Equality Delivery System 2022 Grades – Patients
2023 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 Chief Nurse 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, Be-North, Chaplaincy, MESMAC/SHINE, Newcastle Disability Forum, The National Association of Laryngectomies Club, Deaflink, Newcastle Vision Support, Newcastle Carers Centre, HAREF, PALS, Outpatients and Staff Networks.

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**	- New operational dashboards being developed that can be filtered by demographics, including DNA and waiting list dashboards	**1 – Developing**	- Information services
		- Audit of hospital grounds from AccessAble and publicly available online to support disabled patients coming into hospital - Patient survey undertaken with patients from IMD1 areas who DNA'd to understand the challenges and barriers they faced coming to hospital. Reviewing digital solutions to support hospital attendance. - New interpretation supplier, with KPIs for fulfilment being met - Pilot work of empowering disabled patients informing the department of the reasonable adjustments they need for their hospital appointments		- Patient Experience Team
		- New regional hospital passport for patients with learning disabilities		- Learning Disability Team
		- West-end well baby and family drop-in clinic, promoting accessing for ethnic minorities		- Newcastle Collaborative
	1B: Individual patients (service users) health needs are met	- Proposal developed to work in partnership with a learning disability charity to work with people with lived experience to review and improve services. - Further funding secured to extend BSL Health Navigator Service to support Deaf patients through their patient journey	**1 – Developing**	- Patient Experience Team
		- Trust-wide 'Care For Me, With Me' programme to better support patients with health needs, learning disability and/or autism. This includes assessing and managing risks, adherence with MCA and MHA, record-keeping and reasonable adjustments.		- Trust-wide

		- Co-production of a Mental Health Strategy in partnership with patients		- Associate Medical Director
		- Specialist maternity stop smoking service - Rollout of Badgernet app for maternity patients for patients to view their maternity records and have records that can be accessed across community and acute services		- Maternity
	1C: When patients (service users) use the service, they are free from harm	- Pilot of a new SMS waiting list validation to help focus on patients who require ongoing care	2 – Achieving	- Dermatology
		- Incident reporting updated with new equality categories to identify any equality themes from incidents. - Equality analysis on policies and service developments		- Patient Experience
		- Patient safety briefings to encourage incident reporting and improvement culture - SI panel to review incidents and events and share learnings		- Clinical governance
	1D: Patients (service users) report positive experiences of the service	- Development of a Patient Experience Strategy in partnership with patients, staff and VCSEs - Demographic monitoring of patient surveys and complaints to correlate findings and protected characteristics - Engagement activities with VCSEs and focused on particular patient groups e.g. trans groups, disabled, learning disabilities, ethnic minorities, asylum seekers, young people - Developing action plans in partnership with VCSEs, such as work with Deaflink to improve staff knowledge on deafness and work with Newcastle Carers to implement carer pathways.	2 – Achieving	- Patient Experience
Domain 1: Commissioned or provided services overall rating			6	

4.0 PATIENT FOCUSED EQUALITY OBJECTIVES

4.1 Progress on Current Objectives

Patient focussed equality objectives for 2022 – 2024 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**
- Tender carried out for interpreting services and new contract in place with a new interpretation provider. This contract covers spoken and non-spoken interpretation and translation. The services provides face-to-face, telephone and video interpretation. The new contract commenced in May 2023 and has already reached KPIs and further actions in place to support rarer languages. - Further funding secured for a year for the BSL Health Navigator service provided by Deaflink. Work ongoing to do a cost benefit analysis to develop a business case for sustainable funding. - Quarterly review meetings with Deaflink to review BSL interpreting fulfilment provided by contracted supplier and review patient feedback. - Engagement sessions with communities to inform them of the changes and the process that was gone through to issue a new contract. Ongoing work to develop resources for communities to ensure they are aware of interpreting services available.	Support patients who face language barriers to access health services
- Survey work with patients from IMD1 areas who DNA'd an appointment to understand the challenges they face and their suggestions to help them attend hospital. This has generated further work looking at possible AI solutions to support hospital attendance. - New upcoming operational dashboard for waiting lists and hospital attendance that can be filtered by different demographics to identify any disparities and unwarranted variation. - Engagement sessions throughout the year with community organisations to gain their feedback and understand barriers. Organisations include Newcastle Vision Support, Be-North, Disability North and HAREF.	Engage with local communities and underrepresented groups for service developments and improvement work

- Review of easy read leaflets available in Trust carried out. Charitable bid submitted to develop more easy read leaflets in partnership with a local learning disability charity. - Linking in with regional work regarding health literacy.	Support patients to be involved in their healthcare needs and support shared decision making
- Carers pre-assessment pathway in place in pre-assessment. Over 350 carer packs given to carers in pre-assessment, with over 50 carers flagged on the pre-assessment record.	Identify and support carers and young carers, and empower appropriate social prescribing.
- Ongoing work with the local council to review and identify improvements for patients who are asylum seekers and refugees. This includes training for staff, flagging and raising awareness of support available for staff. - Providing advice and guidance to staff caring for patients with unique needs, e.g. autism and learning disability, trans patients, carers, language barriers	Support staff caring for patients and visitors from protected characteristic groups, including disabled, LGBT and religious groups
- New operational dashboards, including waiting lists, that can be filtered by demographics.	Establish a better picture of inequalities in waiting lists.
- Development of a patient experience strategy in partnership with patients, staff and community organisations. - Demographic monitoring of surveys and complaints. - Charitable bid submitted to work closely with a local learning disability charity to do engagement with people who have learning disabilities.	Reach diverse communities for patient engagement activities

4.2 2022 – 2024 Equality Objectives

EDS Action Plan	
EDS Lead	**Year(s) active**
Fardeen Choudhury – Patient Services	2022 - 2024
EDS Sponsor	**Authorisation date**
(Patients) Maurya Cushlow – Executive Chief Nurse	24/10/2022

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	- Continue BSL Health Navigator pilot and explore further funding avenues for extension - Work with local community organisations to raise awareness of interpreting services	April 2024 December 2024
		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)	October 2024

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	- Submit bid to develop easy read leaflets. Develop easy read leaflets for most commonly requested leaflets.	October 2024
	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	- Work with local authority and other local organisations to develop staff training and resource packs regarding asylum seekers. - Implement new Equality Impact Analysis process and provide training and resource packs.	October 2024
		2. Establish a better picture of inequalities in waiting lists	- New operational dashboards to be launched and piloted on how it can be used live for planning clinics and lists.	October 2024
	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	October 2024

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 good 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.

Appendix 2 – Access Data

1. Sex

Sex	Trust	2021 Census - Newcastle
Female	56.2%	50.6%
Male	43.8%	49.4%
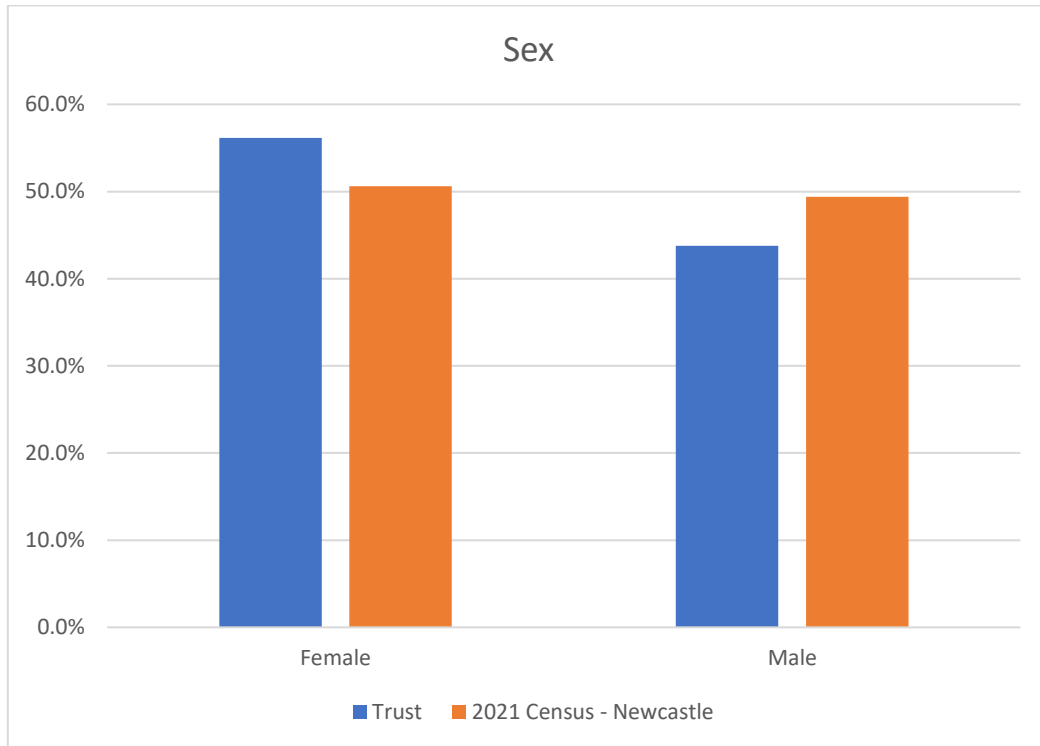
2. Ethnicity

Ethnicity	Trust	2021 Census - Newcastle
99 - Not Known	4.85%	0.00%
A - White - British	79.25%	74.50%
B - White - Irish	0.26%	0.63%
C - Any other White background	1.44%	4.84%
D - White and Black Caribbean	0.05%	0.30%
E - White and Black African	0.12%	0.46%
F - White and Asian	0.15%	0.87%
G - Any other mixed background	0.28%	0.68%
H - Indian	0.72%	2.43%
J - Pakistani	0.88%	2.92%
K - Bangladeshi	0.58%	2.41%
L - Any other Asian background	0.66%	1.81%
M - Black or Black British - Caribbean	0.07%	0.11%
N - Black or Black British - African	0.68%	2.85%
P - Black or Black British - Any other Black background	0.21%	0.34%
R - Chinese	0.43%	1.79%
S - Any other ethnic group	1.47%	3.05%
Z - Not stated	7.90%	0.00%

Ethnicity
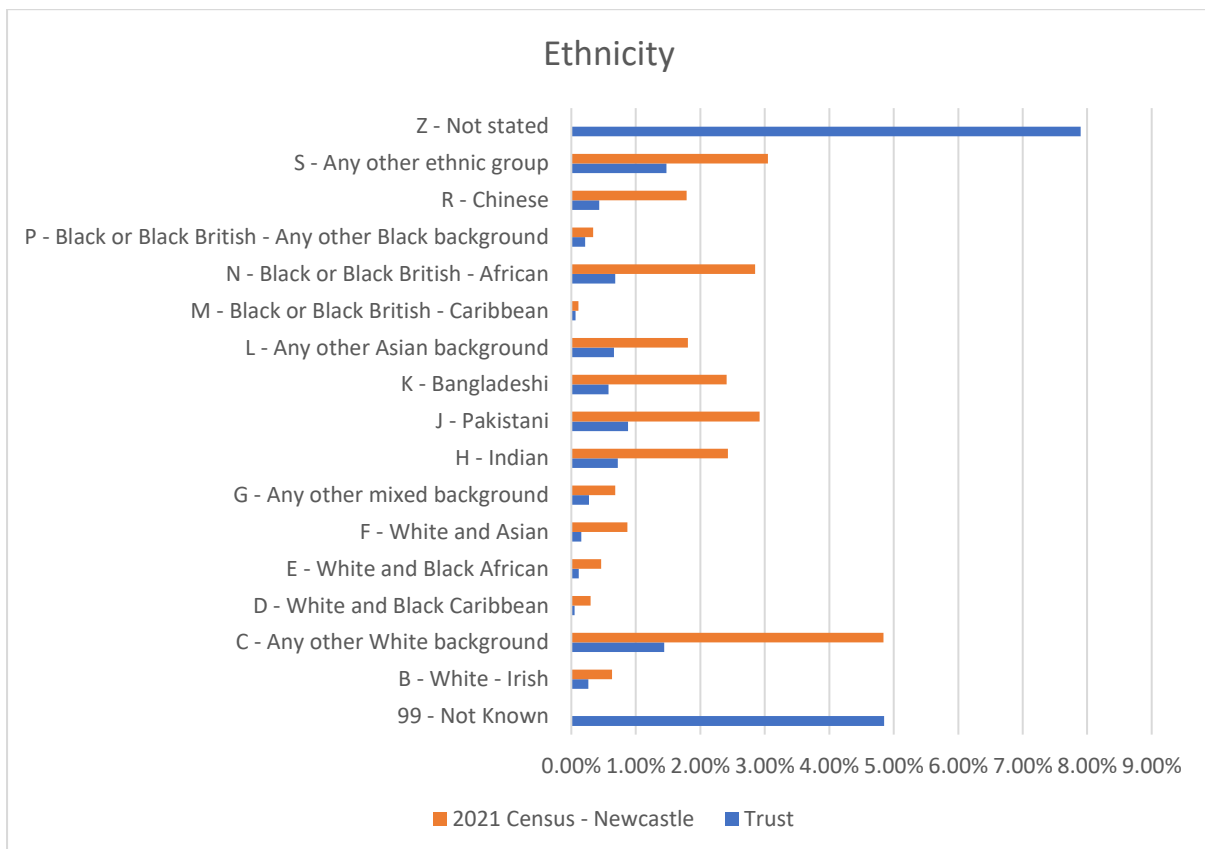
3. Age

Age	Trust	2021 Census - Newcastle
0 - 4 Years	3.35%	5.21%
5 - 7 Years	1.89%	3.31%
8 - 9 Years	1.19%	2.25%
10 - 14 Years	3.29%	5.47%
15 Years	0.80%	0.97%
16 - 17 Years	1.45%	1.97%
18 - 19 Years	1.30%	4.84%
20 - 24 Years	3.88%	12.21%
25 - 29 Years	5.20%	7.79%
30 - 44 Years	16.58%	19.25%
45 - 59 Years	18.16%	16.72%
60 - 64 Years	8.45%	5.16%
65 - 74 Years	16.98%	8.15%
75 - 84 Years	13.14%	4.61%
85 - 89 Years	3.08%	1.32%
90 + Years	1.26%	0.75%