EQUALITY DELIVERY SYSTEM 2022 – Patients

2023/2024 ANNUAL REPORT

1.0 INTRODUCTION TO THE EQUALITY DELIVERY SYSTEM 2022

The Equality Delivery System for the NHS is a mandatory improvement tool from NHS England to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010 and to support them in meeting the Public Sector Equality Duty (PSED). The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The EDS can also be applied to other groups that can face inequalities, such as people on low incomes and asylum seekers.

This annual report aims to demonstrate how the Trust meets the requirements of the Equality Act 2010 and the General and Public Sector Equality Duties associated with the Act. The Trust is mandated to use the EDS2022 toolkit to demonstrate how it meets these requirements and sets out our commitments to taking equality into account in everything we do.

The EDS2022 has 11 outcomes grouped into three goals. The three overarching goals are:

- Commissioned or provided services (Patient Services)
- Workforce health and well-being (Workforce)
- Inclusive leadership (Workforce)

The patient focused EDS2022 objectives have been developed through a process of:

- Profiling demographic information on the population of Newcastle from Census data
- Collating qualitative and quantitative data in relation to equality issues
- Involvement with the third sector, voluntary organisations, patient representatives, Trust staff and neighbouring NHS organisations.
- Considering what the Trust currently does to meet needs

Workforce objectives and progress will be reported separately by human resources.

2.0 PUBLIC SECTOR EQUALITY DUTY

As a public sector organisation, the Trust must, in the exercise of its functions, have due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The Equality Act 2010 explains that having "due regard" for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

This general duty is also underpinned by other specific duties which places responsibilities on the Trust to:

- Publish equality objectives at least every four years
- Publish information to demonstrate we have complied with the general equality duty on an annual basis

3.0 EDS2022 GRADING

3.1 Monitoring and Reviewing the EDS2022

The Executive Director of Nursing has Executive responsibility for Equality, Diversity and Inclusion for Patients. The implementation, monitoring and reviewing of the EDS2022 (patient focused) is overseen by the Equality, Diversity and Human Rights Groups (EDHR) which is chaired by the Associate Director of Nursing. This group meets quarterly and monitors progress of the EDS2022 work plan.

The EDHR group membership includes representatives from: Elders Council, West End Youth Enquiry Service, Be-North, Chaplaincy, MESMAC/SHINE, Newcastle Disability Forum, The National Association of Laryngectomies Club, Deaflink, Newcastle Vision Support, Launchpad, Newcastle Carers Centre, HAREF, Healthwatch, PALS, Outpatients and Staff Networks.

Regrettably this group has been unable to meet this calendar year. The terms of reference and membership is currently under review, with the aim of reestablishing this group by February 2025.

3.2 EDS2022 Grading

Grading of objectives has involved:

- Collating qualitative and quantitative data in relation to the needs of people with protected characteristics
- Collating evidence of work within the Trust to address needs
- Working in partnership with third sector and voluntary organisations to review trust performance and evidence

There are four possible grades:

- Excelling
- Achieving
- Developing
- Undeveloped

The grading criteria is in Appendix 1. The tables in the pages below set out the objectives and the grades agreed for The Newcastle upon Tyne Hospitals NHS Trust.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	- Established Carer's Champions network to empower local areas in identifying and supporting carers - Carers packs with signposted resources to support carers - Audit of hospital grounds from AccessAble and publicly available online to support disabled patients coming into hospital - Uptake of telephone interpreting and purchase of additional devices for virtual BSL interpretation - Audits being undertaken to identify inequalities in appointment attendance - Patient feedback supporting interpretation contract tender	1 – Developing	- Patient Experience Team
	1B: Individual patients (service users) health needs are met	- Development of Disability Awareness Training in partnership with disabled service users - Development of an Accessible Information Standard policy and training toolkit - Pilot of BSL Health Navigator Service to support Deaf patients through their patient journey	2 – Achieving	- Patient Experience Team
		- Co-production of a Mental Health Strategy in partnership with patients and staff		- Psychiatric Associate Medical Director
		- Development of sensory friendly areas for children with sensory differences		- Children's
		- Multi-faith chaplaincy team		- Chaplaincy

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	1C: When patients (service users) use the service, they are free from harm	- Refreshed Dementia strategy that focuses on training, and working with families and carers	**2 – Achieving**	- Dementia team	
		- Schwartz Rounds to support trust wide learning - Equality analysis on policies and service developments - Communication assessment on electronic admission form		- Trust wide	
		- Specialist roles, such as learning disability sexual health nurse		- Sexual health/LD	
		- Dedicated safeguarding policies for adults, children and maternity		- Safeguarding/ Children's/ Maternity	
		- Rapid review panel to review incidents and events and share learnings		- Clinical governance	
	1D: Patients (service users) report positive experiences of the service	- Equality monitoring of complaints and offering flexibility in the complaints process - Working with local community organisations to gather insight and feedback into services and develop improvement work - Equality monitoring on surveys	**2 – Achieving**	- Patient Experience	
		- Patient Experience Monitoring Group to review patient feedback to services and establish action plans and share learnings		- Trust wide	
		- Local services have dedicated patient engagement forums e.g. Maternity Voices Partnership/YPAG		- Women's, Children's	
		- New day case pathway gathering feedback from patients who have gone through the pathway		- Day case surgery	
Domain 1: Commissioned or provided services overall rating			7		

4.0 PATIENT FOCUSED EQUALITY OBJECTIVES

4.1 Progress on Current Objectives

Patient focussed equality objectives for 2022- 2023 were developed in partnership and agreed with stakeholders from the Equality, Diversity and Human Rights Working Group. Progress on these objectives is reported below:

Completed actions from previous year	
Action/activity	**Related equality objectives**
- Equality analysis conducted and reviewed on all new and revised policies - Reviewing and reflecting on complaints with equality issues - English Unlocked training (e-learning to support staff communicating with non-English speaking patients) implemented. The training was completed by - E- leaning Disability training introduced. - Deaf awareness training co- produced and implemented across the trust.	Incorporate EDI into changes and developments
- In collaboration with Newcastle Carers, a Hospital Carers Information and Advice Worker. The project continues to promote the recognition and support of carers, deliver training, develop tools for staff and implement process changes	Enhance the support for Carers and people being cared for
- PALS, complaints and feedback in relation to AIS reviewed. Feedback gathered from local charities and Healthwatch. AIS policy developed with IT, outpatients, IG and reviewed by EDHR group	Review and improve the experience for patients in relation to the Accessible Information Standard

Completed actions from previous year	
Action/activity	**Related equality objectives**
- Four new pieces of equipment for British Sign Language Virtual Remote Interpretation was made available for staff to use. Virtual interpretation services for spoken and BSL interpretation has been promoted across the Trust, receiving good feedback from staff - Language empire procured to be service provider to translation spoken and non -spoken languages. The contract has been monitored and helped highlight improvement areas, such as languages requiring more recruitment and improving processes. Staff feedback and DATIX incidents have also been reviewed.	Review interpretation and translation services
- Focus groups were held with Skill for people, to share experiences of accessing health care and treatment - Disability Awareness video produced	In collaboration with local charities, produce a Disability Awareness training video
- The deaf navigator pilot service went live in April 2022 and has received a high volume of referral supporting Deaf patients through their patient journey. Monthly reports support the monitoring of the project and has highlighted further improvements areas for Deaf patients. - The service has received good feedback from Deaf patients who have accessed the service and has also supported staff across the Trusts. - The service was shortlisted for a PENNA award	In collaboration with Northumbria Healthcare, and Cumbria, Northumberland and Tyne and Wear Trust, pilot a BSL Health Navigator Service delivered by Deaflink

4.2 2022 – 2024 Equality Objectives

EDS Action Plan	
EDS Lead	**Year(s) active**
Fardeen Choudhury – Patient Services (left the Trust Mach 2024)	2022 - 2024
EDS Sponsor	**Authorisation date**
(Patients)Ian Joy – Executive Director of Nursing	25/10/2024

The following objectives and action plan was agreed by the EDHR working for the two-year period 2022 – 2024. Whilst good progress was made during this time, the EDI manger left the post in March 2024. This important work has continued but at a slower pace than was initially anticipated. We therefore recommend that the following objectives and action plan remain until March 2025. During this time the Trust will recruit and appoint a EDI manager and work in collaboration with stakeholders to agree the objectives and actions for the next four years.

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	1. Support patients who face language barriers to access health services	- Conduct tender exercise for interpretation contract and implement provider - Continue BSL Health Navigator pilot and explore further funding avenues for extension - Work with local community organisations to raise awareness of interpreting services	Complete May 23 Complete April 2024 Complete December 2023

		2. Engage with local communities and underrepresented groups for service developments and improvement work	- Engage with communities and patients to understand access barriers to services - Analyse and review attendance and non-attendance data broken down by groups (e.g. ethnicity, gender, age, postcode)	In progress October 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	**1B: Individual patients (service users) health needs are met**	1. Support patients to be involved in their healthcare needs and support shared decision making	- Develop guidelines for writing letters to patients - Pilot guidelines in selected service(s) and gather feedback	April 2025
		2. Identify and support carers and young carers, and empower appropriate social prescribing	- Implement and monitor carers pathway in pre-assessment and share learnings trust-wide	In progress April 2025
	1C: When patients (service users) use the service, they are free from harm	1. Support staff caring for patients and visitors from protected characteristic groups, including disabled, LGBT and religious groups	- Implement and monitor the new Accessible Information Standard policy, and support staff training - Develop training tools and guidance to support staff in caring for patients from certain protected characteristic groups	In progress April 2025
		2. Establish a better picture of inequalities in waiting lists	- Data analysis and audits of waiting lists disaggregated by postcode, ethnicity and other protected characteristic groups	In progress April 2025
	1D: Patients (service users) report positive experiences of the service	1. Reach diverse communities for patient engagement activities	- Development and rollout of a patient engagement strategy which will include engagement with local communities - Monitor service user protected characteristics when analysing satisfaction from surveys, complaints and engagement activities - Use patient feedback to influence processes and interventions	In progress April 2025

Appendix 1 – Grading Criteria

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

Rating	Score	Description	Evidence
Underdeveloped	0	No or little activity taking place	Organisations/systems have little or nothing in place to ensure patients with protected characteristics have adequate and appropriate access to the services they require. Feedback from patients is not acted upon. Organisations have not identified barriers facing patients.
Developing	1	Minimal/basic activities taking place	Data and evidence to show some protected characteristics (50%) have adequate access to the service. Patients consistently report fair or good when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services.
Achieving	2	Required level of activity taking place	Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service. Patients consistently report food or very good when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services.
Excelling	3	Activity exceeds requirements	Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have tailored access to the service. Patients consistently report very or excellent when asked about accessing services. Demonstration that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services.

Outcome 1B: Individual patient's (service user's) health needs are met

Rating	Score	Description	Evidence
Underdeveloped	0	No or little activity taking place	Patients with higher risks due to a protected characteristic receive little or no support to self-manage care needs. The organisation does little or no engagement surrounding services.
Developing	1	Minimal/basic activities taking place	Patients at higher risk due to protected characteristic needs are met in a way that work for them. The organisation often consults with patients and public to commission, de-commission and cease services provided.
Achieving	2	Required level of activity taking place	Patients at higher risk due to protected characteristic needs are met in a way that works for them. The organisation often consults with patients with higher risk due to a protected characteristic to commission, design, increase, decrease, de-commission and cease services provided. The organisation signposts to VCSE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisation.
Excelling	3	Activity exceeds requirements	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 organisation fully engages with patients, community groups, and the public, to commission, design, increase, decrease, de-commission and cease services provided. The organisation works in partnership with VCSE organisations to support community groups identified as seldom heard. The organisation uses social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic. The organisation works with, and influences partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect.

Outcome 1C: When patients (service users) use the service, they are free from harm

Rating	Score	Description	Evidence
Underdeveloped	0	No or little activity taking place	The organisation may or may not have mandated/basic procedures/initiatives in place to ensure safety in services. Staff and patients are not supported when reporting incidents and near missed. The organisation holds a blame culture towards mistakes, incidents and near missed.
Developing	1	Minimal/basic activities taking place	The organisation has mandated/basic procedure/initiatives in place to ensure safety in services. The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.
Achieving	2	Required level of activity taking place	The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. Staff and patients feel confident, and are supported to, report incidents and near misses/ The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses.
Excelling	3	Activity exceeds requirements	The organisation has procedures/initiatives in place to enhance safety in service for all patients in protected characteristic groups where there is known H&S risks. Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses. The organisation works with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk

Outcome 1D: Patients (service users) report positive experiences of the service

Rating	Score	Description	Evidence
Underdeveloped	0	No or little activity taking place	The organisation does not engage with patients about their experience of the service. The organisation does not recognise the link between staff and patient treatment. The organisation does not act upon data or monitor progress.
Developing	1	Minimal/basic activities taking place	The organisation collates data from patients with protected characteristics about their experience of the service. The organisations creates actions plans and monitors progress.
Achieving	2	Required level of activity taking place	The organisation collates data from patients with protected characteristics about their experience of the service. The organisation creates evidence-based action plan in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences.
Excelling	3	Activity exceeds requirements	The organisation engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. The organisation actively works with the VCSE to ensure all patient voices are hears. The organisation creates data driven/evidence-based action plans, and monitors progress. The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.

END OF REPORT