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NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 15 August 2022

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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	One Health Group	Organisation Board Sponsor/Lead
		Derek Bickerstaff, Chairman
Name of Integrated Care System	South Yorkshire Integrated Care System Better Lives Lincolnshire West Yorkshire Health and Care Partnership Joined Up Care Derbyshire	

EDS Lead	Adam Binns, Chief Executive Officer	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	Annually aligned with contract years	Individual organisation	One Health Group
		Partnership* (two or more organisations)	n/a
		Integrated Care System-wide*	n/a

Date completed	April 2025	Month and year published	April 2025
Date authorised	April 2025	Revision date	April 2026

Completed actions from previous years	
Action/activity	Related equality objectives
To promote a better understanding of our equality objectives by reflecting the public sector equality duty within our values and business processes where appropriate.	<p>We regularly review both individual managers and companywide performance to ensure that we 'live our values' and look to better embrace and reflect our actual working practices which are aligned with NHS expectations. These form part of the induction of all new staff and are referenced regularly within our reviews and working practices.</p> <p>We established a Board appointed Remuneration Committee (RemCo) and Nomination Committee (NomCo) to ensure Board level reassurance around people performance management and monitoring of key related metrics.</p> <p>'People' is a permanent inclusion within the CEO report shared and discussed at every Board</p>
To deliver our plans on key initiatives in relation to Equality and Diversity e.g. WRES	On an on-going basis, all relevant policies are reviewed in line with the cyclical review and update process.
To promote greater transparency and accountability by reporting annually on progress and results	<p>The outcome of our comprehensive annual staff survey, which covers all employees, is shared openly and transparently with all staff through a management presentation. Within this presentation, common or recurring themes are escalated for formal feedback.</p> <p>Associated action plans are then developed to address key areas raised by employees to ensure we continue to explore opportunities to improve what we do and how we do it.</p> <p>Performance against these action plans is then reviewed in the following staff survey to ensure successful, well received and positive outcomes.</p>

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

Domain 1: Commissioned or provided services

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	<p>One Health is registered with the CQC, as a result we ensure we are aligned with the five key principles for evaluating health and social care being Safe, Effective, Caring, Responsive, and Well-Led.</p> <p>Patients access One Health's services through 'patient choice' when referred by their GP. We continue to receive increasing numbers of referrals year on year, indicating this system is effective and provides the required level of access to the service from an initial referral perspective.</p> <p>We deliver all outpatient clinics in the community, local to patients and continue to increase the number ICB's we support on a wider geography. We offer accessible information and provide interpreters when required. We share feedback through our published FFT scores and provide comprehensive information for patients and all external stakeholders through our Annual Quality Accounts.</p>	2	Head of service delivery Service Improvement Team
	1B: Individual patients (service users) health needs are met	<p>One Health is registered with the CQC, as a result we ensure we are aligned with the five key principles for evaluating health and social care being Safe, Effective, Caring, Responsive, and Well-Led.</p> <p>Following referral patients are assigned a dedicated member of the patient liaison team. This representative is responsible for ensuring their health needs are understood and met appropriately through</p>	2	Head of service delivery Service Improvement Team

		<p>the care pathway, they are available for all queries or concerns. Patients are involved in the decision-making process around their healthcare plan. Patient complaints are handled quickly and effectively. Clinics are provided in the community, local to patients. We offer accessible Information and provide interpreters when required.</p> <p>We share feedback through our published FFT scores and provide detailed information through our Quality Accounts. We monitor our performance through the Friends and Family test (FFT) and consistently score in excess of 90% with a current 12 month rolling average of 93.1% and 97.9% post operatively.</p> <p>Post-operative physiotherapy (where required) is provided back in the community or digitally based on patient preference.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>One Health is registered with the CQC, as a result we ensure we are aligned with the five key principles for evaluating health and social care being Safe, Effective, Caring, Responsive, and Well-Led.</p> <p>All One Health care is provided by highly trained and experienced NHS substantive consultants who provide their services to One Health. Safety of patients is paramount in all decision making.</p> <p>Patients are involved in the decision-making process regarding their care, and we have a robust patient complaint handling process ensuring any issues raised are addressed quickly and effectively with learnings applied where appropriate.</p> <p>We measure, report and discuss Complaints, Clinical/Serious Incidents, Complications and Patient Satisfaction at all bi-weekly Senior Management</p>	2	<p>Clinical Governance Board Sub-Committee</p> <p>Service Improvement Team</p>

		<p>Team meetings with related information and key indicators consolidated periodically and reported and discussed at every Board Meeting, with mitigations, action plans and learnings applied when appropriate.</p> <p>Our clinical governance committee chaired by one of our non-executive directors who meets regularly with the team and the Chief Medical Officer to review all clinical activity in an open and transparent way in advance or reporting to the Board to provide reassurance.</p>		
	1D: Patients (service users) report positive experiences of the service	<p>We engage pro-actively with patients following treatment by One Health to gather feedback through the Friends and Family test (FFT). We record and report this measure monthly at Senior Management Team Meetings and Board and investigate areas for improvement or common areas of concern. We consistently score in excess of 90% with a current 12 month rolling average of 93.1% and 97.9% post operatively</p> <p>We measure and report on Complaints, Clinical/Serious Incidents, Complications and Patient Satisfaction at all Senior Management Team Meetings and Board Meetings, with mitigations, action plans and learnings applied when appropriate.</p> <p>We use data from joint quality meetings with Independent Hospitals and internal governance (clinical and corporate) data</p>	3	Service Improvement Team
Domain 1: Commissioned or provided services overall rating		9		

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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	<p>Recognising the increased incidence of mental health conditions amongst staff, the Senior Management Team (SMT) have received 'mental health first aid' training which was later extended to additional non-management staff to provide additional expertise and support in the workplace with 'Mental Health First Aiders' established within the team.</p> <p>Additional support is provided where required and appropriate through 'Peninsula', are our outsourced HR support provider. In addition, we provide extensive employee healthcare support through 'Westfield' as a company benefit which includes an EAP helpline number for employees. This confidential service is available 24/7 and offers advice on a range of issues including stress, medical concerns, financial management, legal issues, and bereavement.</p> <p>As part of our ongoing health and wellbeing improvement strategy we have a 'breakout area' where staff can relax which includes a range of free drinks, fruit and assorted healthy snacks.</p> <p>We have numerous initiatives in place to support staff wellbeing and encourage those who are able to exercise during breaks with organised initiatives like 'walk and talk' with other colleagues.</p>	2	Board & SMT

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> <p>We have a zero-tolerance approach to abuse, bullying harassment and physical violence.</p> <p>This position is also reflected in our 'FIRST' values shown below:</p> <ul style="list-style-type: none"> • Forward Thinking • Inclusive • Responsive • Supportive • Transparent <p>We have a Staff feedback/comments box where staff can raise issues confidentially, as well as an 'open door' culture amongst managers if preferred.</p> <p>Feedback from staff contributing to our annual Staff Survey is anonymised provides an opportunity for staff to raise concerns in confidence.</p> <p>We carry out individual 'Performance Development Reviews' (PDR's) with all staff twice a year when concerns can be raised in confidence.</p> <p>Any issues raised are reflected where appropriate in our internal grievance/disciplinary records.</p>	2	Board & SMT
	<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>In addition to the support detailed above we provide employee support through 'Westfield' which includes an EAP helpline number for employees. This confidential service is available 24/7 and offers advice on a range of issues including stress, medical concerns, financial management, legal issues, and bereavement.</p> <p>All of the One Health Senior Management Team (SMT) operate an 'open door' policy and invite staff to raise and concerns or issues confidentially for discussion, either in the workplace or at home.</p>	2	Board & SMT

<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>We routinely seek feedback as to whether our people would recommend One Health as an employer and look for ways to improve the workplace aligned with this objective. One way we do this is to ask the question within our annual employee survey following which we share the consolidated results with all staff.</p> <p>We also closely monitor sickness and absence data to help us identify opportunities to support staff who may suffer with long term conditions.</p> <p>We use voluntary exit interviews when staff leave the business and look to apply applicable learnings where appropriate.</p> <p>Every individual employee has monthly performance reviews with their line manager where they have the opportunity to raise any issues or concerns, they have.</p> <p>Other support/evidence includes:</p> <ul style="list-style-type: none"> - Review of Grievance reports - Freedom to Speak up Guardian Info - HR development plans - Our FIRST values encourage and support the right workplace environment. - Staff feedback box where staff can submit feedback anonymously (or named) - We recognise relevant festivals - Communal modern dining area - All staff 'Team Days' including a very popular One Health sports day in the summer in a local park. - Informal 'Team Engagement Sessions' away from the desk in an informal setting to strengthen relationships and cohesion. 	<p>2</p>	<p>Board & SMT</p>
<p>Domain 2: Workforce health and well-being overall rating</p>		<p>8</p>	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 3: Inclusive leadership</i>	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>'People' is a fixed agenda at all Board meetings within the Chief Executive report to the Board, providing an opportunity for our Executive Directors and Non-Executive Directors to review and discuss issues related to our employed team, including concerns or inequalities for resolution.</p> <p>Both our Remuneration and Nomination committees (RemCo and NomCo) have agreed terms of reference and provide an independent oversight of all recruitment and remuneration across the Senior Management Team including Executive Directors as well as the wider team. Individual Development Reviews feed into this committee as well and the Employee Data Audit. Our HR KPI's are also monitored and shared at the RemCo routinely.</p>	2	Derek Bickersatff, Chairman & Board

	<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>We continually review the development and management of our people at all levels in the company at Board level to ensure we manage our team effectively, highlighting any equality and health inequalities within the workforce.</p> <p>‘People’ is a fixed agenda item at every Board meeting, when the wellbeing of our people is discussed along with any related concerns that are discussed resulting in proposed mitigations and methods for effective management being developed.</p> <p>One of our NED's is the Senior Independent Director (SID) and Chair of our RemCo and NomCo and has extensive experience in people management, being a fellow of the CIPD and having previously been a Board member and RemCo Chair for the CIPD.</p>	3	<p>Derek Bickersatff, Chairman & Board</p> <p>Senior Independent Board Director</p> <p>Remuneration & Nomination Committee</p> <p>Clinical Governance Board Sub-Committee</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>Our RemCo and NomCo support the management of the performance across the Senior Management Team and the wider business providing independent expert advice and guidance where appropriate. Performance is monitored and reported on through individual performance reviews as well as monthly 121's. We have a senior independent director (SID) on the Board who provides confidential independent support where required to Directors and senior team members having previously been a Board member and Remuneration Chair for the CIPD. Our Clinical Governance subcommittee to the Board reports on all clinical and patient performance measures including analysis of the FFT scores and other key metrics around performance impacting patients.</p>	2	<p>Derek Bickersatff, Chairman & Board</p> <p>Senior Independent Board Director</p> <p>Remuneration & Nomination Committee</p> <p>Clinical Governance Board Sub-Committee</p>
Domain 3: Inclusive leadership overall rating			7	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s):	Independent Evaluator(s)/Peer Reviewer(s):
n/a – small independent provider	n/a – small independent provider

EDS Organisation Rating (overall rating): 24

Organisation name(s): One Health Group

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
EDS Sponsor	Authorisation date
Derek Bickersatff, Chairman	2025/26
Adam Binns, Chief Executive Officer	April 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned	1A: Patients (service users) have required levels of access to the service	n/a	n/a – we are confident based on feedback, FFT scores and increasing patient numbers that patients have required levels of access to the service	n/a

	1B: Individual patients (service users) health needs are met	<p>Though we receive strong FFT scores, to maintain a continuous improvement approach we will seek to establish why some patients don't recommend One Health.</p>	<p>Carry out analysis into the data detail behind consolidated FFT responses to establish any common themes or patterns with the objective of identifying where patients give sub optimal feedback.</p> <p>If and when established, seek to establish corrective actions where practical in mitigation with the objective of increasing FFT performance</p>	Mar 2026
	1C: When patients (service users) use the service, they are free from harm	<p>We will continue to maintain a watching brief across all key measures of patient safety.</p>	<p>Maintain and monitor</p>	Mar 2026
	1D: Patients (service users) report positive experiences of the service	<p>Though we receive strong FFT scores, to maintain a continuous improvement approach we will seek to establish why some patients don't recommend One Health.</p>	<p>Carry out analysis into the data detail behind consolidated FFT responses to establish any common themes or patterns with the objective of identifying where patients give sub optimal feedback.</p> <p>If and when established, seek to establish corrective actions where practical in mitigation with the objective of increasing FFT performance</p>	Mar 2026

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	Ensure staff are provided with appropriate and timely support where required.	In advance of the next routine employee annual survey, we will ensure specific questions asked explore the principles of EDS where appropriate. Once the survey is complete and assessed, we will provide feedback to staff where mitigations and actions are required and report on findings in the next EDS report.	Mar 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Verify assumption of 'achieving' status	In advance of the next routine employee annual survey we will ensure specific questions asked explore the principles of EDS where appropriate. Once the survey is complete and assessed, we will provide feedback to staff where mitigations and actions are required and report on findings in the next EDS report.	Mar 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Look for opportunities to widen access to independent support and advice outside the business if deemed necessary based on feedback from the team over the following 12 months	Seek feedback from our current EAP line provider regarding usage. If low ensure staff are aware of this facility.	Mar 2026

	2D: Staff recommend the organisation as a place to work and receive treatment	Verify previous status from staff feedback, other key metrics and existing processes that they recommend One Health as a place to work and receive treatment.	Ask the questions again in the next employee annual survey (last one May 2025)	Mar 2026
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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	n/a – Regular training, refreshed company policies and reporting at Board are sufficient to demonstrate an understanding of, and commitment to, equality and health inequalities by all responsible individuals.	n/a – As an employer of only 50 staff, this will continue to be reviewed and monitored as and when we recruit more staff or experience related issues.	n/a
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	n/a – Based on our current structure and processes we are confident that Board/Committee papers would identify equality and health inequalities related impacts and risks should they occur and how they would be mitigated and managed.	n/a – Based on our current structure and processes we are confident that Board/Committee papers would identify equality and health inequalities related impacts and risks should they occur and how they would be mitigated and managed.	n/a
	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	n/a – We have long established and demonstrably effective processes and measures in place to manage performance and monitor progress with staff and patients.	n/a – We have long established and demonstrably effective processes and measures in place to manage performance and monitor progress with staff and patients. This will continue to be monitored, and actions taken should issues arise.	n/a

Patient Equality Team
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