

NHS Equality Delivery System 2024

EDS Reporting Template

Contents

Equality Delivery System for the NHS.....	2
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Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	The Rotherham NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Daniel Hartley		
Name of Integrated Care System	South Yorkshire ICS			

EDS Lead	Hashim Din	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	13/02/2025 20/02/2025	Individual organisation	Yes	
		Partnership* (two or more organisations)	N/A	
		Integrated Care System-wide*	N/A	

Date completed	18/04/2025	Month and year published	April 2025
Date authorised	25/04/2025	Revision date	n/a

EDS Rating and Score Card

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

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

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

Critical Care

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • High percentage of patients accessing Critical care have health inequalities. • Electronic patient information board in the relatives' room provides information about some of the common things their relatives may encounter whilst a patient on critical care. • Interpreter services are available to patients and family if required via face to face or telephone appointments. • There is disability access - unit is all on one level with sufficient space around beds. Hoists and transfer equipment is available. • Cubicles are available for those needing specific personal protection (infection control, mixed sex, vulnerable adults, police protection) • Patients reviewed twice daily in staff huddles to discuss ongoing health needs and appropriateness of care. • Referral into the service is available for all patients who fit specific 	2	Matron for Critical Care and Specialist Surgery, Head of Nursing

		<p>admission criteria based on an SOP and via consultant to consultant referral.</p> <ul style="list-style-type: none"> • Consultant is available 24hrs • Referral is available to further surgical or medical services if needed. 		
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • Up to 55% of patients admitted into critical care are malnourished – adequate nutritional support is vital hence access to dietitian for all patients. • Patients signposted to other services or providers, dependent on need. • Physiotherapists, Dietitians, speech and language therapists, psychologists, and infection control are available and involved in patient care. Patients can be referred to other trust for more specialist reviews/ treatment. • Staff have attended EDI training. • Ward manager has attended Cultural competency course. • Staff cultural information board is present in the department. • Cultural variances of staff allow a multi-cultural staffing base. • Dietary needs are taken into consideration and special diets 	1	Matron for Critical Care and Specialist Surgery and Head of Nursing for Care Group 2

		communicated and actioned working with patient services.		
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Patients are closely monitored during their stay, depending on level of input needed either 1:1 (level 3 patients) or 2:1 (level 2 patients) • Patient vital signs are continually recorded / monitored and observed. • Patient and family are supported with limited or appropriate access and protection using passwords for sharing information/ access. • Visiting is available 24hrs, but relatives are required to leave bedsides when medical interventions are needed. • Referral to adult safeguarding if needed. Safeguarding team deal with LADO and PIP referrals, and a register of allegations against staff is maintained in line with a new allegations policy. • Cubicles are available for those needing specific protection (infection control, mixed sex, vulnerable adults, police protection). • Any mixed sex breaches are reported / escalated to SLT and departmental 	2	Matron for Critical Care and Specialist Surgery and Head of Nursing for Care Group 2

		prevention processes put in place where possible.		
	1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • The relative electronic information board in the relative waiting area gives information on some of the sights and sounds and equipment they may see when attending patients on the unit. • Patient experience data is used to improve the service. • QR code scanning is available for patient and relative feedback • The September audit had 21 patient responses • Responses from the September audit: <ul style="list-style-type: none"> ○ Did staff make every effort to get the food you wanted? 86% of patients said yes ○ Did you understand the information you were given? 95% of patients agreed ○ Did you feel you were treated with dignity and respect? 100% agreed ○ Did you have enough privacy? 86% of patients agreed 	2	Matron for Critical Care and Specialist Surgery and Head of Nursing for Care Group 2

		<ul style="list-style-type: none"> • August FFT had 15 respondents, all of which rated the service as “very good”. • Positive feedback is recorded through emails, letters, cards, and phone calls into the team and reported within the monthly departmental Governance meeting. • New PALS service open in mid-late 2024, to provide an office and physical space/service for relatives to engage with the Trust. • Low level of concerns and complaints or PALS (Patient Advice and Liaison Service) enquiries. 		
Domain 1: Commissioned or provided services overall rating			7	

Maternity

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> The Trust works with AccessAble who produce and publish access guides to all services on the main hospital site – this has a positive impact for patients with disability. Parents have access to advocacy services. The Maternity and Neonatal Independent Senior Advocate is available to support people who have had negative experiences The Blossom team is available to support parents with vulnerabilities such as disabilities and neurodiversity All patients have personalised care plans, which detail their needs, and staff are focussed on meeting them – this has a particularly positive impact for race, religion, disability, sexual orientation and gender identity. 	2	Head of Midwifery

		<ul style="list-style-type: none"> Each patient has a personalised care plan Trust scored highest in the country in antenatal care provision (Maternity Survey 2024). 		
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> All patients have personalised care plans, which detail their needs, and staff are focussed on meeting them – this has a particularly positive impact for race, religion, disability, sexual orientation and gender identity. The ward works with the Maternity and Neonatal Voice Partnership to support pregnant people and ensure that maternity services are responsive and listen to pregnant people’s needs and requirements. 	2	Head of Midwifery
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> No “Never Events” reported during the period reviewed. Transparent and open instant reporting culture that follows a ‘Just Culture’ and is responsive to identify learning and improve. Service rated as “Good” in all domains by CQC. The service participates in the maternity CNST incentive scheme, which is focussed on safety. Positive maternity survey results are consistent. 	3	Head of Midwifery

		<ul style="list-style-type: none"> • Work with MNVP with an action plan following the surveys every year to continually improve. 		
	1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • The 2024 Maternity survey was significantly better than other Trusts for 15/54 questions. No questions were scored as “worse than other trusts” • In the 2024 maternity survey, the Trust scores the highest in the UK for postnatal care. The Trust has been ranked in the top 10 services in the UK in most sections. • Scores have continually improved since 2022. Friends and Family Test in August 2024 had no negative responses, with only one response being “neither good nor bad”, of 51 respondents. 	2	Head of Midwifery
Domain 1: Commissioned or provided services overall rating			9	

Learning Disabilities and Safeguarding

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Online easy read versions of letters and leaflets are also available in different languages • Access to translation services is available. • There is a bespoke pathway through surgery for Learning Disability, autism, severe mental health, prison population, dementia patients etc. • Access is available to healthcare 24/7 to patients- with bespoke learning disability and Autism resources and communication station in all areas. • Specialist Learning disability and autism support is available during working hours. • The safeguarding team is available to staff during office hours with support available via on call and site team outside of these hours. 	2	Head of Safeguarding and Vulnerabilities Team

	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • Reasonable adjustments made for patients with a need. • There is a comprehensive “was not brought” process for patients who aren’t brought to health appointments. • Flags are used to identify needs of patients on SystemOne and patient records • Sensory bags, ear defenders, weighted blankets and other aids are available to support patients to access care to meet health needs. • Quiet areas of the hospital are also available. • Hospital passports are used for identified needs • Pre-birth plans are created where there are safeguarding concerns in the antenatal period. • Child Protection safety planning takes place where needed • Domestic abuse risk assessments can be undertaken by any staff member • Domestic abuse risk assessments and support for staff are available via the Safeguarding team. 	2	Head of Safeguarding and Vulnerabilities Team
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Ligature risk assessments completed in departments and ligature cutters are available in departments. This is 	2	Head of Safeguarding and Vulnerabilities Team

		<p>covered as part of some of the higher level resuscitation Training.</p> <ul style="list-style-type: none"> • Changes to the estate for the department have taken place, such as curtains, windows locks etc. • Domestic Abuse Policy, FGM Policy, Sexual Violence Charter, and Chaperone Policy all in place to support patients and staff. • Training for staff on EDI has taken place through mandatory training • Oliver McGowan training Level 2 has been mandated for all front line staff. • Rainbow badge incentive has previously ran, and many staff have completed this • Section 47 investigations have external supervision in place during admission. • Discharge planning meetings take place where necessary for patients. 		
	1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • Service user forums and experts by experience groups provide feedback on policies and resource guides • An “Ask, listen, do” policy is in place to assist patients. • Positive feedback is recorded through emails, letters, cards, and phone calls into the team. The patient experience team report positive feedback 	2	Head of Safeguarding and Vulnerabilities Team

		<ul style="list-style-type: none"> Learning takes place using “after action reviews”. 		
Domain 1: Commissioned or provided services overall rating			8	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p>Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> • Obesity support was offered informally through the Trust's Health MOTs which have been carried out by a qualified nurse. The MOTs are offered free of charge during work time, either at the Staff Wellbeing Hub or onsite at colleagues' place of work. Referrals are made to other services, such as the Treatment and Tobacco Team (stop smoking service). • Stop smoking support is available to Trust staff via the Healthy Hospitals Team and smoking cessation provides an evidence-based intervention for the management of asthma and COPD. This includes a partnership with Rotherham Metropolitan Borough Council to switch from cigarettes to vapes. • In partnership with RMBC, Cardio Vascular Disease checks (CVD) were rolled out from November 2024-March 2025, covering cholesterol, blood pressure and other indicators of CVD. • A multi-disciplinary team focussing on Long COVID systems such as brain fog, low mood and chronic fatigue have begun to work with colleagues suffering with these symptoms irrespective of whether or not they have suffered with long COVID, to assist with lowering the Trust's long term sickness rate. 	<p>3</p>	<p>Wellbeing Team Manager (OD, Wellbeing and Inclusion Service)</p>
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		<ul style="list-style-type: none"> • All staff have access to a 24-hour telephone helpline (Employee Assistance programme) to discuss anything related to their mental health or personal circumstances. There is also a dedicated menopause support line for those who need advice and support with their menopause experience. • The Trust has approximately 100 wellbeing champions, who are able to signpost staff to support internally and externally. • The HWB team regularly signpost to national and VCSE support. The team also promote healthy lifestyle initiatives such as gym and pool sessions and an upcoming partnership with Rotherham United to organise fitness and social prescribing sessions. • We have a dedicated menopause helpline which is 24/7 and is manned by specialist clinicians. Colleagues can ring this line for advice, guidance and they also carry out medication reviews and can refer colleagues into support groups. • We run menopause cafes which are an opportunity for colleagues to come together and share their experiences around the menopause. • For World Menopause Day 2024 we ran a week long series of events with a different 		
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		<p>focus each day e.g. nutrition, gynaecology, menopause and different cultures.</p> <ul style="list-style-type: none"> • We deliver training sessions for managers and teams to raise awareness of the menopause. • We have a menopause policy for managers to use to support colleagues. • We have a team of trained menopause advocates and champions within the trust who are available to support colleagues through conversations and signposting. • The ICB regularly holds menopause webinars which we promote to our staff for them to join.. 		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • “Civility Saves Lives” and “Call It Out” campaigns promote civil behaviour at work and reporting discrimination. • Violence Prevention and Reduction Policy launched September 2024. • Freedom to speak up guardian and champions are available for staff to speak up about bullying behaviour. • The Wellbeing Team and VivUp service are available to support any staff who have suffered verbal or physical abuse. • Staff survey 2023 results. Staff experience bullying, harassment and abuse from: <ul style="list-style-type: none"> ○ 23.9% patient/service users, their relatives or members of the public (benchmark median 24.76%) ○ 6.17% managers (benchmark median 10.37%) ○ 13.02% other colleagues (benchmark median 18.72%) ○ LGBT and BAME staff were more likely to experience abuse, harassment and bullying from members of the public. They are slightly more likely to experience this from managers and considerably more likely to experience this from colleagues. The discrepancy between the responses from disabled and non-disabled staff is much lower, with 	2	<p>Head of OD, Wellbeing and Inclusion, Business Partners, Deputy Director of People</p>
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		<p>disabled staff experiencing slightly higher levels of abuse, harassment and bullying from all sources.</p> <ul style="list-style-type: none"> • The number of staff experiencing physical violence from: <ul style="list-style-type: none"> ○ 15.59% Members of the public (median benchmark 13.65%) ○ 0.66% managers (median benchmark 0.68%) ○ 1.31 other colleagues (median benchmark 1.76%) • These numbers were significantly higher for BAME staff, and LGB staff reported experiencing more violence from members of the public. • There is no comparable data for transgender staff due to the low number employed in the Trust 		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • Freedom to speak up champion and lead: <ul style="list-style-type: none"> ○ 1 x Lead Guardian – Standalone role with protected ring fenced time ○ 12 Champions across the organisation who have all completed the level 2 'FTSU training for all managers' ○ Representation across the main staff groups, nursing, Medical, AHP, Admin and Clerical ○ All champions record any FTSU activity they have undertaken and this is fed back via the Guardian to the board of Directors • Support is also available from the staff networks. There are 3 staff networks within the trust. Attendance and engagement with the networks is an area of improvement that has been identified. • Independent support is also provided by the VivUp EAP. Support outside of line management structure is also available through the Health and Wellbeing team, Professional Nurse Advocates (PNAs), Health and Wellbeing Champions, Menopause cafes etc. • Equality Impact Assessments are applied when amending and creating policies. 	2	<p>Head of OD, Wellbeing and Inclusion, FTSU Guardian, People Director</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p> <ul style="list-style-type: none"> 2024 staff survey results suggested that 63% (versus Picker average of 59%) of staff would recommend TRFT as a good place to work, this is flat year on year though the national average has fallen 2% since last year. <p>Staff survey 2023 results:</p> <ul style="list-style-type: none"> 57.96% of people agree with “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.” (benchmark median 63.32%) Disabled staff are slightly less likely to agree with this statement (difference of 6 percentage points), and gay or lesbian staff are less likely to agree with a 10 percentage point difference 	1	
Domain 2: Workforce health and well-being overall rating		8	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> Board members and Senior Leaders often demonstrate their commitment to equality and understanding of health inequalities through agenda planning and via staff communications and team brief. As well as involvement in external programmes and events As part of the Health, Wellbeing and Attendance Programme (the Trust's improvement programme for sickness absence), there is a specific work stream on health inequalities to develop the approach in that area Board approved a new 3 year EDI plan to take a more strategic approach to planning and operationalising EDI commitments across the Trust. 	1	Director of Corporate Affairs; Director of People

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> This is done routinely in all papers around equality and health inequalities. For other papers, there is no routine assessment of this within papers, however potential impacts and risks are often discussed at meetings and in the minutes. 	1	Director of Corporate Affairs
	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	<ul style="list-style-type: none"> The Trust's WRES and WDES action plans and equality objectives are approved by the Board, who regularly monitor progress against them. Board members have equality related objectives. Progress against specific workstreams is regularly monitored via the Trust's Patient Experience Group, Operational Workforce group and the relevant board committees, as well as by staff networks. 	2	Director of Corporate Affairs; Director of People
Domain 3: Inclusive leadership overall rating			4	
Third-party involvement in Domain 3 rating and review				
Independent Evaluator(s)/Peer Reviewer(s):				
EDI Team @ Barnsley Foundation Hospital Trust				

EDS Organisation Rating (overall rating):

Domain 1 – 8

Domain 2 – 8

Domain 3 – 4

Overall score 20, Developing

Organisation name(s):

The Rotherham Foundation Hospital Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Hashim Din	2024 and 2025
EDS Sponsor	Authorisation date
Paul Ferrie / Daniel Hartley	20 th February 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Increase awareness of services to outside agencies	Promote Trust services through outreach to groups with protected characteristics and through events	2025
	1B: Individual patients (service users) health needs are met	Ensure care is individualised	Where needed, use the hospital passport to individualise care for patients with learning disabilities and/or autism	2025
	1C: When patients (service users) use the service, they are free from harm	Maintain patient safety	Follow the new allegations policy and keep a register of allegations against staff	2025
	1D: Patients (service users) report positive experiences of the service	Improve patient experiences of the service	Use and act on patient feedback to further improve services	2025

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Continue providing support to manage health conditions	Continue providing support around the menopause Continue to offer sessions around physical health	2025
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Reduce incidences of bullying and harassment for LGBT and BAME staff	Adopt and be assessed for the North-East anti-racism framework Create a more inclusive environment for LGBTQ+ staff through use of community events and initiatives	2025
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improve staff network engagement within the Trust	Ensure each staff network has a chair and is currently active. Launch a new Women's network	2025

	2D: Staff recommend the organisation as a place to work and receive treatment	Improve staff perception of treatment in the hospital amongst corporate services (in clinical areas this is already high)	Use Proud news and Proud TV to ensure staff are engaged with positive developments Provide opportunities for corporate staff to support patient experience	
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>Improve managers understanding of EDI.</p> <p>Ensure that senior decision making forums consider views of staff networks.</p>	<p>Relaunch of manager development resources.</p> <p>Refresh of staff networks to consider how they can have the opportunity to influence more developments at the Trust.</p>	2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Improve board visibility of inequality and health inequalities	Review best practice in this area to consider improvement	2025
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Deliver improvements set out in EDI Plan	See EDI plan.	2025

