www.surveymonkey.com/r/PPGMQGM
- These were anonymised and additional ideas were requested to help devise the EDS action plan.

SUPPORTING EVIDENCE: Please refer to the Domain 2 presentation below for additional detail and supporting evidence that detailed above in this summary report.

EDS 22-23 - DOMAIN 2 - Evidence

Domain 2 - EDS Grading Results:
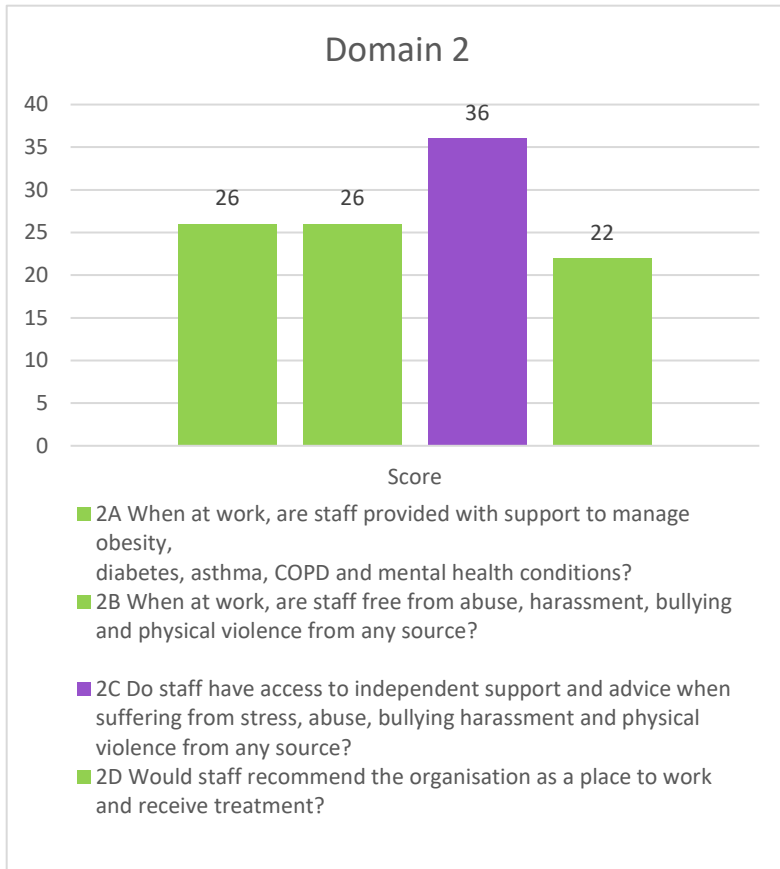
Domain 2

Domain 2	Score	Rating
2A When at work, are staff provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions?	26	**Achieving (2)**
2B When at work, are staff free from abuse, harassment, bullying and physical violence from any source?	26	**Achieving (2)**
2C Do staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source?	36	**Excelling (3)**
2D Would staff recommend the organisation as a place to work and receive treatment?	22	**Achieving (2)**

Domain 2 – Peer review Workforce health and wellbeing					
2A	2B	2C	2D	Overall Outcome	
3	2	2	2	• Achieving	2

Overall rating = Achieving

Domain 2A = 3, 2B = 2, 2C = 3, 2D = 2 (Peer Review)

Key points of feedback:

Domain 2:

"The organisation supports staff however, more is required to give staff the confidence to talk about their issues without fear but to gain the support they require."

"I have not seen any information regarding staff support to manage all the conditions above?"

"As well as being aware of required support, our managers ask us at meetings if there are any issues to discuss and say that if there are anything to contact them off line if we need to"

"No evidence which states health of staff is actively monitored."

"Lots of areas covered in support that are available for staff that once was not there"

"I am diabetic but i have never heard about any support available"

"I'm aware of the work that's been done to help staff with things like menopause. I know there are facilities for helping patients with long-term medical conditions also"

"Wasn't sure there was much evidence for diabetes asthma and COPD mainly focused around mental health and menopause"

"Freedom to speak up guardian embedded but needs to be empowered"

"Would depend on the service required but mostly would recommend, don't feel excelling as still improving - what about the 15% who would not recommend why would they not recommend? dig into their issues to find out why they would not - RCA"

"Some are finding it hard to recommend BAME staff due to unfair treatment with in the organisation that the white colleagues are highly likely to get favourable treatment and are promoted unlike the BAME staff."

Area of strength and development

The strengths of the organisation have been highlighted in the Domain 2 presentation slides. Staff networks have created a greater opportunity for a safe space and for staff to be heard. Having sponsorship for the Race Equality Inclusion Staff Network has made a significant

difference and attracted more members to join. However, other staff networks (LGBTQ+, Ability) require sponsorships and protected time to sustain members contributions.

The Trust has provided various Health and Wellbeing (HWB) resources, events, and information. However, more awareness and support are needed to manage conditions such as obesity, diabetes, asthma, COPD, and mental health conditions, as well as to promote self-management among all staff.

The Trust has reviewed and created more effective policies to accommodate triggers for disability-related absences, flexible working, and reasonable adjustments to support staff. The Supporting Staff Attendance Policy (Sickness action for long-term illness) requires increased awareness to ensure staff are informed of the changes.

In terms of Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and there has been a decrease in the percentage of staff experiencing AHB (Abuse, Harassment, Bullying). From patients/relatives/public perspective, there has been a positive decrease in AHB for BME staff from 29% in 2021 to 26% in 2022, which is below the national average of 31%. AHB from staff has reduced from 28% to 27%. However, according to WDES data, there has been a 23.3% decrease in AHB from managers and colleagues, while 30.8% of disabled employees experienced harassment, bullying, or abuse from patients or the public in 2022.

Through our engagement with staff and managers, we have identified that there is a need for practical support in addressing AHB. While staff networks play an important role in creating safe spaces for staff to share their experiences, it may not suit everyone. Staff with protected characteristics require more awareness regarding their rights, and Freedom to Speak Up Guardians and champions need to be empowered further. Conducting Equality Impact Assessments or disaggregating data by protected characteristics in reports related to abuse, harassment, bullying, and physical violence will enable the Trust to identify patterns and barriers more effectively.

Based on survey results, 65.5% of people would recommend BHNFT as a place to work, and 64.4% would recommend the Trust to friends and relatives for treatment. Staff surveys are crucial for understanding barriers. An improvement plan involving staff will provide the organisation with a better opportunity to address these barriers and improve the staff's working experience and the trust's services. Using data from end of employment exit interviews can further targeted improvements.

Area of strength	Area of development
• Numerous health & wellbeing activities • Staff networks and community partnership • Policy: adjustment to triggers for staff with disability related absence, flexible working, reasonable adjustments considered to support staff • Supporting Staff Attendance Policy (Sickness action for long term illness) • WRES – There has been a decrease in the percentage of staff experiencing AHB. From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%. From staff: Reduction from 28% to 27%. • WDES – From colleagues, reduction from 24.1% to 23.3% • Neurodiversity Guide • Reasonable Adjustment • Bullying & Harassment (B&H) policy • Freedom to Speak Up Guardians are embedded and empowered. • Relevant staff networks are staff led • Passport to management training • Trans Equality Inclusion Policy • Staff survey; Scored 7.5 out of 10 for 'we are compassionate and inclusive' (best 7.7), Scored 7 out of 10 for staff engagement (best 7.3) • Flexible working policy	• Support to manage obesity, diabetes, asthma, COPD and mental health conditions • BHNFT to monitor the health of staff with protected characteristics and promote self-management of conditions to all staff. • BHNFT to use data to support their workforce in making healthy lifestyle choices • Draft paper outlining protected time for staff networks has been developed and will be presented at ET meeting for approval Increase the level of satisfaction: • 65.5% of people would recommend BHFT as a place to work • 64.4% of people would be recommend the Trust to friends & relatives if they needed treatment • Data from end of employment exit interviews to be used to make improvements • Improve experiences of disabled employees - 30.8% of disabled employees experienced harassment, bullying, or abuse from patients or the public in 2022

Domain 3 – Inclusive Leadership

EDS Domain 3 Approach

- The EDS Domain 3 grading event took place 25th January 2024, 214 were invited, 7 attended.
- The EDS evidence was presented to the following Barnsley Hospital representatives; LGBTQ+, Race Equality Inclusion and Ability Staff Network Charis and members including Union representative and was also sent via email to all Staff Network members unable to attend, to give them the opportunity to participate in the grading process

NHS Barnsley Hospital NHS Foundation Trust

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

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- People Committee meeting – Annual Equality, Diversity and Inclusion Report is discussed; Staff Survey Organisational Actions report features EDI actions
- Board of Directors meeting – Equality monitoring reports
- People Engagement Group (meeting – update provided quarterly about staff network and EDI initiatives)
- Trust's Strategic Objectives - and supporting People Plan 2022-2027 implementation plan to promote a caring, supportive, fair and equitable culture for all and create an environment that supports
- WRES/WDES, Gender Pay Gap Standard Submissions, action plans discussed and key recommendations
- Commitment to the Rainbow badge scheme. Expression of interest submitted to the LGBT Foundation to undertake the NHS rainbow badge scheme's assessment and accreditation application process.
- Continued Commitment in supporting a second Project Search internship programme for learning disability and Autism

- Proud to Care Staff Conference included a 1hr session on Diversity for broad range of colleagues at all levels, as well as follow-up comms on Diversity in Team Brief
- Regular meetings with NED to provide EDI updates, discuss key issues and identify support
- No Place for Hate campaign featured in Team Brief; on Intranet for all colleagues; on Social Media
- Senior Leaders Forum included a half-day session on Health Inequalities
- Senior Leaders Forum arranged an inclusive culture half day event – Staff Network reps were invited and attended the forum. Presentation was delivered session on Inclusive and Compassionate Leadership and discussions took place

3A continued: 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

- Promote and showcase EDI initiatives, diversity networks e.g. Team brief
- Collaborating with ICB in developing an approach to address health inequalities
- New updated equality and health inequalities impact assessment toolkit
- Positive Culture progress report
- Board members/senior leaders actively support and attend events e.g. Black history, disability history month, LGBTQ+ and Diwali South Asian Heritage, Armed Forces reservists & veterans
- Received VCHA Veteran Aware accreditation

- Pastoral Care Quality Award: International Nurses
- Chair arranged and attended meeting with Staff network core members to gain insight about network, discuss ideas, support
- Trust Chair, Staff Networks Chair and Head of Inclusion & Wellbeing participating in the NHS Employers Diversity in Health Partnership Development Programme
- Executive and Non-executive board member attended Race Equality Staff Network, shared insight and an opportunity for members to express any issues and any identified support. We have the Director of People sponsoring REI staff network.

NHS Barnsley Hospital NHS Foundation Trust

3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts

3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts

- A sample of board papers / committee papers and workplan 2023 have been examined and equality and health inequalities are discussed but it is not consistently at all meetings. The following have been discussed within the last 12 months:
  - EDI annual report shared at People Committee
  - WRES / WDES / EDS 2022/ Gender Gap reports and action plan
  - Board reports, Council of Governors – Staff Survey results, Ockenden report
  - Patient experience report and annual in-patient survey and action plan
- Quality & Governance Committee
- We have 'No Place for Hate' campaign
- Improving Public Health and Reducing Inequalities presentation
- Patient Experience and Engagement Activity Briefing Paper
- Business case proposals include equality impact assessments, if no impact assessments are required the reason is stated to confirm consideration has taken place.
- Tackling Health Inequalities in Barnsley – Barnsley Place Based Partnership BMBC partnerships
- Maternity Services Board Measures Minimum Data Set (Ockenden Report)

STAFF NETWORKS

NO PLACE FOR HATE IN BARNSLEY

PROUD to care

NHS Barnsley Hospital NHS Foundation Trust

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

Independently accredited **menopause friendly** employer — PROUD to display the BADGE

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

- Board of Directors Public Work Plan Maternity Services Board Measures Minimum Data Set (Ockenden Report)
- People Committee, Quality & Governance Committee work plans
- EDI annual report
- Exit interviews – quarterly update at PEG meeting
- NEDs EDI objectives
- Celebration event hosted in October 2023 to raise awareness of support offered.
  HPMA Wellbeing Award Menopause Mission
- HSJ Award - November 2023
- Barnsley Place Based Partnership- Health and Care Plan 2023-25
- Monitor the implementation of WRES / WDES and the impact of actions;
- WRES – There has been a decrease in the percentage of staff experiencing AHB. From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%.
  - From staff: Reduction from 28% to 27%.
- **Menopause Friendly Accreditation in partnership with SY ICS** - BHNFT achieved Menopause Friendly Accreditation in August 2023

- WDES – From colleagues, reduction from 24.1% to 23.3%
- Gender Pay Gap report and Action plan update however. Overall, across our entire workforce our mean gender pay gap is 37%. This means that the average hourly pay rate for men is 37% higher than for women. This rate has increased from 36% at the last reporting period ending 31 March 2021
- AFC Data - Over 60% Band 7 categorised as BME with 63% declaring a disability. With 26% of those in Band 8 identifying as BME and 22% declaring a disability.
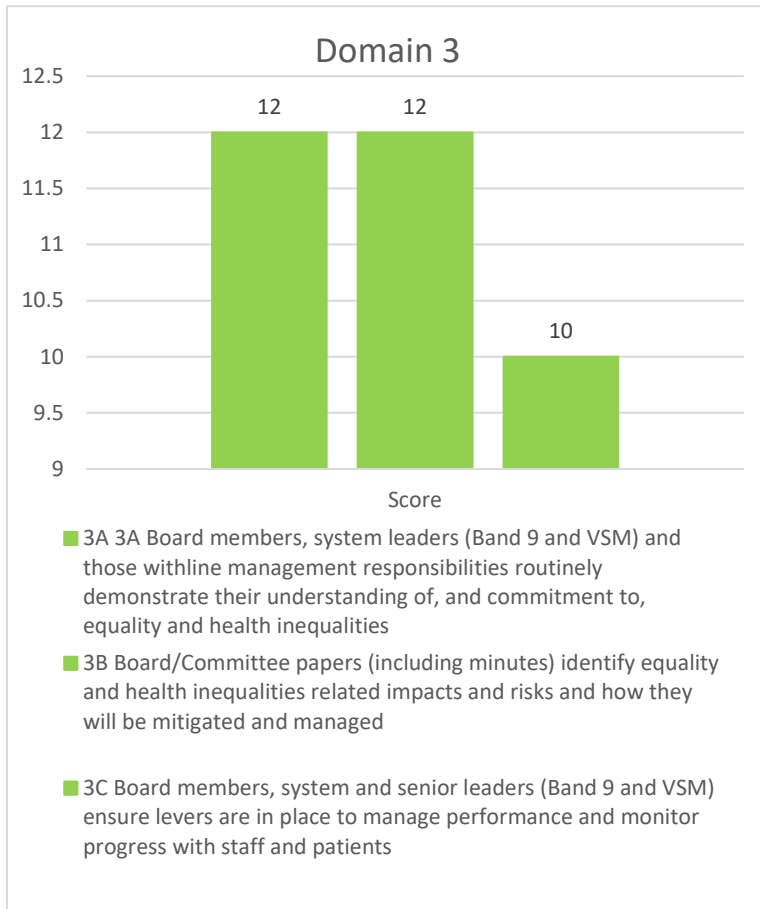
Independently accredited **menopause friendly** employer — PROUD to display the BADGE

SUPPORTING EVIDENCE: Please refer to the Domain 3 presentation below for additional detail and supporting evidence that detailed above in this summary report.

EDS 22-23 - DOMAIN 3 - Evidence

Domain 3 – EDS Grading Results:

Domain 3	Score	Rating
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	12	**Achieving (2)**
3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	12	**Achieving (2)**
3C Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	10	**Achieving (2)**

Domain 3 – Peer review Inclusive Leadership				
3A	**3B**	**3C**	**Overall Outcome**	
2	2	2	Achieving	2

Overall rating = Achieving

3A = 2, 3B = 2, 3C = 2, Domain 3A-C = 2 (Peer Review)

Key points of feedback:

Domain 3:

"I have been employed at the trust for 12 years and I have seen board members and the like only on a small number of occasions, I for one think they need to be a more visible presence from them on a regular basis, this might instill some feeling of value to our staff members"

"The Board are engaging well but could probably do more to promote equality activities"

"More need for Board of Directors to be more visible not to wait for events only."

"Staff are not encouraged to progress at certain points in their chosen career, I have been at the top of my banding for a good while now, despite various attempts to progress career wise I have had no support to achieve my goals."

"I believe the Board and downwards do have the tools and are making them available for lower grade management to improve equality"

Peer review (Rotherham Hospital, RDaSH, Doncaster & Bassetlaw Teaching Hospital) – 29 January 2024

Peer review was undertaken to grade each other's EDS outcomes. All 3 Domain were reviewed. Information was provided to our peer reviewers about the consultations process with our internal and external stakeholders. The evidence was presented and rating was provided for each domain. Achieving was rated from our peer reviewers for all Domains apart from Domain 1 Neonatal = Excelling 3 and Ophthalmology = Developing 1

Area of strength and development

Leadership plays a pivotal role in ensuring that Equality, Diversity, and Inclusion (EDI) principles are embedded within the organisation. Leaders and VSMs (Very Senior Managers) have demonstrated their commitment by actively participating in various events and engaging with staff through dialogue and active listening. The Trust has provided different opportunities for leaders to meet with and listen to staff networks. For instance, the Chair of the Trust regularly meets with staff networks on a quarterly basis, and the Race Equality Inclusion Staff Network benefits from executive sponsorship. The Proud to Care conference has also provided an interactive platform for staff to convene and exchange experiences. However, it's imperative to

acknowledge that not everyone has had the opportunity to participate in these events, indicating a need for leaders to increase their visibility and engagement with staff.

The commitment demonstrated by leaders in supporting initiatives such as the Project Search internship program for individuals with learning disabilities and autism, the Menopause scheme, reciprocal mentoring programs, and other initiatives is clear evidence of their dedication. However, it is essential to note that equality and health inequalities should be standard agenda items in board and committee meetings and should be considered when developing all strategies. Ensuring that staff risk assessments, specifically tailored to those with protected characteristics, are completed and monitored where relevant will aid the trust in identifying and mitigating risks effectively.

The peer review group rated the domain as achieving, based on their assessment of the evidence against the EDS criteria. However, staff rated outcome 1 and 2 achieving and outcome 3 developing, reflecting their shared experiences.

Area of strength	Area of development
- Board members and senior leaders support religious, cultural or local events and/or celebrations. - Race Equality staff network - executive sponsorship - Board members, system and senior leaders actively support those experiencing menopause within the working environment. - Trust's Strategic Objectives - Proud to Care Staff Conference - Continued Commitment in supporting the Project Search internship programme for learning disability and Autism	- Equality and health inequalities are standing agenda items in all board and committee meetings. - Staff networks have more than one senior sponsor - Board HIA; Board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process and shared with staff network and Inclusion & Wellbeing team - To show year on year improvement using Gender Pay Gap reporting (average hourly pay rate for men is 37% higher than for women. This rate has increased from 36% at the last reporting period ending 31 March 2021)

Next Steps

Following ratification of the EDS 2022 report and action plan at the Board meeting in April 2024, the report and action plan will be submitted to the NHS England equality and health inequalities team and be published on the trust's website. Engagement with the relevant service leads and

stakeholder's exploration will be undertaken to discuss the action plan further. An EDS working group will be established to monitor progress and facilitate the implementation of the EDS 2022 across the Trust.

Appendices

Appendices can be viewed in the following document:

Equality Delivery
System 22-23 Appen