

Equality Delivery System (EDS) 2022

Maidstone & Tunbridge Wells NHS Trust

March 2024



Background to EDS

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS was first launched for the NHS in November 2011, with two refreshes since then, the latest being EDS22 which was made available for live testing during 2022/23.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS 2022 is aligned to NHS England's Long-Term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

EDS22 Domains

There are 11 outcomes grouped into three domains:

- Domain 1 – Provided services (Patients)
- Domain 2 – Workforce health and wellbeing
- Domain 3 – Inclusive Leadership

EDS22 Scoring & Action Planning

Scoring for each outcome provides a Domain sub-score which counted together provide the Trust an overall ED Organisation Rating of either Under-developed, Developing, Achieving or Excelling.

Action plans have been created for all areas scoring anything less than Excelling in all Domains.

Domain 1 – Provided Services (Patients)

Service 1 – Breast Radiology				
<p>Service assessment Cis-gendered males accessing the service reported negative feedback which also impacted on the likelihood of this patient demographic accessing the service. During research and discussions, a gap in breast screening invitations was apparent in affecting trans men and non-binary people in the same way – patients with breasts, of breast screening age but not invited to screening due to being registered as male on their GP patient record.</p> <p>Stakeholders: Breast Radiology patients, LGBTQIA+ cancer charity, OUTPatients</p>				
Domain	Outcome	Evidence	Rating	Owner
Domain 1 – Commissioned or provided services	1A: Patients have required levels of access to the service	A new trans and non binary breast screen pathway was created which was shared with GPs. Patient phones booking office to request a mammogram, eligibility questions are used, appointment is booked.	3 – Excelling activity	Sally Harper, Superintendent Radiographer & Claire-Marie Marsh, Principal Research Radiographer
	1B: Individual patients health needs are met	Eligibility questions are carefully constructed to ensure they are gender inclusive and appointments are offered at a time to suit the individual minimising exposure for the individual in a gendered service waiting area.	3 – Excelling activity	
	1C: When patients use the service, they are free from harm	Décor within the breast clinics has been updated with a neutral scheme replacing traditional pink colours and new posters and leaflets displayed include gender diverse representation. Staff have received gender diversity and inclusion training to improve cultural awareness and humility with a focus on communication skills that are affirming and inclusive.	3 – Excelling activity	
	1D: Patients report positive experiences of the service	Anecdotal feedback has demonstrated ease of access to services that were previously not available in a safe and accessible way. This has increased the number of trans and non binary people accessing a screening service which has the potential to improve health outcomes for this group of people.	3 – Excelling activity	

Domain 1: Commissioned or provided services overall rating	Excelling activity
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Domain 2 – Workforce Health and Wellbeing

Domain	Outcome	Evidence	Rating	Owner
	<p>Data: WRES, WDES, EAP, National Staff Survey, Quarterly surveys, grievances, disciplinarys, exit interviews, listening events</p> <p>Lived Experiences: Staff members, staff networks, FTSUG, Chaplains</p>			
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	<p>The intranet has dedicated areas for Occupational Health, Wellbeing and Psychological OH. All pages have links to resources such as how to access physiotherapy services, obtain free Covid and flu vaccines, self help guides for mental health, crisis lifelines, access to MHFAs and our EAP.</p> <p>The Wellbeing Team offer wellbeing conversations and signposting to appropriate resources and services including health promotion, mental health support and financial support.</p> <p>Regular NHS Health Checks are available for eligible staff over the age of 40. Delivered by One You Kent (KCHFT), it checks for risks of heart disease, diabetes, kidney disease and stroke by measuring height, weight, waist, blood pressure and cholesterol.</p> <p>The Trust promotes the use of Staff Health Passports which are used to encourage and structure conversations regarding health conditions and potential adjustments required between staff and managers. OCH provide advice regarding reasonable adjustments and the Trust promote the use of Access to Work for workplace assessments and advice. Able Futures, a support programme for staff with mild to moderate mental health issues, is widely promoted. Managers are able to provide Disability Leave to staff for disability related appointments not affecting their leave/sickness absence.</p>	3 - Excelling activity	Head of Occupational Health, Head of Wellbeing, Staff Support Psychologist

		<p>Our NSS results of 2022 show that 71.8% of respondents have had the reasonable adjustments that they require to do their job.</p> <p>Our Flexible Working project launched in 2023, providing information, education and support to both staff and managers in applying for, and managing flexible working requests. Particular attention is paid to staff from minority backgrounds making applications for FW as we know there are huge benefits for those with long term health conditions (enabling staff to be well at work), those with caring responsibilities; and those with religious beliefs who are able to celebrate and observe.</p> <p>There is an active DisAbility Network providing advice and support to individuals, groups and the Trust as a whole including sub/peer support groups for menopause, chronic pain and neuro diversity.</p> <p>There are regular auricular acupuncture clinics running for all staff which have potential health benefits for people having menopause systems, anxiety, feeling stress and suffering with insomnia. Mindfulness sessions are offered by the Wellbeing team. Kettle bell and cardio sessions are available for all staff free of charge.</p> <p>All support is communicated through the use of email and Trust communications updates, newsletters, Team Briefing sessions and through the Team MTWFB page accessed by over a 1/5th of our workforce; the teams also feature as part of our Trust Welcome.</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Our NSS data since 2018 shows a small reduction in staff experiences of physical violence from patients (13.2% in 2022); better than national average responses for violence from managers (0.4% in 2022) and near average for violence from colleagues (1.7% in 2022).</p> <p>Staff experiences of harassment, bullying or abuse from patients has been higher than the national average since 2018 (30.1% in 2022), from manager</p>	<p>2 - Achieving Activity</p>	<p>Patient Safety, FTSUG, Head of OD</p>

it's above average (13% in 2022) and from colleagues above average (21% in 2022).

Staff from ethnic minority backgrounds are more likely than white staff to experience harassment, bullying or abuse from patients (slightly higher than the national average); more likely to experience harassment, bullying or abuse from staff (slightly lower than the national average).

Staff with long term health conditions are more likely than those without to experience harassment, bullying or abuse from patients and whilst this is slightly higher than the national average, this has been consistently reducing. They are also more likely than those without to experience this from managers (slightly higher than the national average) and more likely to experience this from colleagues (also slightly higher than the national average).

Since 2018, we are seeing a consistent improvement in the numbers of staff reporting incidents of physical violence at work (from 61% to 68.6%) and the same goes for reporting experiences of harassment, bullying or abuse at work (from 41.4% to 46.6%).

Our FTSUG service provides staff with access to independent and confidential support in order to support staff to ensure their concerns are addressed. With the appointment of our new interim FTSUG, they are focussing on outreach work including out of hours and peripheral sites to ensure that all staff understanding the service and have access to it. They are in the process of re-invigorating the Safe Space Champion network with refresher training in EDI, active listening and signposting.

There are Trust Health and Safety policies, procedures, risk assessments and processes in place to prevent harm or injury to staff at work.

The Trust meets regularly with Kent Police to review incidents and address ways to prevent them, which includes taking action against perpetrators.

Staff are encouraged to report all experiences of violence, harassment and abuse via InPhase which is managed by our Patient Safety Manager. They are currently building reporting functionality into the system which will enable reporting by protected characteristic to take place.

The Trust holds regular self defence classes which are hugely popular.

The number of ER cases involving staff from minority groups has risen significantly in the last year which is being monitored and reported through our People and OD Committee. A monthly MDT meeting has been set up to review ER cases involving EDI related issues, physical violence or abuse.

Over the last 5 years, the diversity of our staff and the complexity of some of the issues they face at work has increased. Our data shows that different staff demographics report different experiences of speaking up about patient and staff related concerns, our people processes and line management support to resolve issues. Some of our staff report that hurt and trauma has been caused to themselves, their colleagues and others when trying to speak up, resolve concerns and maintain positive working relationships with others. This has resulted in sickness, turnover and a risk to quality and patient safety. Over the next 12 months, the Trust will work towards implementing a Restorative Culture with 3 initial areas of focus – Senior Leaders, People Team and pilot teams. This approach uses solution focussed approaches supporting positive change and seeks to attend to any harm that has been caused to any party.

Linked to this is the Sexual safety charter which has been signed by the Trust and is in the early stages of implementation.

Education about the impact for staff on harassment, bullying abuse and violence is addressed in Trust induction, bookable EDI overview sessions, and all levels of Exceptional Leaders programme. The EDI team attend team meetings to provide advice, guidance and education on speaking up and reducing those experiences.

<p>2C: Staff have access to support and advice when suffering from stress, abuse, B&H and physical violence from any source</p>	<p>A wide range of support for staff is available including:</p> <ul style="list-style-type: none"> • psychological support and trauma informed approach to de-briefing through the Psychological OH team • Wellbeing Team and a network of Wellbeing Champions are available for wellbeing discussions and signposting • Conflict and de-escalation training • Newly appointed Hospital Independent Domestic Violence Advocate • Safeguarding team • Chaplaincy support, whether staff have a faith or not • EAP • Staff networks and the EDI team <p>The FTSUG service is empowered within the organisation and work is ongoing to further reach staff and develop the Safe Space Champion network to fully embed the service.</p> <p>Our staff networks are engaged and provide support and advice to staff. Training on the use of HR policies alongside the ER team is due to take place in the Spring 2024.</p> <p>The monthly MDT monitors and acts upon data surrounding staff abuse, harassment, bullying and physical violence. Staff lived experiences are included in the discussions.</p>	<p>2 - Achieving Activity</p>	<p>Staff Psychological Support, Hospital Independent Domestic Violence Advocate, Head of Wellbeing, Safeguarding Team, Head of OCH Head of EDI</p>
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Our 2023 NSS shows recommendation as a place to work at 70.8% which is the highest it's been since 2018 (with the exception of 2020). This has improved by 6.5% on 2022.</p> <p>Our 2023 NSS shows recommendation as a place to receive treatment at 74.3% which is the highest it's been since 2018 (with the exception of 2020). This has improved by 3.9% on 2022.</p>	<p>2 - Achieving Activity</p>	

		<p>Hearing from our staff in the 2023 National NHS Staff survey:</p> <p>“It has been a great place to work. MTW is one of the best places to work, keep up the great job”.</p> <p>“I have worked at MTW since [date removed] and honestly was the best decision I have made. My team are incredibly supportive, excellent leadership and access to development. Clear strategy and objectives, encouraged to make decisions and improve things. Supportive Non Exec and senior management teams”.</p> <p>“I am new to the organisation and I have never felt more appreciated or looked after than I do here. My managers care about our feedback, they act on things rather than just forgetting about them, and they obviously understand we are humans and not work robots. Moving to MTW was the best thing I've done. I am a remote worker but I feel more a part of a team here than when I've worked in an office”</p>		
Domain 2: Workforce Health and Wellbeing overall rating			Achieving Activity	

Domain 3 – Inclusive Leadership

Data: IPR reports, PODco papers, Trust Board Papers

Outcome	Evidence	Rating	Owner
<p>3A: Board members, system leaders (9 & VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p>Executive and Non Executive Board members took part in the first cohort of our Reverse Mentoring programme in 2021 with mentors from ethnic minority backgrounds. The second cohort, launched in 2023, has been widened to include ethnic minority staff and staff with long term health conditions. There are 12 pairings including long standing Board members, new Board members, NEDs and very senior managers from both clinical and corporate areas.</p> <p>Senior leaders took part in an anti racism event delivered by brap which lead into the development of EDI objectives for themselves and the Trust Board.</p> <p>We have Executive Sponsors for our three main networks who regularly attend network meetings and events.</p> <p>Senior leaders including Board members attend network meetings and events such as LGBT History Month, Black History Month, Disability History Month and Pride.</p> <p>The Trust’s EDI Steering Group, co-chaired by two Executives, focusses on the delivery of the Trust EDI project, the NHSE High Impact Actions and hearing the lived experiences of our staff and managers. There is commitment from senior leaders to the activities involved in this group.</p>	<p>1 - Developing activity</p>	<p>Chief People Officer</p>

	<p>The Director of Strategy is leading on service user access and inequalities, working towards equity of access, experience and outcomes for all our service users and patients.</p> <p>Equality and health inequalities are not standing agenda items at Trust Board.</p>		
<p>3B: Board/Committee papers identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Both the Trust Board and People & OD Committee meetings review EDI related issues regularly which include:</p> <ul style="list-style-type: none"> • Quarterly update on EDI including staff networks, EDI objectives, High Impact Actions • Annual review of WRES, WDES and Gender Pay Gap plus 6 monthly review of progress against action plans • Equality related issues recorded on Risk register are reviewed • Dedicated EDI steering group reporting into the People and OD Committee • Equality Impact Assessments are used for all Policies but not evidenced for all new service and estates projects <p>Staff networks are invited to present at Trust Board annually.</p>	<p>2 - Achieving activity</p>	<p>Chief People Officer</p>
<p>3C: Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Detailed reports (deep dives) are regularly reviewed and discussed by PODco for WRES, WDES, Gender Pay Gap, EDI objectives, High Impact Actions.</p> <p>There is good representation across the organisation at senior level to the EDI Steering Group, though attendance in all clinical divisions lacks consistency. There is scrutiny of progress of the EDI project and HIAs. Lived experiences are shared along with EDI related areas of good practice that impacts on both health inequalities for our staff and patients and inclusivity for the workforce.</p>	<p>2 - Achieving activity</p>	<p>Chief People Officer</p>

	Board members support the promotion of network initiated campaigns such as NHS Rainbow Badge, See ME First, Different not Less and Pronoun campaign.		
Domain 3: Inclusive Leadership overall rating		Achieving activity	

MTW Overall Rating February 2024	Achieving
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EDS22 Action Plan

EDS Action Plan				
EDS Lead			Year	
Jo Taylor, Head of EDI			2023/24	
EDS Sponsor			Authorisation Date	
Sue Steen, Chief People Officer				
Domain	Outcome	Objective	Action	Completion Date
Domain 1 : Commissioned or provided services	1A: Patients have required levels of access to the service	Ensure wider service areas are reviewed	Patient Experience Lead to select and review a second service and add outcomes to EDS22 evaluation and action plan	June 2024
	1B: Individual patients health needs are met			
	1C: When patients use the service, they are free from harm	Bring strategic work on health inequalities into service provision		June 2024
	1D: Patients report positive experiences of the service			
	Sharing best practice across the organisation	PEL to ensure Director of Strategy is linked into ongoing work in this area	February 2025	
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	Improved reporting of B&H, violence	Patient Safety Lead to develop and report InPhase incidents by protected characteristics	May 2024
	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, abuse, bullying, harassment and physical violence from any source	Opportunities to Speak Up are enhanced throughout the organisation	FTSUG to continue with outreach work and invigorate Safe Space Champion network	May 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Reduce cases of B&H, abuse and physical violence	Implement a Restorative Culture with 3 initial areas of focus – Senior Leaders, People Team and pilot teams. Continue to develop and embed key elements of the sexual safety charter.	February 2025 February 2025
		Provision of support for all staff	HR policy training for all staff network leads	April 2024
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	Increase understanding of and commitment to EDI for Trust Board	Implementation of EDI objectives for the Trust Board	March 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality and health inequalities monitoring	Consider how equality and health inequalities can become standing agenda items in all Board and committee meetings	April 2024
	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	Increased focus on lived experiences of our staff	Consider having more than one senior sponsor for staff networks	April 2024