

Classification: Official

Publication approval reference:

# NHS Equality Delivery System 2022

## EDS Reporting Template

Version 1, 15 August 2022

## Contents

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

# 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/](http://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](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	Shrewsbury and Telford NHS Trust	<b>Organisation Board Sponsor/Lead</b>		
		Helen Trolean Executive Director of Finance		
<b>Name of Integrated Care System</b>	Shropshire, Telford and Wrekin			

<b>EDS Lead</b>	Equality, Diversity and Inclusion Teams	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	Domain 1 November 2024 Domain 2 July/August 2024 Domain 3 October/November 202	<b>Individual organisation</b>	Shrewsbury and Telford NHS Trust	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	November 2024	<b>Month and year published</b>	February 2025
<b>Date authorised</b>		<b>Revision date</b>	



<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
Exec sponsor in place for Staff Networks and executive team have EDI objectives as a part of High impact Action 1. EDI groups regarding data, HIA	Domain 3
Health and Wellbeing Obesity booklet developed, Staff health clinics are launched, new Employee Assistance Programme launched and embedded, wellbeing conversation training developed. Wellbeing and EDI objectives are mandated elements in colleagues annual review.	Domain 2
Groups set up for review of EDS2022 domains are integrated in High impact actions and ownership	Domain 2 and 3
Sexual safety charter workstream underway. Bystander training taking place to support in the delivery and awareness	Domain 2
Domain One service action plans developed and implemented.	Domain 1

## 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

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

## Domain 1: Commissioned or provided services

Stakeholder sessions were held on the 25<sup>th</sup> and 29<sup>th</sup> November. Phlebotomy, Breast Screening and Dementia services were reviewed. Rating is from the middle score out of the three services from Domain 1.

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	Information is provided in different languages and formats including easy read. Mobile screening units in 7 locations across the county in addition to the hospital sites to address rurality and transport difficulties. Evening appointments available to offer additional choice and improve accessibility. Functionality utilised on patient administration system to highlight additional needs such as learning disability or interpreter requirement.	2	Service Senior Leadership Team
	1B: Individual patients (service users) health needs are met	Individual needs are identified using internal administration systems. Adjustments are available to meet individual needs- including mobility aids, alternative locations, appointment times, altering lighting. Invitation letters include information and contact details about accommodating individual requirements.	1	Service Senior Leadership Team

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Recall and retest rate has been reduced to less than the 3% target since March 2024. Appropriate policies and procedures in place. No serious incidents within service, All images are reviewed by 2 practitioners to reduce individual error likelihood. Clinical audit in place for all cases where cancer occurs shortly after reassuring screening results. Good culture of incident reporting and review within service.</p>	2	Service Senior Leadership Team
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Service user satisfaction survey in place with overwhelmingly positive feedback. Feedback forms available in departments with high response rate. Variety of methods for feedback including phone, email, written and QR code. Non responder survey launched to identify actions. Partnership working with voluntary sector organisations and primary care with focus on seldom heard groups.</p>	2	Service Senior Leadership Team.
<b>Domain 1: Commissioned or provided services overall rating</b>			7	



## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 2: Workforce health and well-being</i>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	We offer a wide range of wellbeing support, including psychological, physical, financial, and practical services. Our resources cover various topics, such as health and wellbeing, financial support, long COVID, obesity, bereavement, and menopause. We also provide healthy lifestyle advice, fitness programs, dietary support, and mental health services. Our hardship package and employee assistance program (HELP) are available to all staff. Additionally, we offer health clinics and line manager training to support wellbeing conversations. While our current offerings are extensive, we recognise the need for additional support for diabetes, asthma, and COPD. We are committed to improving data reporting to align with the Equality Act 2010's nine protected characteristics.	1	All Managers – with support from EDI and Psychology, HR and HWB Lead

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Our existing processes to support our people include a comprehensive "How to guide for managers," dedicated line manager support, updated HR policies, HR advice, and ongoing work on fostering a just and learning culture. We have also established a robust Freedom to Speak Up (FTSU) process, a network of over 40 Equality, Diversity, and Inclusion (EDI) champions who have received a comprehensive training package in active bystander and antiracism awareness. Also we have relaunched our FTSU ambassadors program. Additionally, we have conducted civility and respect workshops, which have been attended by over 1,000 colleagues, as well as behaviour workshops and WARD sessions for junior doctors.</p> <p>Analysis of our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data indicates that staff from ethnic minority backgrounds and those with disabilities or long-term illnesses are more likely to experience bullying and harassment. However, we are pleased to note a year-on-year decrease in these incidents, reflecting a positive trend over the past five years.</p> <p>To further address these issues, we have delivered education and awareness sessions</p>	1	All Managers with Support from, EDI, HR and OD
--	--	---	---	--

		<p>and are initiating a program of work for clinical middle managers focused on active bystander intervention, anti-racism, LGBTQIA+ awareness, and cultural competency. In the past 12 months, we have observed a decrease in the number of HR cases and concerns reported to the FTSU.</p> <p>The Trust maintains a strict zero-tolerance policy for poor behaviour. To reinforce this message, we have developed and displayed "No Excuse for Abuse" posters across the organization, accompanied by a clear flowchart outlining the reporting process.</p>		
--	--	--	--	--

	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>We have implemented various processes to support our staff, including HR support, trade union representation, a robust Freedom to Speak Up (FTSU) mechanism, dedicated EDI support, psychological services, and independent counselling. Our FTSU is well-integrated into the organization, and staff can access additional support through NHS England. Data collected from our FTSU provides valuable insights into the common themes associated with speaking up.</p> <p>Our growing network of Professional Nurse and Midwifery Associates offers support to staff and produces reports on identified issues. While our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data indicate that staff from ethnic minority backgrounds and those with long-term illnesses are more likely to experience harassment and bullying, we are encouraged by the positive trend observed over time.</p> <p>Stress and anxiety continue to be significant contributors to staff absence. To address these issues, we offer a range of support services, including occupational health, Employee Assistance Programs (EAP), counselling, and psychology services. Since November 2023, our EAP has handled 116 calls, with 42 individuals referred for counselling. Notably,</p>	2	All Managers, with support from HR, Psychology and FTSU
--	---	---	---	---

		October 2024 data reveals a significant reduction in Generalized Anxiety Disorder (GAD) symptoms among individuals who received counselling, with reported figures decreasing from approximately 14.6 to 2.0 post-counselling.		
--	--	--	--	--

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Our 2023 staff survey achieved a 45% response rate, with 49.35% (+8%) of respondents recommending the Trust as a place to work and 45% (+6%) recommending it as a place to be cared for or receive treatment.</p> <p>From the same 2023 NHS People Promise survey, our organisation saw significant improvements across all seven themes. Notably, four out of the nine themes were recognized among the top 10 most improved year-on-year in NHS providers.</p> <p>While there are ongoing challenges related to line manager and middle manager pressures, we aim to address these by understanding the specific challenges and providing targeted support and training. Our goal is to create environments where more staff feel proud and would recommend the organization as a place to work or receive care.</p> <p>We have implemented a robust program of staff recognition, including long-service awards, Armed Forces Covenant initiatives, and the Trust Celebratory Awards, which received over 500 nominations this year. Our diversity calendar celebrates cultural events and activities relevant to our diverse workforce. Through discussions with staff, we have identified a sense of pride in working here,</p>	1	<p>All Managers, with support from People and OD Business Partners, Education and OD</p>
--	--	---	---	--

		<p>alongside a recognition of areas where we can improve service delivery and patient care. To enhance our attractiveness as an employer, we can further promote our value proposition.</p>		
<b>Domain 2: Workforce health and well-being overall rating</b>			5	

# Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	-------------------



<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>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>	<p><b>Executive Alignment and Staff Networks</b></p> <p>Executive leadership is committed to fostering a diverse and inclusive workplace. This commitment is demonstrated through active participation in all staff networks, ensuring that the voices and perspectives of all employees are heard and valued.</p> <p><b>Board Leadership and Recognition</b></p> <p>Board members and senior leaders actively acknowledge and celebrate religious, cultural, and local events. This recognition fosters a sense of belonging and respect within the organisation. Additionally, regular engagement with staff through recognition events provides opportunities to discuss equality, diversity, and inclusion.</p> <p><b>Board Development and Health Inequalities</b></p> <p>To further strengthen the organisation's commitment to EDI, a dedicated board development session was held in July 2024. This session focused on EDI and laid the groundwork for future development initiatives in 2025. The board also actively engages in conversations around health inequalities, recognising the importance of addressing disparities in healthcare access and outcomes.</p>	<p>1</p>	<p>People and OD Directorate</p>
--	---	--	----------	----------------------------------

		<p><b>Strategic Initiatives and Leadership Development</b></p> <p>The organisation's strategic plans, including the 2024 Culture Plan, Leadership Behaviours Plan, and the 2022-23 Culture, EDI, and Leadership Development initiatives, prioritise creating a positive and inclusive work environment.</p> <p>The Leadership Development Framework is designed to equip leaders with the skills and knowledge to promote EDI and foster a culture of respect.</p> <p><b>Health and Wellbeing Initiatives</b></p> <p>The organisation has implemented several initiatives to improve the health and wellbeing of its employees. These include:</p> <ul style="list-style-type: none"> <li>• <b>High Impact Actions (HIA 4):</b> Addressing health inequalities as a key objective for all organisational leaders.</li> <li>• <b>Health and Wellbeing Clinics for colleagues:</b> Providing accessible healthcare services.</li> <li>• <b>Partnership with Shropshire Community Health:</b> Collaborating to enhance healthcare offerings.</li> <li>• <b>Talent Conversations/Appraisal:</b> Incorporating H&amp;WB and EDI considerations in talent development.</li> </ul>		
--	--	---	--	--

		<ul style="list-style-type: none"> <li>• <b>Values and Behaviour Framework:</b> Promoting a positive and inclusive organisational culture.</li> <li>• <b>Civility and Respect Workshops:</b> Fostering respectful interactions among employees.</li> <li>• <b>Equality Impact Assessments:</b> Ensuring that policies and practices are equitable.</li> <li>• <b>New Equality, Diversity, and Inclusion Policy:</b> Providing a clear framework for promoting EDI.</li> <li>• <b>STEP Management Skills Development:</b> Integrating H&amp;WB and EDI into leadership training.</li> </ul> <p><b>Transparency and Accountability</b></p> <p>The organisation's commitment to EDI is reflected in its annual report, which includes a dedicated section on health inequalities. By sharing progress and challenges, the organisation demonstrates its transparency and accountability to stakeholders.</p>		
--	--	---	--	--

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p><b>Board and Committee Engagement</b></p> <p>Equality and health inequalities are significant topics of discussion at both board and committee levels. Actions related to these areas are carefully documented and reported on to ensure accountability.</p> <p><b>Impact Assessments and Risk Management</b></p> <p>To proactively address potential disparities, equality and health inequalities impact assessments are conducted for relevant projects and policies. These assessments are then approved by senior leadership. Additionally, BME staff risk assessments are carried out to identify and mitigate specific challenges faced by Black, Asian, and Minority Ethnic employees.</p> <p>To effectively manage and mitigate risks associated with equality and health inequalities, the organisation relies on a network of committees and groups.</p> <p><b>Key Focus Areas and Progress Reporting</b></p> <p>The organisation has identified four key areas of focus for 2024/2025:</p> <ol style="list-style-type: none"> <li><b>1. Improving Patient Experience:</b> Initiatives aimed at enhancing the health and wellbeing of patients, particularly those awaiting Musculoskeletal (MSK)</li> </ol>	1	People and OD Directorate
--	--	--	---	---------------------------

		<p>interventions, through "waiting well" strategies.</p> <ol style="list-style-type: none"> <li>2. <b>Strengthening the Anchor Institution Role:</b> Assessing the organisation's maturity as an anchor institution and developing a comprehensive plan to increase its impact within the Integrated Care System (ICS).</li> <li>3. <b>Optimising Prevention Services:</b> Implementing systematic pathway approaches to integrate prevention offers, such as weight management and smoking cessation, into existing practices. A holistic approach that considers both physical and mental wellbeing is emphasised.</li> <li>4. <b>Enhancing Population Health Management:</b> Collaborating with the Population Health Management Group to develop system-wide knowledge and intelligence, as well as defining key performance metrics to track progress.</li> </ol> <p>Regular progress updates on these key actions are shared bi-monthly through the Prevention and Health Inequalities Board. Quarterly updates on all areas of work are presented to the Integrated Care Board (ICB).</p>		
--	--	--	--	--

	<p>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</p>	<p>Board members, and senior leaders monitor the implementation of WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting.</p> <p>A people focused approach to performance and development is utilised. This is facilitated through one-to-one meetings and supervision, structured performance reviews with clear objectives. These are aligned with broader organisational goals through boards and committee meetings Safety oversight Group (SOAG)and Getting to Good discussions.</p>	1	People and OD Directorate
<b>Domain 3: Inclusive leadership overall rating</b>			3	
<b>Third-party involvement in Domain 3 rating and review</b>				
<p><b>Trade Union Rep(s):</b></p> <p>UNISON, RCM and RCN.</p>		<p><b>Independent Evaluator(s)/Peer Reviewer(s):</b></p> <p>Health Watch Telford, Patient Experience Advocates &amp; Health Watch Shropshire</p>		

EDS Organisation Rating (overall rating):  
15- Developing

Organisation name(s):  
Shrewsbury and Telford NHS 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
EDI Team	2025/2026
EDS Sponsor	Authorisation date
Helen Trolean	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	The 3 services reviewed are developing their action plans in response to the feedback	Further session in March 2025 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2025/26	Jan 2026



	1B: Individual patients (service users) health needs are met	The 3 services reviewed are developing their action plans in response to the feedback	Further session in March 2025 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2025/26	Jan 2026
	1C: When patients (service users) use the service, they are free from harm	The 3 services reviewed are developing their action plans in response to the feedback	Further session in March 2025 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2025/26	Jan 2026
	1D: Patients (service users) report positive experiences of the service	The 3 services reviewed are developing their action plans in response to the feedback	Further session in March 2025 planned to present draft action plans to the service users, patients, staff, community groups, public and stakeholders who took part in the stakeholder events to agree action plans for delivery of these improvements in 2025/26	Jan 2026

Domain	Outcome	Objective	Action	Completion date
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To enhance Accessibility of Health and Wellbeing Support	<p><b>Action 1:</b> Review current communication channels for the HWB offer and identify opportunities for improvement.</p> <p><b>Action 2:</b> Develop and implement a targeted training program for managers to increase their awareness of the HWB offer and how to support their team members.</p> <p><b>Action 3:</b> Increase face-to-face engagement in priority areas to directly address staff needs and concerns.</p> <p><b>Action 4:</b> Secure executive support to allocate time for employees to access the HWB offer during work hours.</p>	Jan 2026

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>To foster a Culture of Openness and Respect</p>	<p>•<b>Action 1:</b> Collaborate with FTSU ambassadors and EDI Champions to promote a "speak up" culture and encourage reporting of incidents.  <b>Action 2:</b> Implement mandatory civility and respect training, targeting specific areas where incidents have been reported.  <b>Action 3:</b> Work with the Communications team to share positive stories and case studies to reinforce the importance of a respectful workplace.  <b>Action 4:</b> Review and enhance manager training to include role-playing and real-life scenarios to equip managers with the skills to address issues related to abuse, harassment, bullying, and physical violence.</p>	<p>January 2026</p>
--	--	--	---	---------------------

	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Enhance Access to Independent Support</p>	<p><b>Action 1:</b> Review current communication channels for independent support services and identify opportunities to improve accessibility.</p> <p><b>Action 2:</b> Develop and implement a targeted training program for managers to increase their awareness of available support services and how to direct employees to appropriate resources.</p> <p><b>Action 3:</b> Increase face-to-face engagement in priority areas to directly address staff needs and concerns regarding workplace stress, abuse, bullying, harassment, and physical violence.</p> <p><b>Action 4:</b> Secure executive support to allocate time for employees to access independent support services during work hours.</p>	<p>January 2026</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Enhance Staff Satisfaction and Retention</p>	<p><b>Action 1:</b> Share positive stories and testimonials from staff to highlight the organization's positive work culture and opportunities.</p> <p><b>Action 2:</b> Conduct a comprehensive review of the employee experience, from the initial recruitment process to ongoing support and development.</p> <p><b>Action 3:</b> Ensure that all staff have regular opportunities for professional development and training.</p> <p><b>Action 4:</b> Review and optimise the end-to-end recruitment process to attract and retain top talent.</p>	<p>January 2026</p>



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	Enhance Leadership Understanding and Commitment	<p><b>Action 1:</b> Develop a knowledge-sharing platform to disseminate evidence-based best practices and case studies related to equality and health inequalities.</p> <p><b>Action 2:</b> Implement a regular audit process to assess progress towards equality and health inequality goals and share findings with the wider organization.</p> <p><b>Action 3:</b> Increase transparency of Board and VSM EDI training by sharing key learning points and action plans.</p>	January 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure Equality and Health Inequalities are Considered in Decision-Making	<p><b>Action 1:</b> Develop a framework for identifying and assessing the potential impact of decisions on equality and health inequalities.</p> <p><b>Action 2:</b> Require that all Board and Committee papers include a section on equality and health inequalities, outlining potential risks and mitigation strategies.</p>	January 2026
	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	Implement Robust Performance Management Systems	<p><b>Action 1:</b> Develop and implement a performance management framework that incorporates equality and health inequality objectives and targets that all managers must attend</p> <p><b>Action 2:</b> Establish a system for regular monitoring and evaluation of progress towards equality and health inequality goals.</p>	January 2026

			<b>Action 3:</b> Utilise feedback mechanisms (e.g., surveys, focus groups) at Board level to gather input from staff and patients on their experiences of equality and health inequalities and share actions taken on agreed knowledge-sharing platform.	
--	--	--	--	--

Patient Equality Team  
NHS England and NHS Improvement  
[england.eandhi@nhs.net](mailto:england.eandhi@nhs.net)

---