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Equality Delivery System 2023/24

Domain 1,2,3

Evidence, Scoring and action Planning

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Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	The Royal Wolverhampton NHS Trust	Organisation Board Sponsor/Lead		
		Alan Duffell Chief People Officer		
Name of Integrated Care System	Black Country ICS			

EDS Lead	Domain 1: Alison Dowling, Head of Patient Experience and Public Involvement Domain 2 and 3: Kerry Flint, Interim Head of Equality, Diversity and Inclusion	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	Domain1 1st August 2023 – Patient Experience 5 November 2023 – Maternity Services Domain 2 – 7 th June 2023 Domain3 – 12 th January 2024	Individual organisation	Royal Wolverhampton NHS Trust	
		Partnership* (two or more organisations)		

			Integrated Care System-wide*	
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Date completed	9 th February 2024	Month and year published	February 2024
Date authorised	23 rd February 2024	Revision date	By 28 th February 2025

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 with 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.

Trust Approach to Domain 1: For each service to be assessed it was agreed that a named lead officer would be identified to coordinate the assessment. An evidence pack to be prepared using the four outcomes in Domain 1. The evidence pack to be reviewed by the EDI officer in the Patient Experience Team. The lead officer to arrange an assessment session to be carried out by an assessment panel made up of volunteers, patient involvement partners, EDI leads, service specialists. All panel members were provided access to the evidence pack and asked provided an individual rating using the scoring system.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services.</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • PALS & Complaints: The complaints service can be accessed in several ways, such as by telephone, email, letter, or in person. Language support is available. • Volunteering: Regular checks on our lists of volunteers' demographics to ensure all sectors of the community are engaged and all have access to opportunities, including age, gender, ethnicity, health/ disability, and postcode area of volunteers, ensuring reach those with lower levels of employment opportunities/ health inequalities etc. • Patient Experience Strategy: This patient experience strategy sets out the overarching principles for Patient Experience and Engagement. • Interpreting and Translation Service The Trust provides a comprehensive interpreting and translation service, which helps to overcome communication barriers and enables access to services for patients whose first language is not English. • Information Accessible Standards 	2	Alison Dowling, Head of Patient Experience and Public Involvement

		<ul style="list-style-type: none"> • RWT Equality Objectives for Patient Experience • Chaplaincy and Faith services are provided across the Trust. • Annual EDI Report to Trust Board: In relation to patient service, the report provides a detailed account of service taken up by protected characteristics and the measures taken to improve access. <p>Maternity services</p> <ul style="list-style-type: none"> • Breastfeeding Support Groups <p>Service users can access any of the 3-x weekly face to face breastfeeding support groups. Leaflets are available with a QR code on them for more information. They can also request to arrange an interpreter through the infant feeding team by telephone or email.</p> <ul style="list-style-type: none"> • Wolverhampton Family Hubs <p>Service users can access a family hub near them for access to the midwife, health visitor, infant feeding support, stay and play sessions, housing support, benefits advice, birth registrations, parenting support etc.</p> <ul style="list-style-type: none"> • RMC (Refugee and Migrant Centre) 	1	Sunita Banga, EDI Midwife Lead
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		<p>RWT maternity has seen a rise in refugee and asylum seeker families in local hotels in Wolverhampton over the last couple of years. We have a robust system in place to ensure that they have prompt access to maternity services and a good working relationship between RWT and the RMC</p> <ul style="list-style-type: none"> • Sahara Maternity Support Group <p>Service users can drop into the Sahara Maternity Support Group for additional support in pregnancy, particularly if they are from Black, Asian and Minority Ethnic backgrounds to obtain antenatal, intrapartum and postnatal education.</p> <ul style="list-style-type: none"> • Pride in Pregnancy” support group <p>This group is targeted support for services users who are pregnant from the LGBTQ+ community. Men and women are encouraged to attend and share their views and experiences of their maternity journey.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • Patient Experience Strategy • Patient Experience Advice and Liaisons Service • Volunteering Service • Equality Impact Process for all policies • Tackling Health Inequalities Working Group • Equality, Diversity and Inclusion • Guidance and Statement of Intent for Transgender Inclusion <p>Maternity Services</p>	<p>2</p>	<p>Alison Dowling, Head of Patient Experience and Public Involvement</p>

		<ul style="list-style-type: none"> • Risk Assessment Every service user undergoes a thorough risk assessment at the beginning of their pregnancy. If they are “Low Risk” they continue the Midwife Led Pathway, if they are “High Risk” then they are booked under and follow the Consultant Led Pathway. • Smoking A significant attempt is made to reduce smoking in pregnancy, all staff have an active role to play in supporting the service user to meet the needs of the service user and the unborn. • Premature births For any baby likely to be born earlier than expected, RWT have adopted a PERIPrem Baby Passport. This assesses babies likely to birth early and prompts effective management of their care to ensure that their health needs are met. • My pregnancy passport by MAMA Academy This folder is full of valuable information, it encourages the individual to add their personal information inside the wallet too. There are useful reminders on the folder which help the individual’s health needs to be met as it highlights what is important to monitor, what to avoid and urges the person to promptly contact the maternity unit if they have any concerns. 	1	Sunita Banga, EDI Midwife Lead
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	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • PALS • Patients who feel unsafe in the care of the Trust can safely raise a complaint with us without fear of jeopardising their care. • Multi-Agency Safeguarding Hub • Volunteer recruitment Process Volunteers are interviewed and undergo the same recruitment process as staff. They require ID checks and enhanced DBS clearance. Volunteers cannot volunteer without occupational health assessment and clearance. • Better Impact APP Feedback 	2	Alison Dowling, Head of Patient Experience and Public Involvement
		<p>Maternity Services</p> <ul style="list-style-type: none"> • Staff training One of the ways that Maternity can ensure that the service users are free from harm is to ensure that all staff are up to date with their individual training needs. • Safety News One of the ways that Maternity ensure good practice is to examine cases that have unexpected outcomes. There is an MDT (multidisciplinary team) Risk meeting that takes place weekly where individual cases are discussed where significant learning needs to take place within maternity and neonates. • Triage 	1	Sunita Banga, EDI Midwife Lead

		<p>RWT are trialling a Centralised Telephone Triage system where the aim is to improve emergency maternity telephone triage calls being answered and referred accordingly to the correct department.</p> <ul style="list-style-type: none"> • RWT are trialling a Centralised Telephone Triage system where the aim is to improve emergency maternity telephone triage calls being answered and referred accordingly to the correct department. • Safeguarding The Safeguarding team are responsible for overseeing the safety of our service users and their families. They support maternity staff to keep their women and birthing people safe by teamwork, professionalism, supporting in investigations when needed. 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • Patients and service users can log compliments with the PET which are logged and distributed to the appropriate management. • Positive feedback can also be provided through the Friends & Family test, which is available to all patients. • Feedback Friend (Mystery Patient) is under development to give service users the opportunity to submit anonymous feedback. • Listen, Learn, Share magazine. <p>Maternity Services</p>	<p>3</p> <p>1</p>	<p>Alison Dowling, Head of Patient Experience and Public Involvement</p> <p>Sunita Banga, EDI Midwife Lead</p>

		<ul style="list-style-type: none"> • Midwifery Led Unit (MLU) The MLU has a “Thank You” message book as you enter the Unit. Service users are welcome to leave a message or comment about their stay/care if they wish. Some service users leave cards and chocolates for the staff. • Homebirth feedback Families often write into the unit via PALS or directly to senior management to share their birth experiences. • Sahara Maternity Support Group Women that attend Sahara maternity support group leave their feedback of the attended session at the end of the group. • Pride in Pregnancy Support Group Families that attend the Pride in pregnancy support group leave their feedback of the attended session at the end of the group. • Friends & Family Test Service users can also feedback using the Friends and Family Test service at RWT. Maternity is currently one of the areas which is live. • Badgernotes referral The self-referral system to maternity services at RWT proved to be a success, it was reported in August 2023 that over 500 mums-to-be had successfully managed to refer themselves. 		
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Domain 1: Commissioned or provided services overall rating	Total 13/2 Average 6.5	PALS – overall 2 Achieving Activity Maternity – overall 1 Developing Activity
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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	<ul style="list-style-type: none"> • The Trust has a raft of policies and procedures to support staff during sickness and return to work • Health and Wellbeing Support Offer • Health and Wellbeing Hub • Health and Wellbeing Intranet – accessible and open support and referral offer for all • Health and Wellbeing Employee Voice Group established • Referral and support from EVGs, Pastoral Leads, Chaplaincy Team • Trust supports range of national mental health campaigns throughout the year • Less evidence of support and health literacy for managing COPD, diabetes and other long term health conditions. • Less evidence of targeted support for PC groups – poster for race equality week developed 	2	Kerry Flint – Interim Head of Equality Diversity and Inclusion

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • The Trust has adopted Just Culture approach as part of its Case Assessment Processes. • Civility and Respect Toolkit and training has been launched and is being rolled out across the Trust. 270 staff have attended the training across 17 departments. It is now embedded into mandatory training. 100% of participants have found the training useful. • Zero Tolerance to Racism campaign and Anti-racism statement in place with evidence of visible leadership and commitment to this agenda • Further work developed through Joint Behavioural Framework. • Race fluency training delivered to 250 staff – further training needed on Bystander. • Race Code Charter mark in place – first Trust in BC to achieve this • Rainbow Badges scheme – membership growing annually too 275. • Cultural Ambassador Programme established to support fairness in Disciplinarys – CA's can where appropriate attend dispute panels. 	<p>1</p>	<p>Kerry Flint – Interim Head of Equality Diversity and Inclusion</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>	<ul style="list-style-type: none"> • FTSU reporting structure is established and has seen a significant growth in the number of reports in the past 12 months. • FTSU SOP produced in 2022/23. • FTSU month celebrated and promoted to raise awareness. • FTSU team has expanded with joint working with WHC • The number of FTSU champions has grown following a recruitment campaign enhancing access to support and reporting for staff. • Mandatory e-learning on FTSU has been launched for all staff to complete. • The Trust has grown in Employee Voice Groups: LGBT+, BAME, D&LTC, Carers, Armed Forces, and new Health and Wellbeing – membership across all groups continues to grow. Members have access to confidential support from the EVG's. The EDI team offers support to the EVG's to escalate issues. EVG's report into the EDI SG and attend Board sessions to provide feedback on the experiences of staff in order to put in place actions and measures. All EVG's have an Exec Sponsor. • HR Managers Toolkit is in place along with Disputes Policy for managing formal allegations or complaints of B&H. • Data is shared but a more systematic triangulation of B&H data and reports by PC is needed 	2	Kerry Flint – Interim Head of Equality Diversity and Inclusion
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		<ul style="list-style-type: none">• Data to be drilled down by specific ethnic category and by international profile is needed.• Bystander training is being looked at as part of the Civility and Respect work programme and an e-learning module is available to staff.• Union Arrangements are in place to support staff and reporting:<ul style="list-style-type: none">- UNISON provide access to support to all C3000 members. They have 2 full time staff available and a national helpful available to members 24/7.- Recognition of wanting more diverse representation within Unison – rep needed for young members and LGBT- All cases related to race are automatically escalated to legal to consider- Members have access to national Black members group, LGBTTT members group and Disabled members group		
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • The Trust has in place a Absence Management Policy and Procedures to retain staff, along with a Recruitment Policy, Stay conversations introduced for staff. • The Trust is developing its Talent Management Plan to ensure all talented colleagues are retained and progressed. The Talent Plan has EDI integrated throughout. The Trust supports EDI leadership and development programmes. • The Trust works in partnership within the Back Country ICS and the Provider Collaborative and has recently established the Collaborative Bank • The Trust works with local One Wolverhampton to promote inclusive and accessible work opportunities to local people. The Trust has in place an apprenticeship programme. 	1	Kerry Flint – Interim Head of Equality Diversity and Inclusion
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>Total score of 6</p>	<p>Agreed score of 1 Developing Activity</p>

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	<ul style="list-style-type: none"> • There is evidence of a well established reporting structure for EDI reporting to the People and OD Committee and Board. This is published in the Annual Equality Report. • Board meetings have a section on employee voice – allowing feedback, discussion and questions from the Board. • All policies and changes are assessed for their impact on equality and papers considered by TMC • PODC receive update reports on the EVGs and Staff Maturity Framework to assess the development of the EVG's and engagement with staff. • The Board receive the Annual Equality Report • PODC and the EDI SG receive the annual schedule of EDI events which is developed collaboratively between EDI, Chaplaincy and Communications • The EVG's currently have 1 Executive Sponsor identified • The Trust Equality Impact Assessment process encompasses considerations on the impact on health inequalities. 	1	Kerry Flint – Interim Head of Equality Diversity and Inclusion

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> • 4 Board members including NEDS and Execs were involved in the Race Code Assessment. • All Board members receive development on EDI. • The Board participated in discussions on the anti-racism survey and contributed to the development of the anti-racist statement. • There is good evidence of the CEO and CPO demonstrating inclusive leadership. There are some examples of the Trust EVG sponsors demonstrating commitment to EDI – though these examples are limited. • A Health Inequalities Steering Group is in place chaired by the Medical Director. A board development session was held on reducing health inequalities. • Board members are involved or leading on specific health inequalities projects E.g. Junior on mental health training for barbershops, Lisa on inequalities in access to ophthalmology, and Rosi on maternity inequalities dashboard development • All Board members have adopted Joint Board roles to provide consistent leadership and collaboration across both RWT and WHC. 		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> • Directors and senior leaders are leaders lead or participate in system work streams including Belonging in the NHS and Equality Diversity and Inclusion programme boards. • A Trust Board member is attending the Staff Network Executive Programme by NHSE. • EDI objectives being developed for all directors • Dedicated Executive who joins Health Inequalities group at system level • Trust signed up to the Race Code and executives have engaged. • Reverse mentoring programme • MIDAS EDI awards – a member of our staff won an award • EDI and health inequalities is considered as part of the decision-making processes through the EIA process which has a robust governance process and sign off through Trust Policy Group and through TMC. Actions and interventions are integrated through the standardised policy review processes. 		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> • The WRES and WDES metrics are published with actions with the Trust Annual Equality Report. Actions are further developed as part of the Trust EDI Delivery Plan. • No evidence of reference to the NHS Oversight and Assessment Framework in place. • The Trust Strategy references equality and health inequalities within the organisational business plan and 4 C's. • The template for QSAG report includes a section on EDI impact • A rigorous Risk Assessment was applied which considered risk factors including ethnicity and disability during COVID-19. The Trust has undergone a process of restoration and recovery and Risk assessments for staff are now no longer applied to all staff. Risk Assessments are instead considered by managers on a case by case basis. Risk assessments are in place for stress and pregnancy. • The Trust introduced its BAF risk for EDI and the WRES metrics – these are monitored through the standard risk processes and reported at PODC. 		

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> The annual Quality Account includes a section on Trust approach to EDI 	1	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3 Inclusive Leadership	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	<ul style="list-style-type: none"> • The Trust Menopause Policy is managed through the Policy Process and was approved by the Trust Policy Group. • The Trust Board approves the Annual Equality Report for publication which sets out the strategic EDI actions for the year. The report demonstrates year on year tracking against the PSED, WRES, WDES and GPG metrics allowing for comparative analysis of progress and performance. Bench mark data is also utilised. • The Trust reports into the BC ICB on its quarterly performance rag rating against the Workforce Race Equality and Inclusion Action Plan. A system wide picture is provided to identify where there are significant gaps in performance and where levers such as the PSED, contract reporting through QCRG/ QSAG, • All of our policies are subject to equality assessment and the response to these is good • Progress against the EDI Delivery Plan is taken to OWG and is rag rated. • Half yearly EDI progress reports to QSAG- service delivery 	2	Kerry Flint – Interim Head of Equality Diversity and Inclusion

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
		<ul style="list-style-type: none"> • Half year EDI compliance reports to CQRM- service delivery • EDI progress is monitored through the EDI SG • The Accessible Information Standards Group meets to review progress made against the standard and the action plan. Updates are included in the Annual Equality Report to Trust Board. • EDI Metrics being monitored at system level 		
Domain 3: Inclusive leadership overall rating			Total score of 4	Agreed score of 1 Developing Activity
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):		
Unavailable at the time of scoring		Kay Hack – Patient Involvement Partner		

EDS Organisation Rating (overall rating): 16.5 Developing Activity

Organisation name(s): Royal Wolverhampton NHS 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
Alison Dowling – Head of Patient Experience Kerry Flint – Interim Head of Equality, Diversity and Inclusion	
EDS Sponsor	Authorisation date

Domain		Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.		1A: Patients (service users) have required levels of access to the service	We will continue to review and improve accessibility to services for those whose first language is not English – to understand the changes in demographics for our patient population and the subsequent provision of interpreting:	<ul style="list-style-type: none"> (a) Understand the changes in demographics by working with informatics data team to gain quarterly data extraction of the demographics of our patients accessing services. (b) Ensure that regular monthly meetings with provider to address gaps in provision. (c) Review format statement for suitability if demographics changed considerably since originally created. (d) Monthly data to be received from interpreting software for further analysis of trends. (e) liaise with City of Wolverhampton Council/Public Health to understand and ensure regular updates on forthcoming changes with regard to asylum seekers new to community also intelligence from Refugees and Migrant Centre. (f) Complaints posters and feedback leaflets available in other languages to encourage inclusivity and equal access. 	

		<p>1B: Individual patients (service users) health needs are met</p>	<p>Maternity services will continue to deliver a range of interventions aimed at identifying and removing barriers for patients with protected characteristics</p>	<ol style="list-style-type: none"> 1. The established Sahara Support group will seek better engagement from women from African-Caribbean communities who are currently under-represented. Actions already taken are community engagement with Church leaders, cultural food shops and hair salons in the city. One African-Caribbean service user has established her own support group for women who are socially isolated, and coffee mornings are planned to widen the support. 2. The ED&I midwife for the Trust will present on 'Radio Ramadan' at the end of March for the Muslim audience around support for pregnant women. 3. ED&I data within maternity services will be analysed further to identify further demographics data, for example, where the service users originate from, ethnicity, languages, and any additional support needs 	
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		1C: When patients (service users) use the service, they are free from harm	Maternity services- various interventions	<ol style="list-style-type: none"> 1. A specialist 'New to the UK' maternity clinic will start for women who are new to the UK and deemed vulnerable- but who are medically fit otherwise as not to receive specialist medical support. 2. Birth Buddy volunteers will be established for birthing women who are on their own and vulnerable, or who do not speak English as a first language 	
		1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • We will ensure compliance against the Parliamentary Health Service Ombudsman complaint handling framework. • We will deliver inclusive engagement opportunities across the diversity of our patient groups including acute and community settings. 	<p>(a) Monthly review against PHSO standards compliancy - address any areas of non-compliancy through PFOG/PEG</p> <p>(b) Annual review of compliancy to be undertaken and reported in annual report.</p> <p>(a) Deliver engagement sessions with CYP in Wolverhampton with a focus on co-design</p> <p>(b) Quarterly engagement sessions in community locations inviting 'easy to ignore' groups to participate in providing feedback</p>	

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	<ul style="list-style-type: none"> Provision of counselling and psychological support services for PC groups particularly: BAME, LGBT Promote consistent approach from managers through development of guidance and training to considering and making reasonable adjustments and flexible working requests and support 	<p>Health and Wellbeing Employee Voice Group created and continues to promote services throughout the Trust with stands, posters, communications. EDI lead to also ensure that these are communicated through the EVG's themselves.</p> <p>Organisational Development to produce managers essentials training</p>	<p>31st March 24</p> <p>31st August 2024 (to start rolling out the training)</p>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> Report findings to Staff Oversight Group Report to EDI SG and Board 	Patterns and trends from FTSU to be reported to Trust Board. Instances where it is believed that people have been targeted due to protected characteristics to be reported in separate report to EDI Steering Group.	Separate EDI report from FTSU to be done from 1 st April 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> Develop an EDS Steering Group to meet quarterly to oversee and steer the implementation of the recommendations 	Group has now been started since these actions were set	31 st December 2023

	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> Report to Talent and Creating a Great Employee Experience Group 	Organisational Development team have created a group and these meetings are continuing to take place	31 st December 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	<ul style="list-style-type: none"> • EDI objectives for Execs and non-execs • Trust board has an acceptable mix of gender but not ethnicity, therefore looking to do shadow boards to allow people to get experience. • Identify gaps in action plan and look at senior vacancies, which agencies used and what areas targeted etc. also ensure that we are not isolating certain groups of people 	<p>Meeting has taken place to agree EDI objectives for Non-exec directors over the next 12 month period</p> <p>Leadership Programme works will reflect shadow experience Head of EDI to work with Chief People Officer and Head of Organisational Development regarding this programme</p> <p>ICB is looking at this as a larger piece of work to consider targeted areas, ensure that isolation of particular groups is not taking place. Chief People Officer, Head or Resourcing, Head of EDI</p>	<p>Effective from 1st April 2024</p> <p>31st December 2024</p> <p>31st December 2024</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> • Need to see more evidence of this happening rather than just verbal communication of people doing it • This needs to be a separate item on the agenda at Trust Board 	Chief People Officer, Trust Chair, Trust Secretary and Head of EDI to encourage this throughout Trust Board Meetings	Ongoing
	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	<ul style="list-style-type: none"> • Working at an ICB level to compare data and triangulate to see trends • Need to look at the strength of our evidence and demonstrate year on year improvements • Concentrate on risk register, look at what has been closed as 	Director of HR and Head of EDI to ensure that matters on risk register are addressed	Ongoing

		evidence. Look at what is pending and how these can be resolved in timely manner		
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