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| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
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| Version 1, 15 August 2022 |

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| Classification: Official |
| Publication approval reference: PAR1262 |

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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/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leadersof 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 Reportis 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.

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| **Name of Organisation**  | Bridgewater Community Healthcare NHS Foundation Trust | **Organisation Board Sponsor/Lead** |
| Paula Woods (Director of People and Organisational Development) |
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| **Name of Integrated Care System** | NHS Cheshire and Merseyside |
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## NHS Equality Delivery System (EDS)

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| **EDS Lead**  | Ruth Besford (Equality & Inclusion Manager) | **At what level has this been completed?** |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | January 2023 – staff networks10 January 2023 – staff side13 January 2023 – Maternity Voices Partnership24 January 2023 – Health Watch, NHS Cheshire and Merseyside | **Individual organisation**  | Bridgewater Community Healthcare NHS Foundation Trust |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** | NHS Cheshire and Merseyside |

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| **Date completed** | 24 January 2023 | **Month and year published**  | March 2023 |
|  |  |  |  |
| **Date authorised**  | 8 March 2023 | **Revision date** |  |
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| **Completed actions from previous year** |
| **Action/activity** | **Related equality objectives** |
| Signposting/contacts list for engagement completed. | Strategic Equality Objective |
| Language interpretation provider procured using quality standard developed by EDS Cheshire and Merseyside Collaborative.Language interpretation policy approved. | Six High Impact Areas for Equality 2022 – 2024Equality Action Plan 2022 - 2023 |
| Reasonable adjustments for patients policy approved. | Equality Action Plan – Services and Communities 2022 - 2023 |
| Trust ‘house writing standard’ updated to improve accessibility for patients, as per best practice guidelines. | Equality Action Plan – Services and Communities 2022 - 2023 |
| Trust applied and awarded Disability Confident Leader accreditation. |  |
| Re-accredited for Navajo Charter for LGBT inclusion. | Equality Action Plan – Services and Communities 2022 - 2023 |
| Application submitted for Veteran Aware accreditation January 2023:* Armed Forces Covenant signed.
* Defence Employers Recognition bronze level awarded.
* Veteran Aware accreditation awarded February 2023.
 | Equality Action Plan 2022 - 2023 |
| Board development day for anti-racism held September 2022, supports:* NHS Black, Asian, and Minority Ethnic Assembly Anti-Racism Framework signed by Board in March 2022.
 | Equality Action Plan 2022 - 2023 |
| Staff Leader in Me event on anti-discrimination held December 2022, supports:* Development of Equality Action Plan 2023 – 2024.
 | Equality Action Plan 2022 - 2023 |
| Equality bite size sessions for staff completed on:* Ramadan.
* Understanding privilege and becoming an ally.
* Gypsy, Roma, and Traveller History Month.
 | Equality Action Plan 2022 - 2023 |
| Equality bitesize training videos for students (learners in practice), and first line managers completed. | Equality Action Plan 2022 - 2023 |
| Equality induction updated and embedded in standard induction day. | Equality Action Plan 2022 - 2023 |
| Menopause support and working group established, and:* Menopause support policy approved.
* Menopause support page published.
* Menopause Fortnight held.
* Menopause Fresh Packs distributed to teams.
* Team engagement presentation completed.
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| Equality action plan delivery for workforce embedded in new People Operational Delivery governance structure:* Culture and Leadership
* Education and Professional Development
* Health and Wellbeing
* Recruitment and Retention
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| **Acronyms used within document:** | BAF – Board Assurance FrameworkCQC – Care Quality CommissionEDS – Equality Delivery System* EMIS – Egton Medical Information Systems (company)
* EqIA – Equality impact assessment
* FFT – Friends and Family Test
* FNP – Family Nurse Partnership service
* FTSU – Freedom To Speak Up
* GPG – Gender Pay Gap
* H&S – Health and Safety
* HR – Human Resources
* HV – Health Visiting service
* JNCC – Joint Negotiating and Consulting Committee
* LGBT+/LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual/Agender. The + specifies other diverse gender and sexual identities
* MECC – Making Every Contact Count
* MIAA – Mersey Internal Audit Agency
* NHS – National Health Service
* OH – Occupational Health
* Place – refers to collaboration across region of Cheshire and Merseyside
* POD – People Operational Delivery groups
* PSED – Public Sector Equality Duty
* WDES – Workforce Disability Equality Standard

WRES – Workforce Race Equality Standard |

## EDS Rating and Score Card

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| 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 correctlyScore 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 |
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| **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**

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| **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 | Evidence gathered for this outcome can be summarised as:* Services commissioned for specific groups (protected characteristics – age; pregnancy and maternity; gender; identification and support for families where a member has a disability). Also, vulnerable groups, for example Family Nurse Partnership provides specific support for teenage/young pregnancy, including additional support for those victims of domestic violence, care leavers etc.
* Some data limitations due to how information recorded in patient records – a lot is recorded within notes rather than the demographic data that can be pulled for reports such as EDS2022.
* Other equality data not applicable to patient cohort, e.g. LGBT+ in health visiting.
* Services over-representative of ethnicity compared to population.
* Evidence provided as to service level engagement, and as trusted services in communities.
* Positive patient experience reports, some exceptions for clinic waiting time in health visiting.
* No serious incidents or complaints in data review.
* EqIA of policy and practice evidenced, including governance of policy. Ongoing policy review for diversity and inclusion impacts and factors.
* Barriers to access detailed with actions taken to address.
* Access to language interpretation and information/communication support detailed.
* Rainbow badges training for LGBTQIA+ inequalities and how to support and signpost detailed.
* Staff mandatory, role specific, and optional, training detailed.
* Support such as safeguarding, including links across place, internal reporting and guidance, training, communications and awareness raising, and safeguarding supervision given.
* Reasonable adjustment policy and provision detailed.
* Staff access to religion in health care information, and regular communications for particular events such as Ramadhan.
* Inequalities reports at borough level available to all services – awaiting a refresh of population data as Census 2021 is released – barriers to access, and health inequalities information remains current.
* Flexibility on access – domiciliary, clinic, and community locations.
* Equality links across Place to embed standardised practice.
* Veteran Aware accredited. Disability Confident Leader. Navajo Charter holder.
* Committed to NHS Anti-Racism Framework.
 | 1 | Karen Worthington (Associate Director Children’s Services) |
| 1B: Individual patients (service users) health needs are met | Evidence gathered for this outcome can be summarised as:* Commissioned for specific groups, designed and delivered to provide tailored care that meets needs and evolves over the long period of time within the service.
* Services support some of the most vulnerable and excluded and are trusted by communities who evidence nationally shows face discrimination, barriers to access, and poor health outcomes, for example Irish Traveller families.
* Links to wider social determinates of health, for example employment, and support provided by services in these areas detailed.
* Self-management and care of self and family evidenced as at heart of service design and delivery.
* Service specific engagement detailed, and also involvement in Patient Partners programme.
* Information on Halton HV representative as lead for Voice of the Child.
* Evidence showing services offer signposting to both individual patients, and more generally via webpage and social media.
* Detail of services actively collecting patient stories.
 | 2 | Karen Worthington (Associate Director Children’s Services) |
| 1C: When patients (service users) use the service, they are free from harm | Evidence gathered for this outcome can be summarised as:* Policy, governance, and process for managing risk and safety detailed.
* Reporting and learning policy, process, and governance throughout the Trust evidenced.
* Equality lead engagement in policy, process, and governance, and close links with H&S, risk, safeguarding, and other services detailed.
* Reporting processes detailed, including those of particular relevance to these services, such as domestic violence and safeguarding.
* Incident management detailed.
* FTSU assurance from MIAA provided, and information on FTSU refresh provided.
* Refresh of incident reporting system to further embed equality incident reporting such as instances of racism detailed.
* Mandatory and role specific training for all staff, includes health and safety, resuscitation, safeguarding training and more evidenced.
* Regular collaboration on communications with equality, health and safety, safeguarding, and others.
* Specific patient support, such as language and communication support available to all services or support safe access and equitable outcome.
* Improvement culture programme through Just Culture, and Civility and Respect programmes detailed. Links to equality and staff experience and networks.
 | 2 | Karen Worthington (Associate Director Children’s Services) |
| 1D: Patients (service users) report positive experiences of the service | Evidence gathered for this outcome can be summarised as:* Patient experience gathering processes within services and referenced above in outcome 2B.
* Talk to Us forms detailed, including specifics for young people. Data limitations on these forms also detailed.
* Further information provided on Patient Partners, Lived Experience Panel, and Voice of the Child.
* Patient experience and equality team links for equality feedback from patients detailed.
* Service engagement and action plans detailed, along with workforce action plan development and governance.
* Public governors role and input detailed.
* Strong link to staff experience evidenced, including strategy and equality action plans linked to wider programmes of work for improvements in staff experience.
* Staff networks and voice detailed.
* External peer review and accreditation for Navajo, Disability Confident Leader, Veteran Aware accreditation evidenced.
* Board commitment to NHS Anti-racism framework detailed.
 | 2 | Karen Worthington (Associate Director Children’s Services) |
| **Domain 1: Commissioned or provided services overall rating** | 7 |  |

## **Domain 2: Workforce health and wellbeing**

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| **Domain** | **Outcome** | **Evidence**  | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 2: Workforce health and wellbeing*** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | Evidence gathered for this outcome can be summarised as:* Absence management data is available and has been analysed by protected characteristic group.
* Groupings of absence data do not exactly match those in this outcome, for example respiratory includes flu as well as asthma, anxiety/depression/stress covers mental health conditions.
* Trust policy and process related to health and wellbeing, and support for staff was reviewed.
* Trust governance for workforce including health and wellbeing is in place, and includes People Operational Delivery Groups supporting the People Plan, this includes specific group for health and wellbeing.
* Resources available have been explored and detailed and include employer provision through occupational health and employee assistance programmes, links to national offers including Access to Work, Able Futures, and NHS specific support for protected characteristic groups, and links to voluntary sector support.
* Policy links to these support options, signposting, and proactive links through absence management procedures and health and wellbeing conversations evidenced.
* Health and wellbeing lead provided detailed information on events, communications, awareness raising activities, and support undertaken in relation to these conditions.
* Health and wellbeing information available for staff was reviewed including on the staff Hub (intranet) and App.
* Links to other programmes such as equality and inclusion, and civility and respect evidenced.
* Support for disability/reasonable adjustments, menopause, carers was detailed.
* Workplace adjustments such a flexible working option for all staff reviewed.
* Staff risk assessments for stress (team and individual), pregnancy, and general risk management reviewed.
* Stress working group, and support from organisational development team for team stress briefly detailed.
* Communications re specific support for Black, Asian, and minority ethnic staff was evidenced.
* Links to FTSU, staff networks, staff engagement, and health and safety around bullying, harassment, and discrimination evidenced.
* NHS staff survey results for health and wellbeing questions by protected characteristic group reviewed.
* Links to north west social partnership forum provided, including actions around health and wellbeing.
 | 2 | People Directorate |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Evidence gathered for this outcome can be summarised as:* Data gathered from NHS Staff Survey, employee relations, and Ulysses incident reporting was reviewed, by protected characteristic or form of harassment.
* Information from the 2022 WRES and WDES was provided showing ongoing improvements for these indicators and metrics.
* Trust Violence and Aggression, and Dignity at Work Policy and process reviewed including actions available following incident, and ways of providing staff alerts via records as appropriate. Agreed that in relation to patient behaviours zero acceptance is clear, within the understanding that not all incidents can be anticipated, and some relate to people who would not have capacity to understand behaviours.
* Other Trust policy was reviewed, including risk management, disciplinary, and grievance.
* Evidence of gap analysis against national NHS Violence Prevention and Reduction Standard, and paper to Board. This included links to equality and inclusion.
* Reporting pathways provided – for patient incidents, and for incidents of these from other staff members.
* Other reporting and support also detailed – FTSU, staff side, and HR.
* Alignment of equality, civility and respect, and violence and aggression standards work programmes provided.
* Just Culture programme information provided along with new informal fact finding process to support embedding this new culture of psychological safety in reporting.
* Staff network and voice. FTSU alignment with equality and staff networks evidenced.
* Communications and awareness raising including hate crime awareness week, and anti-bullying week detailed.
* Staff support including employer provided, national (including hate crime reporting), and voluntary sector provided.
* Information on specific Board development day provided – looked at anti-racism, and commitment to NHS Anti-racism framework, and action planning by Board.
* Second event detailed Leader in Me in December 2023 where over 100 staff members attended a day long event looking at anti-discrimination and anti-racism.
* Both these events facilitated by Real and Authentic Representations of Africans and Caribbeans Education Project (RARA).
* External accreditations, and voluntary commitments detailed.
* Board anti-discrimination report into workforce policy and process provided.
 | 3 | People Directorate |
| 2C: Staff have access to independent support and advice when suffering stress, abuse, bullying, harassment and physical violence from any source | Evidence gathered for this outcome can be summarised as:* Policy, process, and governance review.
* Data including employee relations, NHS staff survey, and FTSU data evidenced.
* Role and independence of staff side evidenced and agreed by staff side colleagues in stakeholder review.
* Governance involving staff side provided.
* Support from staff side for civility and respect, Just Culture and other workstreams detailed.
* FTSU detailed including MIAA assurance report, recent refresh, recruitment of second Guardian, and champions including from staff networks detailed.
* Staff networks detailed, including role, and executive sponsorship and attendance.
* Staff network member involvement in other work. e.g., review of violence and aggression policy, and provision of occupational health contract provided.
* Equality analysis of all Trust policy detailed.
* Collaboration on equality in Trust and across region detailed, including on specific actions undertaken for protected characteristic groups in the workforce.
* Staff support, internal and external evidenced for when incidents have occurred, and policy and process evidenced.
* Annual stress survey detailed.

**See also evidence in 2B, above, as relevant also to this outcome.** | 2 | People Directorate |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Evidence gathered for this outcome can be summarised as:* Data provided from the quarterly Pulse Check and NHS Staff Survey, including protected characteristic data from the latter (including trends), and the limitations of the former that does not provide protected characteristic data.
* A postcode review of home/base by undertaken by the workforce team was detailed.
* Challenges of indicator given wide geographical spread of the Trust also detailed.
 | 1 | People Directorate |
| **Domain 2: Workforce health and wellbeing** | 8 |  |

## **Domain 3: Inclusive leadership**

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| **Domain** | **Outcome** | **Evidence**  | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 3: Inclusive leadership*** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Evidence gathered for this outcome can be summarised as:* Equality governance, structure and process detailed. Equality evidenced as reported through structure to Board, being a regular item on Board agenda, People Committee, and JNCC.
* Governance structure through PODs for monitoring and delivery of action plans that underpin strategic equality objective set by Board provided.
* Board oversight of WRES, WRES Disparity Ratio, WDES, GPG, PSED annual report, and EDS2022 evidenced.
* Board published anti-racism statement and signed up to NHS Anti-racism framework evidenced.
* Evidence provided that all Board and committee cover sheets ask for equality links to be highlighted. Also CQC and BAF links.
* Quality Panel, led by Chief Nurse/Deputy Chief Exec, and Chief Operating Officer. Equality lead member of panel. All quality impact assessment that go to panel also have EqIA. Evidence that this supports due regard to the General Equality Duty.
* Six staff networks information provided. Executives provide staff network sponsorship and regularly attend meetings. Networks also supported by Trust Chair and FTSU lead.
* Evidence provided that Board regularly lead and take part in equality events, and are proactive in flagging new equality opportunities and activities to equality lead. E.g., Black History Month, support for d/Deaf community.
* Board equality objectives, including strategic equality objective detailed.
* Board support for Navajo, Veteran Aware, and Disability Confident accreditation provided, also carers accreditation in progress.
* Board development day focusing on anti-racism and Board led development of anti-racism action plan to support application to North West Anti-racism Framework detailed, see also outcome 2B.
* Leader in Me in December 2022 focused on anti-discrimination, see also outcome 2B.
 | 3 | Board |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Evidence gathered for this outcome can be summarised as:* Information on General Equality Duty and due regard provided for stakeholders.
* Policy governance detailed, including EqIA for all policies.
* EqIA policy and practice, including for service changes through Quality Impact Assessment Panel, detailed
* EqIA action in equality action plan 2022 – 2023 detailed.
* Staff risk assessment during Covid 19 detailed - 100% of identified potentially vulnerable staff risk assessed and high risk (due to ethnicity, pregnancy, disability or long-term condition) escalated to risk assessment panel for review and sign off.
* Ongoing staff risk assessment for stress, and pregnancy/maternity detailed.
* Health and wellbeing support for all staff, including oversight to Board through governance evidenced.
* Equality action plans developed using evidence and insight in Trust from mandated reporting data, staff network voice, and from across the region, are all given final approval and are monitored through governance by Board.
* Alignment of executives to equality for workforce, and for services and communities detailed.

**See evidence also in outcome 3A, above as relevant to this outcome.** | 3 | Board |
| 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 | Evidence gathered for this outcome can be summarised as:* Governance for mandated reporting including WRES and WDES detailed. Assurance from commissioners during Covid 19 pandemic referenced.
* Data for mandated reporting reviewed and evidenced as showing slight improvements year on year, and impact on action plan development and then governance for assurance or challenge on progress provided.
* Partnerships and collaboration on equality detailed, including achievements, and work in progress.
* Collaboration on domain 1 EDS2022 detailed.
* Menopause support detailed in outcome 2A.
* Equality action plans governance, including monitoring and review, evidenced.

**See evidence also in outcomes 3A and 3B, above as relevant to this outcome.** | 3 | Board |
| **Domain 3: Inclusive leadership** | 9 |  |

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| **Third-party involvement in rating and review** |
| **Trade Union Rep(s):**Staff Side 10 January 2023 | **Independent Evaluator(s)/Peer Reviewer(s):**Health Watch Halton 24 January 2023 |

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| EDS Organisation Rating (overall rating): 24 |
| Organisation name(s): Bridgewater Community Healthcare NHS Foundation Trust |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

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| **EDS Action Plan** |
| **EDS Lead** | **Year(s) active** |
| Ruth Besford (Equality & Inclusion Manager) | 2023 - 2024 |
| **EDS Sponsor** | **Authorisation date** |
| Dr Ted Adams/Paula Woods | 8 March 2023 |

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| **Domain**  | **Outcome**  | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | Build on existing data available within patient record systems. | Review and update patient record systems to ensure equality information is captured for:* Race/ethnicity
* Disability
 | 31.12.2023 |
| Embedding of engagement on equality to support communities in the boroughs of Warrington and Halton. | Contact Health Watch Halton, and Warrington for support on public engagement.Develop Trust engagement strategy and action plan for equality/protected characteristic groups in the communities. | 30.04.202331.03.2024 |
| 1B: Individual patients (service users) health needs are met | Accessible Information Standard compliance in EMIS and SystmOne – standardisation. | Embed accessible information standard recording and flagging requirements in EMIS and SystmOne as a standardised process. | 30.09.2023 |
| Embedded use of MECC and alignment to signposting and social prescribing. | Review use of MECC in services.Review and ensure alignment to signposting, and social prescribing where appropriate. | 30.06.202331.03.2024 |
| Further embedding of partnerships and collaboration | Review service links to partners in delivery of care and wellbeing support.Review links to Silver Birch Hubs | 30.09.202331.05.2023 |
| 1C: When patients (service users) use the service, they are free from harm | Alignment of Just Culture and Civility and Respect work programmes, with inequality work programmes. | Embed equality voice in Just Culture and Civility and Respect governance through further establishment of staff networks, and equality engagement in the community.  | 30.09.2023 |
| 1D: Patients (service users) report positive experiences of the service | Objectives above all relate to this outcome.  |  |  |

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| **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 | Establishment of accessible and user friendly single process, and one stop shop, for health and wellbeing support and advice. | Flag EDS2022 outcomes,results, and gaps with Health and Wellbeing POD.Establish task and finish group to look at all options available to staff and managers, and develop action plan to meet objective. | 31.05.202331.07.2023 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Improved quarterly monitoring. | Embed use of new employee relations tracker to monitor and review cases related to protected characteristic groups and incidents involving staff members behaviours.Develop quarterly review process for Ulysses incident monitoring and review for incidents involving patients and/or family members. | 30.09.202330.06.2023 |
| Effective and timely management of incidents of these behaviours from patients and/or family members. | Work with relevant Trust leads to review and update Violence and Aggression policy to address identified current issues in timeliness in addressing patient behaviours through devolved autonomy, and establishment of authority interventions to support engagement with patients/families involved. | 31.12.2023 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Staff networks further embedded and engaged, including in decision making and equality analysis and assessment of strategy, policy, and programmes of work. | Continued implementation of staff networks action plans to mature and embed existing six networks across the Trust. | 31.12.2023 |
| Occupational health provision for staff from protected characteristic groups. | Contact HR for information on occupational health contract provision, and flag comments raised by staff network members regarding this outcome. | 30.04.2023 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | FFT questions within exit interviews. | Request addition of two FFT questions to exit interview questionnaire, via Recruitment and Retention POD. | 31.05.2023 |

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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 | EDI Council establishment. | Develop governance, structure, and objective for new EDI Council of staff networks and executives. | 30.06.2023 |
| Visibility of executives in equality agenda.See also staff network action above. | Develop events and communications plan for equality, involve executive team to build visibility on existing commitment to equality. | 30.04.2023 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | EqIA training and further awareness embedded across leadership. | Develop communications and training plan to further embed awareness and knowledge of General Equality Duty in all leaders for policy, service delivery, and strategy development. | 31.03.2023 |
| EDI dashboard embedded in governance. | Finalise draft EDI dashboard and embed within business cycles of relevant governance structures for regular monitoring and review. | 31.03.2023 |
| 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 |  Embedded equality and inequality information in Board and Committee papers. | Embed Leadership Framework for Health Inequalities Improvement<https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement> | 31.12.2023 |

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| Patient Equality TeamNHS England and NHS Improvementengland.eandhi@nhs.net |
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