

Classification: Official

Publication approval reference:



NHS Equality Delivery System 2022

EDS Reporting Template

Third Version

Version 0.8, 18 February 2022

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [insert link here](#)

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [insert link here](#) and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	The Christie NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Eve Lightfoot		
Name of Integrated Care System				

EDS Lead	Novlette Balela OBE		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	16 th January 2023 23 rd January 2023 26 th January 2023 2 nd February 2023 Wc 27 th March 2023		Individual organisation	Clatterbridge GM Cancer
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	30 th March 2023	Month and year published	March 2023
Date authorised	20 th February 2023 30 th March 2023	Revision date	March 2024

Completed actions from previous year	
Action/activity	Related equality objectives
There were no actions identified from the previous year	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Data and evidence to show some protected characteristics (50%) have adequate access to the service.</p> <p>Patient registration form which includes all protective characteristics and given out at to all patients at the referral process. Approximately 50% of patients will complete the data.</p> <p>Multi faith Chaplaincy service and database records number of patients accessing different faiths.</p> <p>Patients consistently report fair or good (or the equivalent) when asked about accessing services.</p> <p>Equitable access to Cancer Care for vulnerable patients – explains how The Christie supports people with a Learning Disability, Autism, or Dementia to have fair access to cancer care:</p>	1	<p>Domain Leads Gemma Jones</p> <p>Joanne Roberts OPD Lead Nurse</p> <p>The Department Leads will be identified as part of an internal consultation process on the submission</p> <p>This information will be updated on the website once this has been confirmed</p>

		<p>Compliments (Oak Road Treatment Centre & Outpatients) regular feedback through Patient Advice Liaison Service 3 monthly patient survey- posters feedbacking results to patients</p> <p><i>Demonstration that the organisation has identified barriers to accessing services</i></p> <p>The trust works with patients/ stakeholders through schemes such as PLACE-Patient Led Assessment of the Care Environment, about how the environment or services should be improved to support patients such as improved signage with support from dementia specialist nurse and estates.</p> <p>Digital, communication and administration teams working together to improve access/appointments, aim for communication to be offered in letter format, email and text.</p> <p>Patients to have a range of options with appointments: face to face, video or telephone.</p>		
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	<p>1B: Individual patients (service users) health needs are met</p>	<p><i>Patients at higher risk due to protected characteristic needs are met in a way that works for them.</i></p> <p>All radiographers are trained (all sites) in inclusive pregnancy status</p> <p>‘You made a difference’ awards staff nominated by patients e.g specialist nurse supporting a deaf patient with a phone for text messaging to access appointments, hotline and nurse started training in British sign language</p> <p>Holistic needs assessments completed by clinical nurse specialists with all patients to gain insight to individual patient needs</p> <p>ePROMS electronic Patient Reported Outcome measures (patients reporting own symptoms prior to clinic) across 10 cancer pathways, it integrates patient captured symptoms with The Trust Electronic health record</p> <p>Interpreter service providing language and sign services for patients in multiple formats: video interpreting, telephone interpreting and face to face interpreters</p>	<p>1</p>	<p>Gemma Jones</p> <p>Joanne Roberts OPD Lead Nurse</p> <p>The Department Leads will be identified as part of an internal consultation process on the submission</p> <p>This information will be updated on the website once this has been confirmed</p>
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		<p>Learning difficulties/autism hospital passport which provides the trust with an individualised record of what is important to a patient with learning difficulties and or autism.</p> <p>Safeguarding children, young people and vulnerable adults policy to offer support and guidance on how to care for vulnerable patients</p> <p>Dementia and Learning disability specialists within the safeguarding team to support the wider teams on caring for these vulnerable patients</p> <p>Psycho-oncology service- available for all cancer patients to help with depression, anxiety loss, body image changes, relationships, memory loss, confusion and pre-existing mental health illnesses</p> <p>Individualised care plans- eg care needs for a non-binary patient while an inpatient</p> <p>Personalised stratified follow up being introduced in the trust with support from Greater Manchester Cancer Alliance, allowing patients to initiate their own follow up base on their individual concerns/symptoms</p>		
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		<p><i>The organisations often consult with patients and the public to commission, de-commission and cease services provided.</i></p> <p>The Christie provides Blood tests and Sact treatment (systemic ant-cancer treatment). There are multiple clinics throughout Greater Manchester and Cheshire allowing cancer patients to access treatment closer to their homes.</p> <p>Engagement with stakeholders via PLACE- (Patient Led Assessment of the Care Environment) provides motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><i>The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services.</i></p> <p>We use Datix as our local risk management system which allows all staff to report safety concerns.</p> <p>We have a robust governance procedure to review and learn from incidents which are MDT approached chaired and overseen by the Medical Director and Chief Nurse.</p>	<p>1</p>	<p>Matt Bilney</p> <p>Ben Vickers Patient Safety Specialist</p>

		<p>A learning from Incident's improvement bulleting and subsequent action plans are monitored through the Patient Safety Committee.</p> <p><i>The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.</i></p> <p>We have examples of improvements to practice in some areas such as dark skin and pressure damage, male patients more prone to falls in some areas.</p> <p>The current Datix system does not support accurate collection of demographic data which is a core component of the procurement of an updated Datix system to be in place by September 2023.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>The organisations collate data from patients with protected characteristics about their experience of the service.</p> <p>Patient experience is sought and received from patients in a number of ways.</p> <p>The trust participates in the required nationally organised surveys – the data from</p>	<p>1</p>	<p>Philip Higham Patient Experience and Improvement Lead</p>

		<p>which is broken down by protected characteristics.</p> <p>A trust-wide survey is regularly undertaken to provide timely feedback and local department or disease specific surveys are carried out. All surveys are required to be registered with the Quality Improvement & Clinical Audit (QICA) team, who provide guidance on design of surveys, including advice on collecting protected characteristic data.</p> <p>Extensive patient feedback is obtained from the 'Friends & Family Test', the data from which is accessible to all staff. Positive experience feedback is obtained via the Patient Advice & Liaison Service, recorded and fed back to appropriate departments & individuals.</p> <p><i>The organisation creates action plans, and monitors progress</i></p> <p>Action and improvement plans are expected to be produced for all surveys undertaken and the QICA team follow up all registered surveys to ensure this happens.</p>		
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		<p>The Divisions have responsibility for monitoring actions and improvements via their quality/governance structure.</p> <p>The Patient Experience Committee has overall governance responsibility for patient experience in order to provide assurance that a comprehensive approach to improving patient experience is in place.</p>		
Domain 1: Commissioned or provided services overall rating			4 Developing	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p><i>The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions.</i></p> <p>Support for staff to manage obesity, diabetes, asthma and COPD is provided by our Occupational Health provision via manager or self-referral.</p> <p>Closer working with a newly appointed Occupational Health (OH) Lead for the Christie will enable a more focussed approach to the support provided going forward to include greater awareness/signposting to reading materials to support the existing OH provision.</p> <p>Our Employee Assistance Programme also offers support with mental health conditions predominantly via their counselling provision, reading material, videos, podcasts etc can also be accessed via their app which is accessible to all staff.</p> <p><i>The organisation promotes work-life balance.</i></p> <p>Where appropriate, the Trust continues to support hybrid ways of working enabling staff to manage where they work and when which encourages a self-managed positive work-life balance.</p>	<p style="text-align: center;">1</p>	<p style="text-align: center;">Jane Hanson Engagement and Organisational Development Manager</p>
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		<p>Due to the nature of some roles, mainly those in clinical roles where they are required to be on site, it is unlikely this is possible, however some teams are looking at some elements of roles that can be carried out at home (eg paperwork, reports etc) to enable some elements of hybrid working to be available.</p> <p>A deeper dive into the National Staff Survey results which are currently under embargo, will give us more detailed insight into how successful we are at promoting and achieving work-life balance opportunities for our staff.</p> <p>The Trust also support opportunities to promote work-life balance via its Flexible Working Policy.</p> <p><i>The organisation signposts to national support</i></p> <p>Support is provided in a number of ways for signposting to national support, mainly via the Wellbeing Advisors who promote all wellbeing support, both locally and nationally via team meetings or 1:1 sessions.</p> <p>Signposting is also via our Intranet and the staff Engagement Stall.</p>		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p><i>The organisation acts and supports staff who have been verbally and physically abused.</i></p> <p>The organisation has various policies to support staff who feel that they have experienced bullying and harassment in the workplace.</p> <ul style="list-style-type: none"> ➤ Equality and Diversity ➤ Raising concerns at work policy ➤ Safeguarding policy ➤ Positive working relationships policy ➤ Grievance resolution policy ➤ Violence and aggression policy ➤ Disciplinary policy ➤ Incident reporting and investigation policy ➤ Supporting staff policy ➤ Complaints and concerns policy <p>The Trust has 4 Equality Diversity and Inclusion (EDI) Staff Network Groups that focuses on race (Ethnic Diversity Group), LGBTQ+, Faith and Belief and Ability and Wellness Engagement Forum. They provide support to staff who experience abuse in the workplace.</p> <p>The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data submission for 2022</p>	<p>1</p>	<p>Novlette Balela OBE EDI Manager</p>
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		<p>highlighted a slight increase of staff that are verbally and physically abused, especially by patients and carers. This was also evident in the staff survey for 2021.</p> <p>An action plan will be developed for each division to address these concerns which will be monitored by the EDI and workforce teams.</p> <p>Staff have completed the corporate EDI training module as part of their induction and have attended the RESPECT training workshop that was delivered jointly by the EDI Team and the Staff Side - Union.</p> <p>This will be replaced by the Respectful Resolution Toolkit and the Kindness Into Action training resources.</p> <p>The School of Oncology has funded the purchase of a number of EDI training courses from Skill Boosters and Marshalls and will be available on the Christie Learning Zone.</p> <p><i>The organisation acts to penalise staff who abuse or bully other members of staff.</i></p> <p>There are a number of policies in place that can be used to penalise staff who abuse other members of staff.</p>		
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		<p>Incidents are investigated by managers across the Trust and managed by the Head of Operational HR and the HR Business Partners</p> <p>The scrutiny panel would decide whether a bullying and harassment case should be investigated or not.</p> <p>The WRES and WDES data has highlighted a slight increase of these incidents in the workplace. An action plan has been developed to monitor this.</p> <p>There is no anonymous reporting process in place and no EDI data is used to monitor the number of incidents of this nature across the Trust.</p> <p>The Freedom to Speak Up Guardians collect data on the number of cases they support, but little EDI data is collected to monitor trends across the Trust.</p> <p><i>Staff are supported to report patients who verbally or physically abuse them.</i></p> <p>The Trust has developed several Zero Tolerance posters aimed at patients that verbally or physically abuse staff and will be circulated at all sites from March 2023.</p>	
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		<p>The WRES and WDES submission and action plans highlighted an increase in the number of staff who are abused by patients.</p> <p>The Violence and Aggression policy are focused on abuse from patients to staff.</p> <p>There is no monitoring data captured across protected characteristic to identify trends of abuse from patients.</p>		
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	<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><i>Freedom to Speak Up guardians are embedded in the organisation.</i></p> <p>The Trust has a dedicated Freedom to Speak Up Guardian. Detailed information is provided at the Corporate Induction and via targeted campaigns on the staff Engagement Stall and the Trust Intranet.</p> <p>Equality monitoring is carried out by the Freedom to Speak Up Guardian.</p> <p><i>Relevant staff networks are active and accessible.</i></p> <p>There are 4 EDI Staff Network Groups that support staff across the organisation. The EDI Staff Network Groups have monthly meetings. The EDI Staff Network Group Chairs have 2 hours protected time per month to support them in their role. Time for staff to attend has been agreed as part of the Terms of Reference and governance documents.</p> <p>EDI Staff Network Group Chairs report to the EDI Programme Board for assurance and organise a number of EDI events across the Trust to raise awareness of EDI issues.</p> <p>A calendar of EDI events is embedded in the EDI Communication and Marketing Plan, which</p>	<p>1</p>	<p>Novlette Balela OBE EDI Manager</p> <p>Jane Hanson Engagement and Organisational Development Manager</p>
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		<p>is developed by the EDI Team, EDI Staff Network Groups and the Communication and the Marketing Team, which is approved annually by the EDI Programme Board.</p> <p>EDI champions</p> <p>Each division are in the process of nominating a number of EDI Champions whose role is to support staff on EDI issues, promote events and organise conversation activities with their teams using the Let's Talk resource and access to various EDI related training programmes.</p> <p><i>Staff support available via channels provided by NHS England.</i></p> <p>All support, local or national (eg NHS England) is promoted on the Wellbeing pages on the Intranet, the staff Engagement stall and via our Trade Union representatives.</p> <p>Support is also available via our Employee Assistance Programme and the Greater Manchester Resilience Hub.</p> <p>The Trust provides financial wellbeing support via Salary Finance. This is important resource when taking into account how cost of living crisis is contributing to the increase in those experiencing stress and anxiety.</p>		
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		<p>Further work via the Health and Wellbeing Diagnostic Framework has been used to reflect the support we currently provide to staff and highlighting areas for improvement.</p> <p>Awareness of the gaps will enable future action planning.</p>		
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p><i>Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services.</i></p> <p><i>Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work.</i></p> <p><i>Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends.</i></p> <p><i>The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members</i></p> <p>In respect of all of the above, we do collect this data via the Annual National Staff Survey.</p> <p>The results of the 2022 survey were launched in March 2023.</p> <p>A deeper dive into our results will be carried out once we are in receipt of our local questions, reports and free text data.</p> <p>The Trust have recently developed a new Values and Behaviours framework, which once embedded, will improve our staff's experience of working at the Trust. This will have a positive impact on recruitment and retention</p>	<p>1</p>	<p>Jane Hanson Engagement and Organisational Development Manager</p>
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		<p>figures and where staff recommend the organisation as a great place to work.</p> <p>Additional support will form part of our action planning and will contribute to our staff recommending the Trust as a place to work.</p>		
Domain 2: Workforce health and well-being overall rating			4 Developing	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 3: Inclusive leadership</p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p><i>Both equality and health inequalities are discussed in board and committee meetings.</i></p> <p>Equality and health inequalities are focused in Board level meetings and committee conversations across the Trust, as evidenced in meeting minutes throughout 2022.</p> <p>Our EDI Programme Board is the accountable committee for staff matters and our Patient Experience Committee is the accountable committee for patient EDI matters. Both meet regularly to discuss EDI issues and implementation/action plans.</p> <p>From 2022, health inequalities now exist as a separate thread with a designated Board member as owner/sponsor and it is woven into our refreshed Trust strategy as a key theme. It is spoken about externally by the Executive Sponsor in regional presentations.</p>		<p>Rebecca Coles Head of Organisational Development and Engagement</p>
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		<p><i>Board members and senior leaders have at least yearly/twice yearly engagement with staff networks.</i></p> <p>Each of the 4 EDI Staff Networks have a Board level Executive Sponsor who meets with their respective network chair and/or deputy chair as required throughout the year.</p> <p>In November 2022 our EDI Manager held a 1 day session with the Executive Sponsors and EDI Staff Network Group Chairs and Deputies to refocus and refresh the EDI activity and priorities for the Trust.</p> <p>EDI Staff Network Group Chairs attend the EDI Programme Board, alongside key Exec members and senior leaders, and participate in active conversation on EDI matters across the Trust.</p> <p><i>Board members and senior leaders acknowledge religious, cultural or local events and/or celebrations.</i></p> <p>During 2022, board members and senior leaders actively promoted key religious, cultural and local events organised by our EDI Staff Network Groups.</p>		
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		<p>This was through our monthly Team Brief conversations, operational and strategic committee meetings and local conversations.</p> <p>Examples included the Nil by Mouth campaign during Ramadan where leaders participated in a 1 day fast to learn about the act of fasting and demonstrate solidarity with Muslim colleagues. This was actively promoted through an online campaign.</p> <p><i>Board members and senior leaders engage with staff about equality, diversity and/or inclusion only.</i></p> <p>In Spring/Summer 2022, the Ethnic Diversity Group developed a short 'listen to learn' film containing experiences of its members. This was presented to EDI Programme Board and our NED-led Workforce Assurance Committee for action-focused discussion.</p> <p>During 2022 the Board undertook a programme of EDI-focused development sessions led by an external EDI specialist.</p> <p>This was to stimulate learning of EDI issues to aid leadership understanding and engagement of matters affecting colleagues</p>		
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		and their role in developing and role modelling solutions.		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p><i>Both equality and health inequalities are discussed in some board and committee meeting.</i></p> <p>(See relevant note in evidence for 3A)</p> <p><i>Actions associated with equality and health inequalities are recorded and reported on.</i></p> <p>Our WRES and WDES action plans, alongside our EDI Delivery Plan are the main way in which we offer Trust level assurance on actions associated with equality and health inequalities.</p> <p>These are monitored through our EDI Programme Board, Patient Experience Committee and Workforce Assurance Committee, as well as our Workforce Committee for specific relevant actions.</p> <p>Quarterly reports on progress against plan are produced by our EDI Manager and taken to the relevant committee.</p> <p>An annual summary report is also produced.</p>	<p>Rebecca Coles Head of Organisational Development and Engagement</p>
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		<p><i>Equality and health inequalities impact assessments are completed for some projects and policies and are signed off at senior level.</i></p> <p>A review during 2021/2022 found that our previous Equality Impact Assessment process could be improved upon, to strengthen the quality of content and frequency of them being completed.</p> <p>A new Equality and Health Inequality Analysis process, training and templates has been developed and was signed off in early 2023. The new process is due to commence from June 2023, and projects, policies and business cases will require sign off by an Accountable Committee.</p> <p><i>BME staff risk assessments are completed</i></p> <p>We have a process for COVID risk assessments impacting BAME staff which managers follow where they have staff who may be impacted.</p>		
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Board members, system and senior leaders ensure the implementation of the relevant below tools.</p> <p>Board members, system and senior leaders monitor the implementation of the below tools: WRES, WDES, EHIA, Gender Pay Gap reporting, Accessible Information Standard, (EDS 2022 subject to approval)</p> <p>The levers and frameworks mentioned above are all built into our standard processes reported on through our committee structure, as noted throughout the remaining Domain 3 evidence.</p> <p>There are action plans in place for WRES, WEDS, GPG and Veteran Aware, with regular discussion of progress against these at committee level.</p> <p>There is a current focus on how we strengthen activities in order to clearly demonstrate a year-on-year improvement</p> <p>An Accessible Information Standard Sub Group was established in March 2023 that reports to the Patient Experience Committee</p>		<p>Rebecca Coles Head of Organisational Development and Engagement</p>
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		An action plan will be developed to monitor and support this area of work		
Domain 3: Inclusive leadership overall rating			3	
			Developing	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Gillian Hobson, John Tierney and Gajanan Kantappa Staff Network Group Chairs		Independent Evaluator(s)/Peer Reviewer(s): Nicola Heazell – Head of Patient Experience and Inclusion at Clatterbridge		

EDS Organisation Rating (overall rating): Developing

Organisation name(s): The Christie 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**

EDS Action Plan	
EDS Lead	Year(s) active
Novlette Balela OBE Hon. Doc.	2023
EDS Sponsor	Authorisation date
Eve Lightfoot	20 th February 2023

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To identify and reduce any inequalities in levels of access to services by patients with protected characteristics	To develop our electronic and other systems of data capture for protected characteristics so as to be able to analyse access and quality of services and address any identified inequalities	Throughout the year and report March 2024
	1B: Individual patients (service users) health needs are met	To identify and reduce any inequalities in the extent to which the health needs of individual patients are being met	To develop our electronic and other systems of data capture for protected characteristics so as to be able to analyse the extent to which the health needs of individual patients are being met and address any identified inequalities	Throughout the year and report March 2024

	1C: When patients (service users) use the service, they are free from harm	To identify and reduce any inequalities in the safety of our services	To develop our electronic and other systems of data capture for protected characteristics so as to be able to analyse access and quality of services and address any identified inequalities	Throughout the year and report March 2024
	1D: Patients (service users) report positive experiences of the service	To identify and reduce any inequalities in patient experience	Take forward the agreed actions on patient experience and engagement which are currently encompassed in our Quality Strategy.	Ongoing through the year
		To better engage with our diverse communities in regard to user experience, service improvement and development	Build into the standalone Patient Experience and Engagement Strategy being developed.	Report March 2024
		Protected characteristic data is accurately collected and routinely used in reporting to the Patient Experience Committee	Ensure that reports on patient experience (e.g. complaints, surveys) to the Patient Experience Committee include data on protected characteristics where this is available	March 2024

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	To increase awareness of the support available to and provided for staff with a range of chronic health conditions and which supports their self-management	Increase visibility and communication to raise awareness of the support available for staff Work with the Occupational Health Service to review the support available to staff with a range of chronic health conditions and identify any gaps	October 2023 December 2023
		To further develop our wellbeing support services to meet the needs of our staff.	Review the current staff wellbeing support services, identify any gaps (informed by access and evaluation data from current service).	December 2023
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure implementation of the WRES and WDES action plans	Report progress with the WRES and WDES action plans to the Management Board	Quarterly

	(See also 2C Response)	To further promote a zero-tolerance approach to bullying, harassment, and abuse across the Trust	Ensure continued compliance with Trust policy for mandatory EDI training using resources currently available	April 2023 and ongoing
		To continue to encourage staff to report bullying, harassment and abuse	Communication through managers and clinical leaders and the Respectful Resolution	Throughout the year
		To ensure implementation of our Positive Working Relationship Policy	Support all staff in addressing bullying, harassment and abuse	Ongoing As required
		To nominate divisional EDI Champions	EDI Champions nominated have been trained to support colleagues on bullying, harassment, and abuse issues.	October 2023
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To understand any gaps in support provided for colleagues around bullying, harassment, and abuse	Use the Health and Wellbeing Diagnostic Framework as a reflective tool to identify areas for improvement and implement solutions where appropriate.	March 2024

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>To increase the proportion of people who would recommend the organisation as a place to work and receive treatment</p>	<p>To continue to report to the Management Board as part of the staff survey results</p> <p>Incorporate the Trust's updated Values and Behaviours into PDR policy, process and conversation framework.</p> <p>Enhance provision during first 6 months of employment to aid 'settling in' period. To include longer induction with added culture-focus, provision of additional information at key points, and quarterly sessions for new starter enrichment and feedback.</p>	<p>Annually</p> <p>June 2023</p> <p>Dec 2023</p>
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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	To demonstrate the understanding and commitment of senior leaders and board members to equality and addressing health inequalities	<p>Board of Directors to approve statement of continued commitment</p> <p>Members of Board of Directors continue to undertake regular dialogue (listening, engagement, conversation) with staff network leaders</p> <p>The Management Board considers and monitors progress with key objectives identified by staff networks (two per network)</p> <p>Board of Directors builds consideration of equality and health inequalities into strategic development plan i.e. programme of strategic developments</p>	<p>September 2023</p> <p>Ongoing</p> <p>Ongoing</p> <p>April 2023</p>
		To continually build and enhance understanding of key equality and health inequality issues amongst board members	Build equality and diversity and health inequalities training into board development programme for 2023-24, building on the work undertaken by Clive Lewis during 2022-23.	Throughout the year – Complete March 2024

		To enable board members and senior leaders to participate actively throughout the year in religious, cultural or local events and celebrations	Board members participate in events throughout the year according to the programme set out by the EDI team	Throughout the year – Complete 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 ensure the Board and its sub-committees demonstrate that consideration of equality and health inequalities with related impacts and agreed mitigation is built into their routine processes	<p>To train our board and sub-committee chairs and deputies in our updated EHIA process</p> <p>To ensure good quality EHIAs papers submitted to the board and sub-committees for decisions</p> <p>To record appropriate impacts, risks and mitigations on equality and health inequalities</p>	<p>By Sep 2023</p> <p>From Sept 2023</p> <p>From Sep 2023</p>
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>To achieve a reduction in inequalities between groups identified in the WDES and WRES</p> <p>To ensure implementation of the WRES and WDES action plans</p>	<p>Continue to report the WDES and WRES scores to the Management Board</p> <p>Continue to report progress with the WRES and WDES action plans to the Management Board</p> <p>To escalate any variances from agreed actions via the EDI Programme Board to Management Board</p>	<p>Annually</p> <p>Quarterly</p> <p>As Required</p>

		To achieve a reduction in the Gender Pay Gap	Report data on the Gender Pay Gap to the Management Board	Annually
		To ensure implementation of our action plan for the Gender Pay gap	Report progress with the Gender Pay Gap action plans to the Management Board To escalate any variances from agreed actions via the EDI Programme Board to Management Board	Quarterly
		To meet our statutory requirements regarding the Accessible Information Standards	Working Group on AIS to be established Monitor progress through Patient Experience Committee	Annual Review

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