NHS England

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

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

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)	Organisation Board Sponsor/Lead		
		Dawn Lawson		
Name of Integrated Care System	West Yorkshire Health and Care Partnership (West Yorkshire ICB)			

EDS Lead	Dawn Pearson		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	11/01/24 – Domain 1 stakeholder panel 11/12/23 and 30/11/23 – Domain 2+3 stakeholder panel 04/12/23 – Peer review meeting		Individual organisation	South West Yorkshire Partnership NHS Foundation Trust
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	January 2024	Month and year published	February 2024

Date authorised	22.02.2024	Revision date	November 2024

Completed actions from previous year	
Action/activity	**Related equality objectives**
In response to our evidence presented on waiting times within Learning disabilities services the Trust took forward a number of actions to further enhance and strengthen our offer. Phase one of waiting list improvements has been completed where the Learning Disabilities services have changed the way waits are recorded on the system to show them as a team wait as opposed to a single discipline wait. This enables the management of waits to be overseen by the team manager considering capacity in relation to demand and ensuring that efficiencies are utilised to reduce waiting times	Improve outcomes for people living with a learning disability while waiting and accessing our services.
A significant development is the establishment of a standardised SystmOne framework, which has now been established and CLDT are now using SystmOne. As stated above, the approach of managing waiting lists in community teams has shifted from managing discipline waits in "silos" to managing a single team waiting list. This approach will take some time to embed but has commenced.	
The term 'welfare call' underwent refinement to 'welfare contact' to encompass various forms of communication, including face-to-face and MDT meetings, acknowledging its broader scope. These are also recorded on our clinical system.	

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	**Children and young people mental health services:** • A pilot within the eating disorders pathway for Children in Care is extending access up to 25 years old. • A agreement has been made with the adult service to improve transition between services. • Work is ongoing in Kirklees looking at hearing the voice of teenage boys to reduce inequalities around mental health and suicide rates • Reasonable adjustments are put in place to ensure people are able to access the service and ongoing service improvements are being made to improve the accessibility of facilitates. • Kirklees CAMHS have made improvements to their website access by including a drop down menu with the top 18 languages spoken across the schooling district. • Neurodevelopmental teams have expedited pregnant young people due	Achieving	Equality and Involvement team Children and Young Peoples Mental Health Service Perinatal Mental Health services All Trust wide corporate and delivery services.

	to potential impact of an assessment on themselves and their baby • Training in partnership with the Brunswick Centre is being offered to increase awareness around LGBTQ+ communities and mental health, and there are visible signs of support for the LGBTQ+ community across the service. • The service picks up referrals for young carers, as well as offering assessments for the siblings of young carers assessed. **Perinatal mental health services:** • Service users are routinely seen at home, but Trust buildings can be used which are fully accessible. • Referrals are accepted from all service and organisations, including learning disability services, as well as self-referrals. • If someone is referred who has a disability appropriate adjustments where possible are made e.g. communication via written format for Deaf/deaf service users, and sign interpreters. • The service is building close links with different support agencies for women seeking asylum or refugee to increase		

		referrals and increase awareness of the service.		
		• There is a close partnership with local mosques where the service are invited to talk and promote perinatal mental health which has been extremely well received.		
		• All written communication is gender-neutral to ensure people feel the service is accessible to them without excluding any gender identity and links have been made with local LGBT+ networks to signpost where appropriate.		

Accessible information standard (AIS):
- Have access to loop systems to support with hearing impairments due to old age
- Access to British Sign Language (BSL) interpreters, and easy read format including appointment letters
- try to see people in the best setting for them, and offer longer appointment times.
- Offer a greenlight toolkit supports people with learning disabilities to access mainstream mental health services when appropriate

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have a Trust wide discrimination policy ensuring men and women are treated equally
offer bespoke campaigns targeted at improving representation from ethnic minorities on the learning disabilities register ("Don't Miss Out" campaign co-delivered with Mencap)

The Standard sets out that organisations must ensure that information recorded about individuals' information and communication support needs is accurate. Systems for edit checking / quality assurance of data should be put in place. To date we have shared guidance documents with Clinical Safety Design Group and training tools developed and are about to offer training with lead matrons.
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<td>1B: Individual patients (service users) health needs are met</td>
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Children and young people mental health services:

Considerations of modality of intervention offered.
Flexibility in care plan approach to include family through joint sessions if appropriate.
Neurodiversity assessments designed to support people with a disability in

</td>
<td>Achieving</td>
<td>Equality and Involvement team

Children and Young Peoples Mental Health Service

Perinatal Mental Health services</td>
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		accessing the services including 1:1 person-centred assessments opposed to using structured assessment tools and questionnaires.		All Trust wide corporate and delivery services.

accessing the services including 1:1 person-centred assessments opposed to using structured assessment tools and questionnaires.
- Awareness of cultural differences when it comes to mental health is essential to offering person centred care, signposting to appropriate cultural materials is routinely offered.
- Training around religious and cultural celebrations is provided for all members of staff, as well as guidance on considerations for fasting.
- Pronouns are captured within the clinical records both on the front page and the body of the records, and where sex-assigned at birth is required on forms, this is done where possible before the child enters the room to avoid distress.

Perinatal mental health services:
- The service will, where possible, allow choice for service users with regards to the gender of practitioners.
- Service users have a care plan where all health needs are discussed. If we can support with them we will care plan for this, but it may require other services to take a lead.

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- Recognition that partners do not always identify themselves as a carer. We assess a partners needs and ensure they're aware of support.
- Medication advice for people who are fasting is offered and flexibility with appointment times during religious celebrations is honoured. We look to include people's religion in care planning.
- Offering peer support across the service.

An Inclusion toolkit has been co-developing with seldom heard communities and people with lived experience for staff to:
- supporting marginalised communities, including low-income families, Black and Ethnic groups, LGBTQ+ parents, young parents, and neurodiverse service users,.
- serve as a comprehensive guide that explores practical strategies and approaches to foster inclusivity, ensuring that everyone feels supported and our services are accessible to all.
- provide actionable steps and recommendations to promote meaningful engagement, remove

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| | | barriers, and enhance the accessibility of our services.
• work towards a future where everyone, regardless of their background or identity, can access and benefit from our services in a way that meets their unique needs.

Accessible Information Standard:
• Survey findings found we are good at communication with one another but need to not become reliant on technology, still use the written word and face and face to face contact
• Findings highlighted the Trust would benefit from greater involvement of children and families.
• There is a field on SystmOne to record communication preferences
• all appointments are notified in hardcopy form in the first instance
• range of leaflets/information packs available to service users.
• Sensitivity around communication when working with suspected / known domestic abuse survivors
• Community activities and events that involve service users and the community
• Active promotion of accessible information during Eid and Ramadan | | |

		• People who do not have English as a first language feel they are not treated equally, often getting the wrong information /not being asked to contribute Organisations must ensure that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover. In response we have updated our accessible information policy to reflect the approach and have a data sharing agreement in place, next steps are to review the approach looking at referrals, care plans and discharge as the priority areas.		
	1C: When patients (service users) use the service, they are free from harm	**Children and young people mental health services:** To evidence that people are free from harm while using our services, an overview of the Datix incidents reported within the CAMHS and Childrens Care Group was provided. During 2023 96 incidents were logged, which is a reduction from 2022 where there were 219 logged. Incidents can cover anything from a breech of confidentiality, to a slip or fall, to a serious incident resulting in harm or injury.	Achieving	Equality and Involvement team Children and Young Peoples Mental Health Service Perinatal Mental Health services All Trust wide corporate and delivery services.

	• 63.83% of incidents logged did not result in injury or harm. • 21.28% of incidents logged did result in harm or injury • 13.83% were considered a near miss. The stakeholder panel were able to see the equality monitoring information for the Datix incidents reported, and noted that there was obvious spike in incidents being reported for any specific protected characteristics. **Perinatal mental health services:** To ensure that people are free from harm while accessing our services close links with safeguarding children advisors have been established. The Trust has several policies in place, including the Equal Opportunities Policy meaning we do not discriminate against on the grounds of gender/ gender reassignment and work at all times in line with guidance within the Equality Act 2010. Staff are required to attend perinatal training and to complete refresher updates every three years and the service pathway is underpinned by the expected clinical practice within the NICE Guideline for Antenatal and Postnatal Mental Health that lies within the NICE Pathway for antenatal and postnatal mental health and the National Patient Safety	

		Agency document "Preventing harm to children from parents with mental health needs". **Accessible Information Standard (AIS):** When using our services, we ensure that service users are free from harm through implementation of our 'Accessible information policy'; this includes a section on 'process for monitoring compliance and effectiveness'. There is reporting around accessible information to the Equality, Inclusion and Involvement Committee (EIIC) and other Trust forums, and actions are ongoing to improve the accessibility of information. The Standard highlights organisations must prepare and publish or display an accessible communications policy or similar which outlines how they will identify, record, flag, share and meet the information and communication needs of patients, service users, carers and parents. Our next steps are to increase visibility of policy and implement training to Matrons in the new year.		
	1D: Patients (service users) report positive experiences of the service	**Children and young people mental health services:** Overall a positive experience has being reported with only 6 formal complaints received across the Trust between December	Achieving	Equality and Involvement team

| | | 2022 – December 2023 for people accessing our services under the age of 25. Again, from the complaints received there appears to be no obvious spike from any specific protected characteristic. CAMHS received 53 compliments during 2022/23.

Perinatal mental health services:
Through Friends and Family tests and Patient Outcome Experience Measure feedback the service is able to say it overall delivers a positive experience of care for those accessing

Accessible Information Standard (AIS):
The Trust has several successful processes in place for capturing the voices and experiences of our service users, however the Standard sets out that individuals must be encouraged and enabled to provide feedback about their experience of receiving information in an appropriate format or communication support, including having access to an accessible complaints policy. We are looking to review how we currently code feedback for service users with access needs looking to understand how we interact and consider additional questions to family and friends tests. | | Children and Young Peoples Mental Health Service

Perinatal Mental Health services

All Trust wide corporate and delivery services. |
| **Domain 1: Commissioned or provided services overall rating** | | | Achieving | |

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Health and wellbeing resources are available through occupational health and other wellbeing resources / support is available including physical, mental, financial, and social wellbeing. Staff health and wellbeing support - Home (sharepoint.com) Staff can book for a Physical Health check which offers, blood pressure, BMI, blood sugar levels and Cholesterol levels check. Staff can obtain lifestyle and health coaching if requested too. Physical wellbeing checks (sharepoint.com) Workplace health and wellbeing continues to be a priority for the Trust as detailed in the workforce strategy 21-24. Actions include enhancing our Occupational Health offer with a greater focus on the prevention of ill health through physical activity, creative approaches, advice on diet etc. Trusts staff wellbeing dietitian developed a resource page which hosts information on nutrition and dietetic advice which is both internal and external resource. Support is available for both individual and teams. What's on offer are, educational webinars, group programmes and teams/individual assessment appointments. https://swyt.sharepoint.com/sites/Intranet/wellbeing/occupational-health/Pages/Nutrition-and-dietetics.aspx Health and Wellbeing Champion roles have been created with the ambition to have an identified H&W champion in each team and service. Role will look to highlight staff H&W as a key agenda item and connect and signpost staff to appropriate support from Occupational Health.	Achieving	People Directorate

| | | The Trust has a Disabled Staff Network. The overall aims of the network are to empower and support staff with a disability and/or ongoing long term health condition to achieve and/or maintain their potential, maximise the contribution of staff in delivering Trust mission, values, and strategic objectives and to help shape the influence policies and procedures within the Trust to ensure that equality is proactively considered. Other staff networks available are, LGBT+ Staff Network (Lesbian, Gay, Bisexual and Transgender plus) (LGBT+) Staff Cares Network and REACH Network (Race Equality and Cultural Heritage) Staff networks (sharepoint.com) Psychological interventions on offer are currently, Critical Incident Staff Support Pathway (CrISSP), Group Support, Reflective Practice Groups, and individual counselling sessions. Welfare checks are also in place. Additionally, Schwartz Rounds are offered to staff working for the Trust too. Wellbeing resources now integrated into 'My SWYFT' employee app, with a dedicated icon to take users directly to the resources. Stress Management Pathway had been created by OH to help support members to identify sighs of stress and offer confidential support, help and guidance to manage stress. The guidance helps navigate staff to the appropriate support. | | |

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | A Bullying and Harassment Task group is in place to support our culture change approach.
Research completed for restorative practice organisation and a draft policy has been developed and shared with key stakeholders for feedback.
Restorative practice and bystander training has been sourced to support the roll out of the programme too and a mapping of how staff will be selected for this training.

Trust's 'All of You, Race Forward' group supports the implementation of actions to reduce cases and support staff experiencing harassment, bullying or abuse from patients and carers. relatives, or the public.
Task and finish groups lead on workstreams aligned to the group's objectives. Current outputs in progress include microaggression information and guidance for staff on how to respond to hate.
All of you: Race Forward (sharepoint.com)

Equity Guardian roles were established to support staff throughout the Trust who are experiencing racial bullying and harassment from service users and cares. They also offer support to management in handling of such cases and support in guiding cases through Trust processes. Equity Guardian Champion roles are being developed at present to help strengthen the work of EG and widen access across Trust care groups.
Equity guardians (sharepoint.com)

As part of WDES reporting, Metric 4a, b and c aim to measure the % of reports of bullying and harassment from patients, staff, and managers. Our reporting for 2023 was as follows, patient 33.2%, staff 24.8% managers 24.8%
As part of WRES reporting, data from NHS staff survey is used to report on metric 5 and 6. Currently Trust performance is as follows, bullying and harassment from | Developing | People Directorate |

		patients, carers and public 37% BME and 27% White and from staff 18% BME 16% white.		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	All staff have access to Occupational Health multidiscipline teams (MDT) including an in-house Counselling service offering a range of therapies including Cognitive Behaviour Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR). Other offers are Occupational Therapy, Health &Wellbeing practitioner, physios, Clinic Nurses, and Musculoskeletal advisors. Freedom to Speak Up Guardians (FTSUG) & Civility & Respect Champions are alternative routes for staff to raise concerns. A total of 53 concerns were raised with the FTSUG in 2022/2023. Independence and impartial service. Equity Guardians are also available to offer support and advice on cases involving abuse, bullying harassment if they are racially motivated. Staff networks are also available to offer independent support on advice.	Achieving	People Directorate

	2D: Staff recommend the organisation as a place to work and receive treatment	2022 staff survey data shows that: The percentage of staff recommending the Trust as a great place to work was 66.5% (previous year 64.6%) This is above the national average of 62.8%. Staff being happy with the standard of care provided by the Trust was 68.1% (compared to the previous year's figure of 70.2%). This is above the national average of 63.6% Performance reports - South West Yorkshire Partnership NHS Foundation Trust Performance reports are separated into geographical districts and forensic services. The report features the latest figures on information such as finances, staff sickness absence rate, bed occupancy rates and staff turnover and ethnicity data.	Developing	People Directorate
Domain 2: Workforce health and well-being overall rating			Developing	

Domain 3: Inclusive leadership

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	In March 2022, Trust Board completed the externally facilitated Inclusive Leadership Board Development Offer (ILDBO) programme. This is aligned to the NHS Leadership programme. In June 2022, the Board received bespoke Equality, Diversity, Inclusion & Health Inequalities Training presented by an external consultancy. This training will be re-delivered every 3 years. In May 2023 Trust Board received an externally facilitated development session in relation to "Brave Conversations" focussed on equality. On 27 September 2023 the Trust hosted its Annual Members Meeting at the Al Hikmah centre in Batley to present its annual report and accounts in public – Annual members meeting Tickets, Wed 27 Sep 2023 at 10:00	Eventbrite Enhansed Equality, Diversity and Inclusion Training is currently being rolled out to senior members of staff.	Developing	People Directorate

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The Board Assurance Framework and organisational risk registers both include risks, controls, and actions in relation to equality and health inequalities and these are sent to Board on a quarterly basis. Equality, Inclusion, and Involvement Committee (EIIC), and subcommittee of Trust Board, meet on a quarterly basis and report on key matters and issues to Trust Board the AAA report (Alert, Advise, Assure). In March 2023 Trust Board presented the strategic overview of business and associated risks. This is an annual paper presented in public that demonstrates the process of determining the Trust's strategic objectives for the year ahead. Equality and health inequalities are golden threads running through our strategic house. All public board papers and minutes can be accessed at the following link: Meetings and papers - South West Yorkshire Partnership NHS Foundation Trust A membership database cleanse has taken place and for those members who wish to stay engaged with the Trust they have completed equality questionnaires.	Developing	People Directorate

| | | Trust Board equality data is now up to date and is published as part of the annual report.

Members Council equality data has been obtained including new governors appointed on 1st May 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	The Policy on policies has been updated (April 2023) and now asks that before any policy is reviewed/written an update of the equality impact assessment should take place. Any policy or strategy which required Board approval must have a robust EIA in place which has been signed off prior to submission. The Trust constitution has been updated as per the NHS England Code of governance for NHS provider trusts (April 2023). The integrated performance report (IPR) includes health inequalities data. This data is cross referenced with key areas of focus such as waiting lists. The IPR is available on the public website monthly. The Trust Board meet with staff groups and staff networks throughout the year including the staff disability network, race equality and cultural heritage (REACH) network, LGBT+ network and staff carers network. Chairs of these networks also attend Equality Inclusion and Involvement Committee quarterly.	Developing	People Directorate
Domain 3: Inclusive leadership overall rating		Developing	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): met with staff side rep on the 30th November alongside F2SUG to review and score domains	**Independent Evaluator(s)/Peer Reviewer(s):** meeting held on the 4th December to review evidence and score domains. Reviewers were HR leads from BDCT and SHSC, apologies for LYPFT

EDS Organisation Rating (overall rating): Achieving
Organisation name(s):
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**
Dawn Lawson	2024-25
EDS Sponsor	**Authorisation date**
Dawn Pearson/Zahida Mallard	February 2024

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 improve and ensure equitable levels of access across our diverse communities. To Increase referrals and access from seldom heard communities.	1. Child and Adolescent Mental Health Services (CAMHS) in partnership with the Trust Carers lead are working with our voluntary and community sector colleagues to provide a consistent offer and awareness for parent carers across the Trust footprint. 2. Child and Adolescent Mental Health Services (CAMHS) are improving processes and sharing of resources ensuring a consistent approach for identifying carers both in verbal conversation and recording on clinical systems. 3. The Trust are undertaking engagement to understand what support our workforce need to identify the communication preferences of people who use our services. When identified we will share guidance documents and training slides amongst clinical staff and teams. 4. Perinatal Inclusion worker to build link with seldom heard communities such to ensure they are aware of our pathway, gain feedback on improvements we can make to address any barriers, help build out knowledge of our communities. 5. Perinatal Inclusion worker to raise profile of EDI agenda in the team and ensure it is central to our work. And for Perinatal team to receive training in the Inclusion Toolkit	Review date: 31st October 2024 Completion date: 31st March 2025

1B: Individual patients (service users) health needs are met	To improve and ensure a person centred approach is provided consistently to our diverse communities.	1. The Trust are updating the Translation and Interpretation policy and looking to address and respond to concerns around accessibility and consistency of current provider. 2. Child and Adolescent Mental Health Services (CAMHS) are mapping communities at a hyper-local level to further understand demographic and how to respond to need / identify gaps 3. In order to ensure information needs is included as part of data-sharing processes the Trust are reviewing the consent to share approach ialready in place; this is an ongoing conversation through clinical safety design group. This work needs to consider referrals, care plans, and discharge and how to communicate these in the event a systems share is not suitable. 4. Key perinatal staff to in reach to Heath Common community to improve our health and care offer for the Gypsy, Roma Traveller community. Perinatal Staff to work with the community liaison officer to build relationships with this community	Review date: 31st October 2024 Completion date: 31st March 2025

	1C: When patients (service users) use the service, they are free from harm	To improve and ensure processes around safeguarding meet the needs of our diverse communities.	1. As a response to Datix reporting, Child and Adolescent Mental Health Services (CAMHS) are looking into the offer of bespoke RRPI (Reducing Restrictive Physical Intervention) training for their workforce to take a proactive approach to reducing risk. 2. The Trust are increasing the visibility and understanding of the policy by delivering training to Matrons who can disseminate. 3. Perinatal team to start to collect demographic information on safeguarding data collection sheet to better understand demographics for safeguarding referrals and impact on protected characteristics.	Review date: 31st October 2024 Completion date: 31st March 2025
	1D: Patients (service users) report positive experiences of the service	To improve and ensure people accesing our services report a positive experience.	1. Child and Adolescent Mental Health Services (CAMHS) are looking to implement consistent use of chatpads across all services to collect Family and Friends tests. 2. The Child and Adolescent Mental Health Services (CAMHS) Forensics service, in partnership with prisons, are looking to increase numbers of completed Family and Friends tests through the use of laptops. 3. The Trust are reviewing how we currently code feedback for service users with access needs looking to understand how we interact and consider additional questions to family and friends tests. 4. Perinatal inclusion worker to work with Information leads to develop a plan to breakdown feedback by protected characteristic.	Review date: 31st October 2024 Completion date: 31st March 2025

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	Task group to be formed within the PD	1. Create and set up new ways to monitor the access of OH and H&W offers by staff by protective characteristic.	Q1-Q4
			2. Set up a methodology to review and analyse Trust sickness data to help form and shape OH and H&W offers	Q1-Q4
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Harassment and bullying policy approach.	1. Develop and roll out our H&B policy and develop bystander training in collaboration with our Race Forward and EG groups	Q1-Q4
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Map out independent support within the Trust	1. Co-create and co-design a clear diagnostic flow chart to illustrate and define access to the right independent support when needed based on the support required. (interdependencies between FTSUP, staff networks, EG and PD)	Q1-Q4
		Protected time policy / Staff network budget / Exec sponsors per staff network	2. Develop, socialise, and mobilise protected time policy, budget and exec sponsor rotation for all 4 staff network groups.	Q1-Q2

	2D: Staff recommend the organisation as a place to work and receive treatment	See improvements on Staff survey and Flair Survey	1. Continue to monitor results of staff survey to identify service areas of improvements and intervention.	Q2-Q4
			2. Deliver second rounds of Flair survey and analyse results to identify further actions of improvements across the Trust	Q3 onwards
		Deliver on Inclusive Leadership Culture Programme actions and recommendations	3. Develop and lead on the roll out of the recommendations within ILCP report.	Q1-Q4
		Form, Perform and Thrive Staff networks framework	4. Support the development of staff networks newly develop framework (annual staff network survey, deliver on comms and annual action plan, roll out staff charters et al)	Q1-Q3

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	Staff networks are visible at Board level. Report from EIIC quarterly into Board. EDI enhanced training – essential to job role.	1. Continue to involve staff networks. 2. AAA report into every public board meeting presented by the Chair. 3. Training to continue.	Quarterly 8 times annually Ensure all essential to job role senior managers are trained
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Manage through the Board Assurance Framework including any associated risks.	1. New Risk created for 2023-2024: risk number 2.4 to address discrimination across the Trust relating to workforce and people who use services.	Quarterly report to Board reflects progress against actions. New controls updated.
	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	EICM strategy – Board level strategy. EIIC AAA report quarterly EDI annual report Annual effectiveness report for EIIC	1. Maintain reporting arrangements through Trust Board and EIIC work plan	Annual reporting cycle in place 1 April 2024.

Patient Equality Team
NHS England and NHS Improvement
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