

REPORTS FOR DECISION

Equality Delivery System (EDS 22) Evaluation Report

Report to Trust Board on 8th February 2024

1. EXECUTIVE SUMMARY

- 1.1 In 2022/2023, the EDS assessment framework was refined to be a more robust assessment, aligned with the evolving NHS landscape and the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS People Plan. It forms part of the NHS Standard Contract and requires NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading. The EDS will also support the Trust in demonstrating compliance with the Public Sector Equality Duty (PSED)
- 1.2 The EDS2022 framework comprises of 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services - This focuses on patient access and experience, reducing inequalities and enabling better health outcomes.

Domain 2: Workforce Health & Wellbeing - This focuses on ensuring that all workforce members are fully supported in relation to health and wellbeing.

Domain 3: Inclusive Leadership – This domain explores how leadership at DGFT demonstrates a commitment to equality and how it works in a way that identifies equality issues and manages them.

- 1.3 Each of the above domains has set outcomes that must be evaluated and scored against the set criteria, using available evidence as well as insight and experiences of stakeholders. It is these ratings that provide assurance and/or provide direction for further improvement.
- 1.4 The Trust received an overall score of 17 which is a rating of Developing.
- 1.5 The purpose of this report is to:
- I. Summarise the Trust process undertaken to deliver on the EDS for this reporting year.
 - II. Report on the EDS ratings that have been achieved, along with a summary of stakeholder evaluation.
 - III. Outline actions that will be taken to improve on EDS ratings.

2. EDS PROCESS AND IMPLEMENTATION

- 2.1 It was agreed in December 2022 that for the first reporting cycle, the Trust would take a pragmatic approach to piloting the refreshed tool. This would enable the Trust to learn the new process and develop its ongoing implementation. NHS England supported a simplified approach for the first year of implementation, as this is a transitional period.
- 2.2 An EDS working group has been developed to oversee Trust implementation, and at the first meeting, the group was joined by Gaynor Walker from the National NHSE Team who presented the EDS22 requirements. The group members consist of the following stakeholders, EDI and Well-being Team, Staff Network Leads, Staff Side/Trade Union representatives, Patient Experience Team, Patient Safety Team, Patient Safety Champions, Executive sponsors, Strategy and Partnerships, Trust Secretary, Chaplaincy team and volunteers from the local community.
- 2.3 Under Domain 1, organisations are required to select 2-3 service areas each year to focus the review on. For this cycle, the Trust could choose 1 due to this being a transitional period. Patient Experience was chosen, and this was assessed at an organisational and system level.
- 2.4 For Domains 2 and 3, a Trust wide review was undertaken.
- 2.5 It is a requirement that each Domain be independently reviewed, and all three Domains were peer-reviewed by Coventry & Warwickshire Partnership NHS Trust.
- 2.6 A separate evidence pack was compiled for each Domain. Compilation of evidence packs largely used already existing data and reports. Service leads were contacted where required to provide specific input on their service. Visual aids such as graphs and infographics were also produced to support the interpretation of the data. The original datasets were also made available for graders to conduct their own analysis.
- 2.7 Potential graders were identified using the list of required stakeholders detailed in the EDS Technical Guidance.
- 2.8 6 Stakeholder grading sessions were conducted in March 2023 over Microsoft Teams during the morning, afternoon, and evening sessions to ensure accessibility.
- 2.9 For the grading, participants were asked to provide a score of 0, 1, 2, or 3 against each outcome, using the EDS Ratings and Scorecard Guidance 2022 to support them. Please see below score card overview:

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

3. KEY FINDINGS & RATINGS

- 3.1 This section includes a summary of key findings from analysis of the grading output.
- 3.2 Overall, the Trust was given a score of 17 and a rating of Developing. To determine the overall rating, scores provided by graders were averaged for each outcome (rounding to the nearest whole number). The average scores across each outcome were then totalled, and a corresponding grade was given as per the EDS guidance. Please see Appendix 1 for scoring description criteria used.

In the sections below, each domain score is provided, along with a summary of feedback from stakeholders and evidence collated.

- 3.3 **Domain 1** –The overall score was 4.

This domain covers 4 outcomes:

Domain 1: Commissioned or provided services

1A: Service users have required levels of access to the service

1B: Individual service user's health needs are met

1C: When service users use the service, they are free from harm

1D: Service users report positive experiences of the service

Summary of feedback for Domain 1:

Overall, this was the lowest rated domain for the EDS grading exercise.

The Trust has a well-established Patient Experience Group (PEG), which the Director for Nursing chairs. Patient experience champions are volunteers and provide input/feedback to the PEG group.

Clinical governance structures are in place to ensure that health needs are met for patients accessing services. More data needs to be broken down by protected characteristics.

To provide wider interaction with patients, their families, and carers, the patient experience team deliver regular 'listening into action' events, patient panels and focus groups, which are about engaging patients, the public and stakeholders to deliver better outcomes for our patients to ensure the Trust continually seek feedback and review and improve services.

Patient safety champions are visible and provide input and feedback to the patient safety incident reporting framework working group.

The Trust has an accessible information policy; however, it is not clear from the evidence how in practice the accessible information standard is being implemented i.e., how are requests flagged, logged, and monitored to ensure patients access needs are met.

The Trust has the Patient Advice and Liaison Service (PALS). It was unclear if the information on PALS is available in accessible formats. There needed to be more evidence of equality data broken down for complaints.

There are numerous avenues in which patients can provide feedback, these include real-time surveys, listening into action events, People's panel NHS choices/care options and friends and family tests. The friends and Family test data included age, ethnicity and gender, there was a lack of data on other protected characteristics. This means that it is not possible to:

- Identify any disproportionality in complaints data by some Protected Characteristics.
- Create evidence-based action plans (in collaboration with patients) to improve patient experience for people who share Protected Characteristics.
- Ultimately address any disparities in treatment or experience which may exacerbate inequality of health outcomes.

There is clear evidence of areas of strength, with some commendable modern and inclusive approaches. However, there is also action to take to improve data and focus to enable the Trust to address any disparities in patient experience and treatment.

For more detailed information please see Appendix 2.

3.4 **Domain 2** - The overall score was 8.

This domain covers 4 outcomes:

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

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

2D: Staff recommend the organisation as a place to work and receive treatment

Summary of Feedback for Domain 2:

Overall, Domain 2 was the Trust's strongest domain for the EDS grading exercise. This is largely due to the Trust being able to evidence data driven outcomes, improvements in staff survey results on bullying and harassment. Heavily supporting this domain was the work of the staff networks and the wellbeing offer that has been developed and improved for staff.

There is a strong holistic well-being offer which has dramatically improved in the past 12 months. However, themes emerged through the process about the requirement for managers to be more confident when supporting staff with disabilities and long-term conditions and supporting all staff to have rest breaks during their shifts.

At the time of the review conducted on Domain 2 Occupational Health (OH) services were under considerable pressure and needed to improve many processes including appointment waiting lists and training for managers on appropriate referral processes. KPI monitoring at the Wellbeing Steering Group has now reported improvement in monitoring data.

Staff have access to various forums to voice concerns or raise issue such as HR, Freedom to Speak Up Guardians, Health & Wellbeing Champions, Equalities Team, and Staff Networks. it was clear that staff do report incidents on DATIX system however the incidents are limited in numbers and difficult to draw any conclusions.

Part of the domain is scored on the staff survey results regarding staff recommending the Trust as choice to access services and also a place of work. As these scores are below 50% scores awarded for this part of the domain were minimal.

For more detailed information please see Appendix 3.

3.5 **Domain 3** – The overall score was 5.

This domain covers 3 outcomes:

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

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Summary of Feedback for Domain 3:

There is evidence demonstrating the understanding and commitment of senior leaders to equality, diversity, and inclusion, as well as engagement in cultural events, this could be strengthened with evidence of them supporting the planning of these events.

Equality, diversity, inclusion, and Health Inequalities are discussed at Board; however, it was not clear from evidence if the full breadth of protected characteristics were considered.

There was some evidence of actions being identified to mitigate and manage risks, for example an equality impact assessment section added on all Board and Committee papers to ensure EDI considerations are discussed. Equality-related issues are recorded on the Workforce Risk Register, reviewed by Committees/Board.

From 2022, health inequalities now exist as a separate thread with a designated Board member as owner/sponsor woven into our Trust Strategy as a key theme and all Executives have a SMART Equality Objective.

Evidence on line manager commitment to equality, diversity, and inclusion was less strong than for senior leaders. However, the evidence does suggest a programme of work is underway to mobilise leaders and managers on embedding equality, diversity, and inclusion as a golden thread.

Each Staff Network has an Executive sponsor and a Non-Executive Sponsor, and they actively encourage staff voices / lived experience to be presented at Trust Board and Board development sessions.

Workforce Race and Disability Equality Standards (WRES/WDES) and the Gender Pay Gap, and other data have been used to develop action plans with monitoring via the EDI Steering Group. The EDI Steering group upward reports to the People Committee which is a subcommittee of Trust Board.

Equality, diversity, inclusion, and health inequalities are embedded within Trust Strategy, People Plan, EDI Journey and the Public Sector Equality Duty (PSED) aligning clearly with national strategy.

For more detailed information please see Appendix 4.

4. EDS PHASE TWO IMPLEMENTATION (2023/24)

- 4.1 For the next phase, Domain 1 will focus on a review of Maternity in particular Inpatients services and Outpatient services. It is recommended that organisations should choose two services i.e., a service that data indicates it is doing well and another service where data indicates a service is not doing so well.
- 4.2 Data to be considered should be both internal and external. Local JSNAs and other external sources will also be used to identify priorities within a local footprint for addressing health inequalities, as appropriate.
- 4.3 Evaluation and grading for Domain 1 will commence in December 2023 to April 2024, which will be led by the Midwife EDI Lead in collaboration with the EDI Team and other key stakeholders.
- 4.4 Domain 2 will continue to build on phase one evaluation outcomes on Workforce Wellbeing and will be evaluated through structured engagement with staff, staff networks, Chaplaincy staff, trade unions with reference to evidence and insight. These groups will work together to lead and conduct engagement sessions with staff from April 2024 to September 2024.
- 4.5 Domain 3 will continue to build on phase one evaluation on Inclusive Leadership. All evidence scoring in Domain 3 will be independently reviewed and evaluated. Evaluation and Grading for this domain will commence in
- 4.6 The EDS 22 Working Group will be supporting the oversight, delivery, evaluation, and monitoring of phase two implementation.
- 4.7 The overall responsibility for the EDS lies with the Executive Board within each organisation who will be responsible to support and accept accountability for equality performance and improvement. The Trust EDS Executive Leads for Dudley Group NHS Foundation Trust are the Chief People Officer and Director of Strategy & Integration.

5. CONCLUSION

Whilst the Trust's overall rating was Developing, there were many outcomes where the Trust was perceived to be as achieving, with some individual graders even scoring the Trust full marks for some outcomes.

Trust is in a strong position to improve EDS performance in upcoming years. Identified actions are summarised in Appendix 5. Actions are aligned to existing plans including the EDI Journey, WRES, WDES, GPG and High Impact Actions.

6. RISKS AND MITIGATIONS

- 6.1 This work relates to risk 1537 and will also support progress against the BAF on risks around staff engagement and retention.
- 6.2 Failure to effectively deliver actions associated with this work programme will continue to limit the scope and pace of improvement against the EDS outcomes.
- 6.3 There is insufficient EDI-focused patient experience/engagement capability and capacity, which prevents necessary transformational change and the ability to monitor pinch points or identify trends as set out in the Public Sector Equality Duty.

7. RECOMMENDATIONS

Note and approve the contents of the first Trust Equality Delivery System Evaluation Report.

Appendix 1 - Scoring description criteria.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 1A: Patients (service users) have required levels of access to the service.	0 - No or little activity taking place	<ul style="list-style-type: none"> - 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.
	1 - Minimal/ basic activities taking place	<ul style="list-style-type: none"> - Data and evidence to show some protected characteristics (50%) have adequate access to the service. - Patients consistently report fair or good (or the equivalent) when asked about accessing services. - Demonstration that the organisation has identified barriers to accessing services -
	2- Required level of Activity	<ul style="list-style-type: none"> - 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 (or the equivalent) when asked about accessing services. - Demonstration that the organisation has identified barriers to accessing services.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - 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 good or excellent (or the equivalent) 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.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 1B: Individual patients (service user's) health needs are met.	0 – No or little activity taking place	<ul style="list-style-type: none"> - Patients with higher risks due to a protected characteristic receive little or no support to self-manage care needs. - The organisations do little or no engagement surrounding services.
	1 - Minimal/ basic activities taking place	<ul style="list-style-type: none"> - Patients at higher risk due to a protected characteristic needs are met in a way that works for them. - The organisations often consult with patients and the public to commission, de-commission and cease services provided.
	2- Required level of Activity	<ul style="list-style-type: none"> - Patients at higher risk due to a protected characteristic needs are met in a way that works for them. - The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided. - The organisations signpost to VSCE organisations and social prescribing. - Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - 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 organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de- commission and cease services provided. - The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. - The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations. - The organisations work with, and influence 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.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 1C: When patients (service users) use the service, they are free from harm.	0 - No or little activity taking place	<ul style="list-style-type: none"> - 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 misses. - The organisation holds a blame culture towards mistakes, incidents and near misses.
	1 - Minimal/ basic activities taking place	<ul style="list-style-type: none"> - The organisation has mandated/ basic procedures/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.
	2- Required level of Activity	<ul style="list-style-type: none"> - 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.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - The organisation has procedures/initiatives in place to enhance safety in services 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 organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk.

Domains + Outcomes	Scoring Reference	Scoring Description
Outcome 1D: Patients (service users) report positive experiences of the service.	0 - No or little activity taking place	<ul style="list-style-type: none"> - The organisations do not engage with patients about their experience of the service. - The organisations do not recognise the link between staff and patient treatment. The organisations do not act upon data or monitor progress.
	1 - Minimal/ basic activities taking place	<ul style="list-style-type: none"> - The organisations collate data from patients with protected characteristics about their experience of the service. - The organisation creates action plans, and monitors progress.
	2- Required level of Activity	<ul style="list-style-type: none"> - The organisations collate data from patients with protected characteristics about their experience of the service. - The organisations create evidence-based action plans 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.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - The organisation actively 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 heard. - The organisations create 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.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.	0 - No or little activity taking place	<ul style="list-style-type: none"> - The organisation does not consider the health of its workforce. - The organisation does not engage with staff about self-management of the mentioned conditions. - The organisation does not widely/regularly communicate about available support to staff about health conditions.
	1 - Minimal/basic activities taking place	<ul style="list-style-type: none"> - The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions. The organisation promotes work-life balance. - The organisation signposts to national support.
	2- Required level of Activity	<ul style="list-style-type: none"> - The organisation monitors the health of staff with protected characteristics. - The organisation promotes self-management of conditions to all staff. - The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. - The organisation provides support to staff who have protected characteristics for all mentioned conditions. - The organisation promotes work-life balance and healthy lifestyles. - The organisation signposts to national and VSCE support.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - The organisation monitors the health of all staff. The organisation supports all staff to actively manage their conditions via various methods. - The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. - The organisation actively works to increase health literacy within its workforce. - The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise. - The organisation signposts to national and VSCE support. - The organisation uses data to support their workforce in making healthy lifestyle choices.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	0 - No or little activity taking place	<ul style="list-style-type: none"> - The organisation does not support staff who have been verbally and physically abused. - The organisation rarely or does not penalise staff who abuse or bully other members of staff. - Staff are not supported to report patients who verbally or physically abuse them.
	1 - Minimal/basic activities taking place	<ul style="list-style-type: none"> - The organisation acts and supports staff who have been verbally and physically abused. - The organisation acts to penalise staff who abuse or bully other members of staff. - Staff are supported to report patients who verbally or physically abuse them.
	2- Required level of Activity	<ul style="list-style-type: none"> - The organisation has a zero-tolerance policy for verbal and physical abuse towards staff. - The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. - Staff with protected characteristics are supported to report patients who verbally or physically abuse them. - The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff. - The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. - Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them. - The organisation provides appropriate support to staff and where appropriate works with VSCE organisations to provide support for those with protected characteristics who have suffered verbal and physical abuse. - The organisation can provide evidence that percentages for bullying and harassment are decreasing year on year for any staff group where there is a higher than average number of incidents. - The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2C: - Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	0 - No or little activity taking place	- The organisation has mandated staff support available. The organisation does not have active staff networks in place.
	1 - Minimal/basic activities taking place	- Freedom to Speak Up guardians are embedded in the organisation. Relevant staff networks are active and accessible. - Staff support is available via channels provided by NHS England.
	2- Required level of Activity	- The organisation supports union representatives to be independent and impartial. Freedom to Speak Up Guardians are embedded. - Relevant staff networks are active, accessible and staff led. - Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. - Support is provided for staff outside of their line management structure.
	3 – Activity Exceeds Requirements	- The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality. - Freedom to Speak Up Guardians are embedded and empowered. - Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source. - Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. - Support is provided for staff outside of their line management structure. - The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence. - The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2D: Staff recommend the organisation as a place to work and receive treatment.	0 - No or little activity taking place	- Over 50% of staff who live locally to services provided by the organisation do not/would not choose to use those services. Over 50% of staff who live locally are unhappy and would not recommend the organisation as a place to work. - The organisation does not compare the experiences of BAME, LGBT+ and Disabled staff against other staff members.
	1 - Minimal/basic activities taking place	- Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services. - Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. - Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends. - The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.
	2- Required level of Activity	- Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends. - The organisation uses sickness and absence data to retain staff. - The organisation uses data from end of employment exit interviews to make improvements. - The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data.
	3 – Activity Exceeds Requirements	- Over 85% of staff who live locally to services provided by the organisation do/would choose to use those services. - Over 85% of staff who live locally are happy and regularly recommend the organisation as a place to work. - Over 85% of staff who live locally to services provided by the organisation would recommend them to family and friends. - The organisation uses sickness and absence data to retain staff, with a staff retention plan in place. - The organisation uses data from end of employment exit interviews to make improvements. - The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data. - The organisation works with partner organisations to better the experiences of all staff.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 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.	0 - No or little activity taking place	<ul style="list-style-type: none"> - Equality and health inequalities are never or rarely discussed in board and committee meetings. - Board and senior leaders have no or little engagement with staff networks. - Board and senior leaders show no or little interest in religious, cultural or local events/celebrations. - Board members and senior leaders demonstrate little or no engagement with, and/or communications to, with staff about health inequalities, equality, diversity and/or inclusion.
	1 - Minimal/basic activities taking place	<ul style="list-style-type: none"> - Both equality and health inequalities are discussed in board and committee meetings. - Board and senior leaders have at least yearly/twice yearly engagement with staff networks. - Board and senior leaders acknowledge religious, cultural or local events/celebrations. - Board members and senior leaders engage with staff about equality, diversity and/or inclusion only.
	2- Required level of Activity	<ul style="list-style-type: none"> - Both equality and health inequalities are standing agenda items and discussed in board and committee meetings. - Board and senior leaders meet staff networks at least three or more times a year. - Staff networks have a senior sponsor. - Board holds services to account, allocates resources, and raises issues relating to equality and health inequalities on a regular basis. - Board and senior leaders engage in religious, cultural or local events and/or celebrations. - Board implements the Leadership Framework for Health Inequalities Improvement. - Board members and senior leaders demonstrate commitment to removing health inequalities and promoting equality, diversity and inclusion.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - Both equality and health inequalities are standing agenda items in all board and committee meetings. - Board and senior leaders meet frequently with staff networks. - Staff networks have more than one senior sponsor. - Board and senior leaders sponsor religious, cultural or local events/celebrations. - Board members and senior leaders enable underserved voices to be heard. - Board holds services to account, allocates resources, and raises issues relating to equality and health inequalities on a regular basis. - Board members implement the Leadership Framework for Health Inequalities Improvement. - Board members and senior leaders demonstrate commitment to removing health inequalities and promoting equality, diversity and/or inclusion. - Board members and senior leaders actively communicate with staff and/or system partners about these.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	0 - No or little activity taking place	<ul style="list-style-type: none"> - Equality and health inequalities are never or rarely discussed in board and committee meeting. - Actions associated with health inequalities are not recorded or reported on. - Equality impact assessments are not or rarely completed.
	1 - Minimal/basic activities taking place	<ul style="list-style-type: none"> - Both equality and health inequalities are discussed in some board and committee meetings. - Actions associated with equality and health inequalities are recorded and reported on. - Equality and health inequalities impact assessments are completed for some projects and policies and are signed off at senior level. - BME staff risk assessments are completed.
	2- Required level of Activity	<ul style="list-style-type: none"> - Both equality and health inequalities are standing agenda items in some board and committee meetings. - Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. - BME staff risk assessments are completed. - Required actions and interventions are measured and monitored.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - Both equality and health inequalities are standing agenda items in all board and committee meetings. - Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. - Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). - Required actions and interventions are measured and monitored. - The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies. - Equality and the impact of health inequalities are reflected in the organisational business plans to help shape the work undertaken address needs.

Domains + Outcomes	Scoring Reference	- Scoring Description
Domain 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.	0 - No or little activity taking place	<ul style="list-style-type: none"> - Board members, system and senior leaders do not show commitment to the relevant below tools. - Board members, system and senior leaders do not monitor the implementation of: WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard (EDS subject to approval).
	1 - Minimal/basic activities taking place	<ul style="list-style-type: none"> - Board members, system and senior leaders ensure the implementation of the relevant below tools. - Board members, system and senior leaders monitor the implementation of: WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard.
	2- Required level of Activity	<ul style="list-style-type: none"> - Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools. - Interventions for unmet goals and objectives are present for the relevant below tools. - Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES. - Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the following tools: WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, end of employment exit interviews.
	3 – Activity Exceeds Requirements	<ul style="list-style-type: none"> - Both equality and health inequalities are standing agenda items in all board and committee meetings. - Board and senior leaders meet frequently with staff networks. - Staff networks have more than one senior sponsor. - Board and senior leaders sponsor religious, cultural or local events/celebrations. - Board members and senior leaders enable underserved voices to be heard. - Board hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. - Board members implement the Leadership Framework for Health Inequalities Improvement. - Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion. - Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion.

Appendix 2

1. Domain 1: Commissioned or provided services.

NHSE have agreed that in this transition year, the Trust can review one service rather than three, one of which must be from a limited list of the core20plus5. The service for review in 2023 was the Patient Experience Service.

Health inequalities are realised in access, experience, and outcome. How we reduce health inequalities requires system commissioning and delivery across multiple partners and over the course of a long-term strategic plan.

Our existing ability to engage with a targeted group of service-specific stakeholders was limited and this will require development through 2023.

Stakeholder scoring table:

Name	Position	1A	1B	1C	1D
Paul Singh	Head of Equalities and Wellbeing	1	1	1	1
Pam Beckford	Radiology Matron	1	1	1	1
Tracy Cross	Patient Experience Lead	1	1	1	1
Becky Cooke	Equalities Business Partner	1	1	1	1
Kristina Murphy	Patient Safety Specialist	1	1	1	1
Karl Denning	Patient Safety Champion	1	1	1	1
Kazi Husna	Patient Safety Champion	1	1	1	1
Agreed Scores for all areas of the Domain:		1	1	1	1
Total Score for Domain 1:		4			

Outcome 1A: Patients (service users) have required levels of access to the service

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Accessible information • Accessible information communication posters • Patient information policy • Accessible communication policy • Interpretation and translation policy - with clear guidance on requesting and booking an interpreter or translation where appropriate. 	1	Paul Singh- Head of Equality and Wellbeing.

	<ul style="list-style-type: none"> • Language identity cards • Chaplaincy Services Policy and information leaflets. 		
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Feedback from evidence review sessions:

In summary, there is clear evidence of areas of strength, with some commendable modern and inclusive approaches. However, perceptions in respect of meeting additional needs, disability access and overcoming language barriers remain a concern.

The Welcome packs for the main hospitals provide detailed information for patients, visitors, and family members. However, more hospital information must be available for the other two hospital sites, namely Corbett and Guest.

The Trust has an accessible information policy; however, it is not clear from the evidence how in practice, the accessible information standard is being implemented i.e., how are requests flagged, logged, and monitored. There is a lack of evidence of how many accessible information requests have been received and processed over the last twelve months.

There was a lengthy discussion on accessible posters and Trust signage and the barriers for patients who have visual impairments or who are blind. The Trust should ensure all staff are trained to understand Accessible Information Act requests (for those with visual or hearing impairments accessing our services).

The Trust provides interpreting and translation services, it would be helpful to see what the usage over the last twelve months has been, with a breakdown of languages requested and British Sign Language (BSL). It was also suggested that video interpreting should be introduced in all wards.

Chaplaincy and faith services are used across Russell Hall Hospital, and the Hospital has a multifaith / prayer centre to cater for patient and staff religious/spiritual needs. There are no faith spaces at Corbett Hospital and Guest Hospital.

Outcome 1B: Individual patient (service users) health needs are met

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
1B: Individual patients (service users) health needs are met.	<ul style="list-style-type: none"> • Patient experience strategy • Patient experience group terms of reference and governance framework. • Patient experience champions work • Patient advice & liaisons service (PALS) 	1	Paul Singh, Head of Equality and Wellbeing.

Feedback from evidence review sessions:

Clinical governance structures are in place to ensure that health needs are met for patients accessing services. More data needs to be broken down by protected characteristics.

The Trust has a well-established Patient Experience Group (PEG), which the Director for Nursing chairs. Patient experience champions are volunteers and provide input/feedback to the PEG group. The patient experience information brochure mentions the ambition of having a patient experience champion for each hospital ward. There is still a gap, and further recruitment is planned soon.

Reviewing data/evidence on campaigns such as “You said, we did” would have been helpful.

The Trust has the Patient Advice and Liaison Service (PALS). It was unclear if the information on PALS is available in accessible formats. There needed to be more evidence of equality data broken down for complaints.

Outcome 1C: When patients (service users) use the service, they are free from harm.

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
1C: When patients (service users) use the service, they are free from harm.	<ul style="list-style-type: none">• Patient safety strategy• Privacy & Dignity policy• Genital mutilation policy• Patient Safety Incident Response Framework (PSIRF) implementation meeting• Duty of Candour policy• Private Patients Policy• Information governance policy• Incident reporting policy	1	Paul Singh-Head of Equality and Wellbeing.

Feedback from evidence review sessions:

Stakeholders were pleased to see the learn from patient safety events data. The Patient Safety team is working on obtaining equality data for each protected characteristic.

The Trust is further developing processes to encourage an improvement of health inequality themes, an example is a detailed analysis of incidents for Maternity services conducted by the patient safety team and EDI Maternity midwife.

Patient safety champions are visible and provide input and feedback to the patient safety incident reporting framework working group. The working group was established in December 2022 and is chaired by the Director of Governance. The

membership of the group has grown. The Equalities Team are members of the group.

The policies were discussed at length, and it was agreed that the Trust has procedures and initiatives to enhance patient safety in services. Due to the lack of equality data, it was not easy to ascertain if there was equity of safety for all protected characteristics.

More work needs to be done with system partners and the community to improve safety outcomes for service users.

Outcome 1D: Patients (service users) report positive experiences of the service

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • Patient surveys available • Patient feedback and ways to give feedback explained. • Examples of improvements made from feedback provided. • Friends and family policy • Data based on sex and age, ethnicity, and long-term conditions. • Surveys directed at cancer patients & monitored by age. 	1	Paul Singh- Head of Equality and Wellbeing.

Feedback from evidence review sessions:

There are opportunities for service users to share feedback on the service through various surveys.

National Surveys include:

- Adult Inpatient Survey
- Cancer Patient Experience Survey
- Children and Young People's Survey
- Maternity Survey
- Urgent and Emergency Care Survey

All surveys pick a set number of random patients who have accessed the relevant service during a set time. The cancer patient survey presented included ethnicity and age data.

There are numerous avenues in which patients can provide feedback, these include real-time surveys, listening into action events, People's panel NHS choices/care options and friends and family tests. The friends and Family test data included age, ethnicity and gender, there was a lack of data on other protected characteristics.

To provide wider interaction with patients, their families, and carers, the patient experience team deliver regular 'listening into action' events, patient panels and focus

groups, which are about engaging patients, the public and stakeholders to deliver better outcomes for our patients to ensure the Trust continually seek feedback and review and improve services. Do we capture protected characteristics data?

Quote from a patient – “the best thing about my stay in the hospital was undoubtedly the staff. The dedication, commitment and care shown by the staff were first-class. From the porters and the volunteers making tea to the physios, OTs, nurses, and consultants – they are universally fantastic.

There is lack of evidence to suggest that action plans are co-produced with patients and stakeholders.

Appendix 3

Domain 2: Workforce Health & Wellbeing

Enabling our diverse workforce to be healthy, with a sense of well-being is crucial to high-quality patient care. Therefore, a fundamental part of the Trust's ambitions is strengthening and building on the available health and well-being support.

Scoring table:

Name	Position	2A	2B	2C	2D
Becky Cooke	Equality Business Partner	2	2	3	1
Paul Singh	Head of Equalities and Wellbeing	3	2	3	1
Paige Massey	Wellbeing Business Partner	2	2	3	1
Laura Cowley	Network Coordinator	2	2	3	1
Doreen McIntosh	Training Facilitator	3	2	3	1
Rachel Pearce	Vice Chair LGBTQ+ Staff Network	2	2	3	1
Karen Noy	Chair of Disability Staff Network	2	2	3	1
Becky Plant	FTSU Guardian	2	2	3	1
Hannah Dodd	Chair of Women's Staff Network	2	2	3	1
Kat Rose	Transformation Director	2	2	3	1
Paul Davis	Manual handling Lead	2	2	3	1
Agreed Scores for all areas of the Domain:		2	2	3	1
Total Score for Domain 2:		8			

Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.	<ul style="list-style-type: none"> Staff Survey data are broken down by characteristics. Health & wellbeing offer & data of usage. Occupational Health service evidence Supportive policies, guidance, and campaigns. Dashboard Data. 	2	Becky Cooke – Equalities Business Partner.

Feedback from evidence review sessions:

- Exceptional holistic well-being offer has dramatically improved in the past 12 months.
- How do we start to track who uses the Occupational Health (OH) service? Feedback from colleagues suggests it's hard to access, and there are long waits for appointments and reports.
- Training needs to be provided to managers on appropriate management referrals and when to use OH.
- Managers must be more confident when supporting staff with disabilities and long-term conditions.
- We need to communicate the new supporting your attendance policy widely when it's ready.
- The organisation must drill further into Occupational Health data to understand access.
- Workplace balance and the lack of breaks must be addressed in this Trust.

Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Domain 2B Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none">• Datix data analysed.• Staff survey data are broken down by characteristic & analysed.• Improved staff survey results• Policy evidence	2	Becky Cooke – Equalities Business Partner

Feedback from evidence review sessions:

- Reporting incidents of violence or abuse from patients or service users on Datix is time-consuming, and staff just don't do it; there needs to be a user-friendly system that staff are confident in; they don't want to put their names to it for fear of repercussions.
- There are improvements in the data, and we have evidence from people's experience (staff stories).
- The Trust should review security data from Mitie with the data in this domain to see the bigger picture.

Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source	<ul style="list-style-type: none"> • Staff Networks in the Trust & how they are supported and encouraged. • Freedom To Speak Up (FTSU) data. • Human Resources (HR) casework data. • Teamwork culture. • Support of the Board for Staff Networks. 	3	Becky Cooke – Equality Business Partner

Feedback from evidence review sessions:

- Links with the Hub and our employee assistant program delivered by BHSF are very strong from the Trust; there is still a need for constantly communicating the services on offer that some people still don't know.
- It is good that people have lots of different forums they are talking in, and feedback/intel is being used to make a difference because teams are working together like FTSU, equalities, well-being, staff networks, Human Resources, Organisational Development (OD) etc.
- Overview of support services and networks are strong in the Trust.
- It Would be good to have a men's group or network.

Outcome 2D: Staff recommended the organisation as a place to work and receive treatment.

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
Outcome 2D: Staff recommend the organisation as a place to work and receive treatment:	<ul style="list-style-type: none"> • Staff survey results for both questions analysed by characteristics. 	1	Becky Cooke – Equalities Business Partner

Feedback from evidence review sessions:

- We need to clarify what 'local' means for this and see if the results would be different.
- People in the Black Country are resistant to change, and like comfort zones, media coverage of poor service has a huge impact on peoples feeling about the Trust.

- How do we make people really think about the questions when they answer them so it's not just 'in-the-moment responses? What would make staff recommend us as a place to work? What's the first thing they think of when answering those questions? Can we ask on a pulse survey?
- How do we compare to other Trusts on these questions?
- Age factors must be worked on to determine why the youngest and oldest staff groups are least likely to recommend.
- People are leaving for development opportunities at local Trusts; seems to be more at Walsall on offer for staff.

Domain 3: Inclusive Leadership

The March 2022 Messenger review highlighted that to truly create the conditions for high quality, compassionate and continually improving healthcare, leaders must understand and better nurture inclusiveness, promote equity and value diversity. The Board understand this and are committed to create a culture of compassion whereby diversity is encouraged and celebrated, enabling an environment where all staff are empowered and have a positive experience.

Scoring Table:

Name	Position	3A	3B	3C
Paul Singh	Head of Equalities and Wellbeing	2	1	2
Helen Board	Board Secretary	2	1	2
Pam Beckford	EmbRACE staff Network Chair	2	1	2
Karen Noy	Disability & Long-term Conditions Staff Network Chair	2	1	2
Kat Rose	Director of Strategy & Partnerships	2	1	2
Hannah Dodd		2	1	2
Agreed Scores for all areas of the Domains:		2	1	2
Total Score for Domain 3:		5		

Outcome 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.

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
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"> Trust strategy Front cover for all committee or reporting meetings. Evidence of EDI steering group and governance process Board support for staff networks and evidence of attendance at Board meetings. Health inequalities health group & meetings 	2	Paul Singh – Head of Equalities and Wellbeing & Becky Cooke – Equalities Business Partner.

	<ul style="list-style-type: none"> Engagement events with Board sponsorship 		
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Feedback from evidence review sessions:

There is evidence demonstrating the understanding and commitment of senior leaders to equality, diversity, and inclusion, as well as engagement in cultural events, this could be strengthened with evidence of them supporting the planning of these events.

Equality, diversity, inclusion, and Health Inequalities are discussed at Board; however, it was not clear from evidence if the full breadth of protected characteristics were considered.

Evidence on line manager commitment to equality, diversity, and inclusion was less strong than for senior leaders. However, the evidence does suggest a programme of work is underway to mobilise leaders and managers on embedding equality, diversity, and inclusion as a golden thread. The Learning and Organisational Development Team is leading this.

Four executives have participated in inclusive reciprocal mentoring to gain insight into the challenges faced by staff with protected characteristics.

Each Staff Network has an Executive sponsor, although it needs to be clear what support they provide.

There is mandatory equality training for all staff, including senior leaders.

One of the Trust’s key strategic objectives is establishing the organisation as an anchor institution within the local community to tackle health inequalities. What work is planned on the Core 20 Plus 5?

Outcome 3B: Board/Committee papers (including minutes) identify equality-related impacts and risks and how they will be mitigated and managed.

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
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"> Equality Impact assessments Corporate calendar Report planner Cultural Dashboard Dudley Health and care partnership board Health Equalities Group terms of reference and minutes Example of action following data 	1	Paul Singh – Head of Equalities and Wellbeing & Becky Cooke – Equalities Business Partner.

Feedback from evidence review sessions:

All reviewed policy documents did have a full equality impact assessment, although discussion of health inequalities in these assessments was still limited. There was some evidence of actions being identified to mitigate and manage risks.

Workforce Race and Disability Equality Standards (WRES/WDES) and the Gender Pay Gap, and other data have been used to develop action plans with monitoring via the EDI Steering Group. The annual Public Sector Equality Duty (PSED) report will now be a standing Board agenda item.

Equality-related issues recorded on Risk Register, reviewed by Committees/Board.

A dedicated EDI Steering Group is reporting to the Workforce Staff Engagement Committee, which has had an increased focus on equality, diversity, and inclusion over the last year.

Outcome 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Trust evidence presented:

Outcome	Evidence Supplied	Agreed Rating	Owner for Domain
3C: Board members, system, and senior 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">• Equality, Diversity, and Inclusion Journey• Data improvement examples• Programs of work• Anchor institute evidence• Community work evidence.	2	Paul Singh – Head of Equalities and Wellbeing & Becky Cooke – Equalities Business Partner.

Feedback from evidence review sessions:

Equality, diversity, inclusion, and health inequalities are embedded within Trust Strategy (People Plan, EDI Objectives), aligning clearly with national strategy.

Annual Staff Survey results are produced and published. These are broken down by ethnicity, sexuality, gender, age, religion, and disability, which influence internal action plans in relation to changes in data due to staff demographics and opinions.

Stakeholders also voiced that they would like to see more direct involvement outside of religious, cultural, or local events/celebrations with senior members of the organisation. Moreover, network chairs acknowledged that while their role enabled them to have some awareness and understanding of senior leaders' involvement in equality, diversity, and inclusion matters, the wider network members did not have the same insight.

Equality Delivery System Actions 2023/24

Domain 1	Outcome	Action	Alignment with Existing work	Timescales	Lead
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Continue to build on initiatives and partnerships to further support patients at risk of health inequalities.	Patient Safety Incident Reporting Framework (PSIRF) action plan	Jan 2024 – June 2024	Patient Experience Team
		Ensure a robust Accessible Information Standard process is in place with training provided.	PSED requirements	March 2024	Communication Team Patient Experience Team
		Create faith spaces for Corbett and Guest Outpatient Centres.	EDI Journey action plan	April 2024	Chaplaincy Team Equalities Team

	1B: Individual patients (service users) health needs are met	Through Health Equality Assessment (HEAT) Training and engagement Patients, community groups and the public fully engage in the commission and design of services.	Health Equality Assessment Tool (HEAT) PLACE plan	Dec 2023 - May 2024	Patient Experience Team Patient Safety Team PSIRF working group.
	1C: When patients (service users) use the service, they are free from harm	Improvement culture actively including equality and health inequality themes in safety - Using data and service need/risk work with partners to improve safety outcomes	HEAT assessments Learn from Patient Safety Events (LFPSE) actions	March 2024	Patient Safety Team Head of EDI PSIRF working group
	1D: Patients (service users) report positive experiences of the service	Collect, analyse, and internally publish the details of all complaints made to the Trust in respect of a patient's Sex, Ethnicity, Disability, Age, Religion and Belief and LGBTQ+ status etc	Patient Experience Annual Report	March 2024	Patented Experience Team Equalities Team.

Domain	Outcome	Action	Alignment with Existing work	Timescales	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>Pathways and support (literacy) for staff with long-term conditions such as COPD and diabetes are available, utilising VSCE services where appropriate.</p> <p>Flexible working training rolled out to managers to enable them to support work-life balance for all staff.</p>	<p>Wellbeing Journey Actions</p> <p>Flexible working group, training, and revised policy work.</p>	<p>Jan 2024 – March 2024</p> <p>Jan 2024 – March 2024</p>	<p>Wellbeing Business Partner</p> <p>Occupational Health Service</p> <p>Head of Human Resources</p> <p>Wellbeing Business Partner</p>

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Anti-discrimination campaigns and Human Resources policies to include a Trust commitment to bad behaviour.	Anti-racism project	March 2024	Equalities & Wellbeing team Human Resources
	Behaviour framework to reflect lived experiences of staff.	Brilliant Place to Work & Thrive	Jan 2024	Head of Organisational Development Culture Group
	Communication of the reporting mechanisms for bullying, harassment, or violence to be improved, data to be triangulated and part of Trust KPI's pack.	Programme Anti-racism project & Brilliant Place to Work & Thrive Programme	Feb 2024	Equalities & Wellbeing Team Communications Team
	Advertise support for staff and patients as preventative mechanisms and for the after-effects of violence or aggression in the workplace.	Anti-racism project Wellbeing Journey Actions	Dec 2023 – Jan 2024	Human Resources & Equalities & Wellbeing Team

	<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>Continue to recommend and advertise Well-being support available to staff.</p> <p>Continue to support and sponsor the staff networks building on success with subgroups and exploring further options, i.e., men's group, carers' group etc.</p> <p>Review equality impact assessment process Trust-wide.</p>	<p>Wellbeing Journey</p> <p>Equality, Diversity, and Inclusion Journey Actions</p> <p>Equality, Diversity, and Inclusion Journey Actions</p>	<p>Dec 2023 – ongoing</p> <p>Dec 2023 – ongoing</p> <p>April 2024</p>	<p>Wellbeing Business Partner</p> <p>Head of Equalities and Wellbeing</p> <p>Head of Equalities and Wellbeing</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Work to understand what would make staff recommend us as a place to work / place for treatment. What's the first thing they think of when answering those questions? Devise actions to address issues as part of the staff survey action plan.</p>	<p>Brilliant Place to Work & Thrive Programme</p>	<p>Dec 2023 - ongoing</p>	<p>Head of Organisational Development</p>

Domain	Outcome	Action	Alignment with Existing work	Timescales	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	To continue to raise the Trust profile and engagement with health inequalities across the system and region to enhance inclusion and understanding.	ICB Health Inequalities group work programme	Dec 2023 – May 2024	Head of Equalities and Wellbeing
		Promote participation in Inclusive Reciprocal Mentoring Programme.	Leadership Programme of work	March 2024	Head of Organisational Development & Head of Equalities and Wellbeing
		Develop a Shadow Board	Leadership programme of work	March 2024	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To keep the profile of the Equality Delivery System on Board/Committee agendas and mitigate risks.	PSED Report EDS report EDI Steering group upward Reporting	Dec 2023 - ongoing	Board Secretary Head of Equalities and Wellbeing
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance	Endorse campaigns initiated by the Staff Networks.	PSED Report EDS report EDI Steering group upward Reporting	Dec 2023 - ongoing	All Executive and Non-Executive Directors
		Invite staff stories and work through lived			

	and monitor progress with staff and patients	experience case studies.	Staff Network work programmes		
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