D**EQUALITY DELIVERY SYSTEM 2023 – 2024**

**1 EXECUTIVE SUMMARY**

**This report provides the Board of Directors:**

* A summary of actions from the previous Equality Delivery System (EDS 2022-23)
* Oversight of the EDS Report for 2023-2024
* Actions for 2024, which have been developed using stakeholder feedback.

The purpose of the EDS is to help local NHS systems and organisations to review and improve their performance for people with characteristics protected by the Equality Act (2010). This report evidences EPUT’s implementation of equality, inclusion and wellbeing initiatives and projects throughout the year. This is graded by EPUT stakeholders, both those using our services and from within our workforce. The feedback from engaging with stakeholders informs the actions proposed as part of the action plan in Appendix A and EPUT’s wider equality and inclusion strategy in line with the Public Sector Equality Duty (2010).

We as a Trust have seen an **improved** EDS overall score for EPUT, from **“Developing” to “Achieving”.** Feedback from our stakeholders has been developed into Action Plans for the Trust, which will be part of our wider People and Education Strategy and inform our actions for the NHS EDI Improvement Plan in 2024.

Following approval, this will be submitted to Mid and South Essex (MSE) Integrated Care System (ICS), to develop a wider system plan and published on 29 February 2024.

**2 BACKGROUND**

The Equality Delivery System (EDS) is a tool designed by NHS England to support the NHS in making improvements on equality, diversity, wellbeing and inclusion for the benefit of patients and staff. In addition, it responds to individuals and groups protected by the Equality Act 2010 and supports our organisation in meeting our Public Sector Equality Duties. It focuses on two areas, ‘commissioned’ or ‘provided services’, and workforce health and wellbeing. Whilst this framework is referred to as “EDS2022” based on the last date of revision, this will be referred to as ‘EDS’ in this report to clearly show this report is for our progress in 2023.

Completion of the EDS is a requirement for NHS provider organisations. The EDS is included in the NHS standard contract and organisations use the summary report template (**Appendix A**) to produce and publish a summary of their equality and inclusion implementation. This process involves the collection of evidence since the submission of the previous report on our progress (implementing and embedding equality, inclusion and wellbeing in EPUT). This evidence is then presented to stakeholder volunteers for scoring, and takes place across three domains:

* **Domain One: Commissioned or Provided Services** Led by the Patient Experience Team and graded by patient, carers and volunteers.
* **Domain Two: Workforce Health and Wellbeing** Led by the Employee Experience Team and graded by staff volunteers.
* **Domain Three: Inclusive Leadership** Led by the Employee Experience Team and graded by an independent evaluator, peer reviewer and Trade Union representative.

All three domains are graded as *(from lowest to highest grade with score)* ***Undeveloped (0), Developing (1), Achieving (2)* or *Excelling (3)****.* In our previous report (2022-2023), EPUT was graded as ‘*Developing’ (19/33 overall score) by* stakeholders*.*

The template also contains a summary of the actions agreed from the previous year and the steps taken to complete them, as well as new proposed actions for 2023 – 2024 based on stakeholder feedback from this exercise.

**4 ACTIONS FROM EDS 2022 - 2023**

EPUT successfully completed all actions from the previous EDS report (2022-2023) across the three domains. A full breakdown of each action and activity is available in Appendix A. Below are key highlights:

**Domain One: Commissioned or Provided Services**

* An Accessible Information Standard (AIS) champion has been identified, attending the People Participation Committee and contributing to increasing work streams across the Trust.
* The Patient Experience Team continue to contribute to the Time to Care (TTC) programme. A Co-Production Lead role has been allocated with a reporting responsibility to TTC steering group each month
* “I Want Great Care” (iWGC) reviews continue to increase following creation of iWGC reporting and training manager role; giving patients, families and carers increasing opportunity to reflect on and report whether their health needs have been met.
* Patient Safety Partner role continues to develop in EPUT. Utilisation, purpose and practice of role has increased as has the amount of individuals undertaking the role.
* iWGC reporting and training manager attends each LCP meeting, reporting each month on learnings/ next steps from patient reviews and serious incidents. EDS agenda was built into the “I want Great Care” reporting and training manager role.
* “You said, We did” campaign promotions have been redesigned.

**Domain Two: Workforce Health and Wellbeing**

* BME staff are part of the disciplinary decision process which aims to support a consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.
* Behaviour Framework launched in April 2023, showing EPUT’s commitment to challenging poor behaviour and discrimination whilst encouraging positive behaviours in the trust.
* Implementation of “No Space for Abuse” campaign and debriefing process in DATIX reporting to ensure staff in our frontline services are supported in incidents of discriminatory behaviour and abuse (including racial and disability).
* “You asked, we delivered” campaign aligned to NHS People Promise to promote the positive changes that have been put in place as a response to Staff Survey and Quarterly Pulse Survey scores.

**Domain Three: Inclusive Leadership**

* Introduction of Executive Sponsors for Staff Networks, championing and supporting to drive the agenda of our Staff Equality Networks in the Trust.
* Delivered to Board and Executive engagement sessions highlighting key priorities and encouraging a commitment for EDI to be driven at Board level.
* Developing a digital Equality Impact Assessment within the Trust in collaboration with our Mid and South Essex ICS system partners to ensure this will be an integral part of strategies and new projects.
* EDI Board session, in which Executive Team demonstrated their commitment to the EDI agenda and recognised this as a priority for the Trust and receiving Transformation Team support.

**4 EPUT EDS PERFORMANCE 2023**

Stakeholders grade each domain’s outcome as either “undeveloped”, “developing”, “achieving” or “excelling” based on technical guidance and criteria provided by NHS England. The average score from respondents is then used to calculate a final grade for each outcome and the overall EDS. Following the submission of evidence **(Appendix A)** to the three stakeholder cohorts, each group was encouraged to provide their grading as well as any potential improvements they would like to see within the organisation:

**Domain one *(Commissioned or Provided Services)***was provided by the Patient Experience Team on January 4th 2024 with an online survey.

* Two presentations (one for Urgent Community Response Team and one for the inpatient detox service) were developed with assistance from the Patient Experience Team were sent to patient stakeholders via the Lived Experience Ambassador and the Volunteering mailing lists (Approx. 250 people).
* Once individuals had reviewed both presentations, they were directed to complete an anonymous online survey where they then provided overall grades based on evidence within both presentations.
* **The overall grading for Domain 1 was “achieving”. This presents an improvement for commissioned or provided services in section 1A since 2022.**

**Domain Two (*Workforce Health and Wellbeing*)** was a session provided by the Employee Experience Team on December 5th 2023.

* An all-staff invitation (promoted via intranet and staff networks) invited employees to an online session where evidence for Domain 2 was presented alongside a general update of the EDI achievements for the Trust.
* 71 staff members attended this session and an anonymous online survey was sent to all attendees as well as a copy of the evidence and EDS guidance for scoring. **Stakeholder grading was that EPUT was still seen as “achieving” in Domain 2**

**Domain Three (*Inclusive Leadership*)** was graded independently by two stakeholders; EPUT’s Staff side Chair and an independent adjudicator (Princess Alexandra Hospital’s Head of EDI within learning and organisational development.)

* EPUT’s Equality Advisor facilitated the process, providing feedback for PAH in return as well as providing additional evidence for EPUT’s Staff side Chair to help inform their decision.
* **The grading for domain 3 was “achieving”, an improvement on last year.**
* It is of note that the independent adjudicator provided praise for EPUT’s work and stated that Domains 3A and 3B were close to achieving the excelling grade if improvements continued.

|  **Outcome** | **2022 EDS Grading** | **2023 EDS Grading** |
| --- | --- | --- |
| **Domain 1** | **1A:** Patients (service users) have required levels of access to the service. | Developing (1) | **Achieving** **(2)** |
| **1B**: Individual patients (service users) health needs are met. | Achieving(2) | **Achieving** **(2)** |
| **1C:** When patients (service users) use the service, they are free from harm. | Achieving(2) | **Achieving** **(2)** |
| **1D:** Patients (service users) report positive experiences of the service. | Achieving(2) | **Achieving** **(2)** |
| **Domain 2** | **2A:** When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions. | Achieving(2) | **Achieving** **(2)** |
| **2B:** When at work, staff are free from abuse, harassment, bullying and physical violence from any source. | Achieving(2) | **Achieving** **(2)** |
| **2C:** Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source. | Achieving(2) | **Achieving** **(2)** |
| **2D:** Staff recommend the organisation as a place to work and receive treatment. | Achieving(2) | **Achieving** **(2)** |
| **Domain 3** | **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. | Developing(1) | **Achieving** **(2)** |
| **3B:** Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. | Underdeveloped(1) | **Achieving** **(2)** |
| **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. | Underdeveloped(1) | **Achieving** **(2)** |
| **Overall Grade** | Developing19/33 | **Achieving****22/33** |
| **Scoring Key** *(Further Detail in Appendix A)* |
| **Each Domain:** **Undeveloped (Score 0)****Developing (Score 1)****Achieving (Score 2)****Excelling (Score 3)** | **Overall**Score under 8: **Undeveloped** Score between 8 and 21: **Developing**Score between 22 and 32, **Achieving**Score of 33:**Excelling** |

**6 CONCLUSION**

In conclusion, EPUT has seen an improvement in both Domain 1 and Domain 3 whilst Domain 2 remains consistent. All three of these are encouraging as it shows a positive perception of our services from both an internal perspective within our workforce and an external perspective from our patients and independent adjudicators. **This has also taken us from an overall score of 19 to 22, giving us an improved grade of “achieving”**

It is positive to see a significant improvement in Domain 3. Increased visibility from our leadership team, including Executive Sponsors for Staff Networks and Senior Leaders being guest speakers and opening inclusion events, is having a positive impact on the commitment of inclusive leadership in EPUT.

**8 NEXT STEPS**

The EDS Action Plan has been developed based on these scores and stakeholder feedback when asked, *“What improvements would you like to see in EPUT*?”

These will also influence our wider EDI, Health Inequalities and Wellbeing work within the Trust in 2024-25 and Action Plans in the reporting template (Appendix A). Summaries of key findings from this feedback have been provided below:

**Domain 1 – EPUT Service User feedback:**

* Availability of services and access information need to be made more visible to general public
* Care plans should be regularly reviewed to ensure needs are consistently being met.

**Domain 2 – EPUT Staff Stakeholder feedback:**

* Little evidence of support for staff health (in particular physical health such as obesity or asthma) in the workplace. Interventions or support for physical and mental health needs to be sought out independently by staff affected, which can be difficult for those experiencing it.
* Disability support needs a fairer provision across services (*reasonable adjustments, access to work*), as it can feel dependent on a person’s manager or team.
* Improved training for managers required, with requests for subjects such as racial bias for recruiting managers, accommodating staff with disabilities, and how managers can actively foster inclusion and staff wellbeing in their teams.
* Interventions for staff experiencing discriminatory behaviour and/or verbal and physical aggression is positive, but stakeholders feel this is just the beginning and that more is required to feel supported in the workplace.
* The Trust needs to be clearer on the consequences for staff exhibiting this behaviour.

**Domain 3 – Independent Adjudicator feedback (EDI Lead from Princess Alexandra Hospital and EPUT’s Staff side Chair):**

* EPUT is working hard to embed EDI principles into everyday leadership and this is supported by the demonstrable commitment of board leaders to make improvements.
* The Trust could move to an Excelling grade in future if they are able to evidence more work addressing Health Inequalities in the local community.
* An impressive level of EDI and Wellbeing events marked by the Trust.
* BME staff risk assessments should still be taking place as part of the EDS was in reaction to COVID guidance.
* The Trust has a good structure in place to report on EDI matters. EPUT has made great strides in this area.
* There is evidence of levers in place to manage performance and monitor progress, particularly through the Equality and Inclusion Committee and the examination and actions arising from WRES, WDES, EDS and Pay Gap reporting. These reports are of a high quality.

**9 ACTION REQUIRED**

The Board of Directors are required to:

* Review the EDS Template for 2023 – 2024. This Paper has already been approved by the Chair by delegated authority as part of Mid and South Essex Integrated Care System overall EDS submission (published by 29 February 2024).

**Report prepared by:**

**Lorraine Hammond**

**Director of Employee Experience**

On behalf of:

**Marcus Riddell**

**(Interim) Chief People Officer**

## APPENDIX A: NHS Equality Delivery System (EDS) Template for Submission.

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| --- | --- | --- |
| **EDS Lead**  | **Lorraine Hammond (Director of Employee Experience)** | **At what level has this been completed?** |
|  | **List organisations** |
| **EDS engagement date(s)** | * **Domain 1)** Patient and Carer Stakeholder Session held on Friday 12th January 2024
* **(Domain 2)** Staff Stakeholder Session held on Monday 5th December 2023
* **(Domain 3)** Representatives graded digitally on w/c Monday 8th January 2024
 | **Individual organisation**  | After completion by EPUT, this will be shared with [Mid and South Essex Integrated Care System](https://www.midandsouthessex.ics.nhs.uk/about/who-we-are/whos-involved/) to incorporate into their wider EDS. |
| **Partnership\* (two or more organisations)** | This data will be submitted to MSE ICS for collation into a regional version incorporating submissions from collaborative partners.  |
| **Integrated Care System-wide\*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date completed** | 17/01/2024 | **Month and year published**  | 29th February 2024  |
| **Date authorised**  | TBC | **Revision date** | October 2024 |

| **Completed actions from previous year (2022 - 2023)** |
| --- |
| **1A: Patients (service users) have required levels of access to the service**1. *Continue to promote Accessible Information Standard (AIS) in EPUT.*
2. *Feature AIS as part of EPUT Patient Experience training to support access.*
* Accessible Information Standard has been built in to Welcome pack inpatient ward blueprint templates
* AIS champion identified among pool of LEA’s. Champion attends People Participation Committee ensuring AIS is standing agenda item on PPC. AIS is being utilised in increasing work streams including the neurodiversity network and coproduction champion network.
* iWGC reporting and training manager working with information governance and systems team to understand how patient management systems preference for communication can be included on standard letter templates for the Trust.
* As actions throughout the past year have developed, a single patient experience training was considered, however it was felt that a more appropriate action for awareness was to create a Trust wide Lived Experience practice framework. This is in development and will help structure advice and guidance from the Quality of Care strategy; of which one of the three core components is Experience. AIS is included within Lived Experience Practice framework. This will ensure that AIS is utilised as part of the entire delivery of lived experience within the trust

**1B: Individual patients (service users) health needs are met**1. *Support and contribute in the implementation of “Time to Care” program (both EDI and Patient Experience Teams)*
* The Patient Experience Team continue to support contribute to the Time to Care (TTC) programme. A Co-Production Lead role has been allocated with a shared reporting responsibility on status and benefits of lived experience to the organisational steering group.
* TTC coproduction lead has created involvement group made up of people with Lived Experience. Members of the involvement group have visited wards to ask patients original baseline TTC questions including ideas to improve patient care in services and recognising protected characteristics in patient care
* Coproduction lead has been working closely with the Director of Nursing, Infection prevention and control to ensure that themes and trends from involvement group such as staff development and retention is built into Quality of Care strategy.
* iWGC reviews continue to increase following creation of iWGC reporting and training manager role; giving patients, families and carers increasing opportunity to report whether their health needs have been met.
* TTC coproduction lead has been working with freedom to speak up guardian to understand barriers in raising issues
* TTC coproduction lead is currently receiving Peer Support Worker training and has contributed to discussions and rating of need of new roles within EPUT.

**1C: When patients (service users) use the service, they are free from harm**1. *Share learnings / next steps taken from serious incidents with patients, families and carers.*
* Patient Safety Partner role continues to develop in EPUT. Utilisation, purpose and practice of role has increased as has the amount of individuals undertaking the role.
* Patient Experience Team now provide quarterly reports to each care unit, reporting on lessons identified, best practice and themes and trends from any incidences of harm.
* iWGC reporting and training manager attends each LCP meeting, reporting each month on learning/ next steps from serious incidents and iWGC reviews.
* Amount of managers signed up to the iWGC reporting interface has significantly increased. This allows managers to be notified when concerns are raised regarding their service; allowing for quicker identification of patient issues with care to enable improvements to be made.
* iWGC reporting and training manager has also attended care opinion training to understand the best way to respond to patient/family and carer reviews. Next steps and learnings are publically shared in response to reviews.
* EDS agenda was built into the “I want Great Care” reporting and training manager role

**1D: Patients (service users) report positive experiences of the service**2022 Actions1. *Share themes and trends from data with patients, carers and family through “you said we did” promotions.*
* “You said, We did” promotions have been redesigned to ensure examples of best practice that have been identified are shared and can be replicated. Patient Experience team reviewing “You said, We did” submissions with lived experience ambassadors to ensure truly meaningful submissions. For example, “you said inpatient ward food is not up to standard” “we included lived experience ambassadors in the food tasting and assessments of acquiring a new meals contract”
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| **2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions** 1. *Utilise wellbeing feedback to review Trust resources, identify gaps and encourage promotion of existing offer.*
* Feedback from staff through surveys and qualitative data is being reviewed to improve the wellbeing offer to staff. This will include a wellbeing roadshow where we can engage with staff across the Trust on wellbeing topics that matter to them. There is a well-developed Health and Wellbeing Toolkit available to both managers and staff, which signposts colleagues to resources and support. The toolkit is aligned to the seven domains of the NHS England Health and Wellbeing Framework.
* Mental health support is available in the forms of support available via Here for You, Help Employee Assistance Programme and Acceptance and Commitment Therapy (ACT) training and Mental Health First Aid trainers.
* Support managing obesity is available through the digital weight management programme, where NHS staff can register and sign up via a self-referral site. The toolkit also includes the Better Health NHS resource, which guides colleagues towards increasing activity and healthy lifestyle choices.
* Menopause / Andropause support sessions available through collaborative work with MSE ICS.

**2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source** 1. *Continue anti-bullying and harassment work alongside our Violence and Abuse Prevention and Reduction (VAPR) team.*
2. *Embed the ‘Just Culture - Civility and Respect’ principles across the Trust.*
3. *Implement the Anti-Racist Strategy (ARS) and principles across the Trust.*
* Below is an account of our proactive approach we have taken based on staff feedback from 2022 stakeholder sessions as well as Workforce Race Equality Standard results and our commitment to the East of England Anti-Racism Strategy:
	+ Implemented a *“No Space for Abuse”* campaign, in collaboration with Essex Police, which included posters, live briefings, newsletters, attending meetings and hosting workshops for staff across the Trust to improve the culture in our working environment. We have continued throughout this year to support staff by encouraging them to challenge and report discriminatory behaviour.
	+ EPUT signed up to the Unison Anti-Racism Charter and have fulfilled 95% of the pledges, which include reviewing recruitment processes to identify racial bias. –We have launched the De-Bias Recruitment Toolkit which supports hiring managers and our recruitment team to recruit more inclusively
	+ EPUT has implemented a *Just Culture*, which aims to create a consistent culture across the organisation with justice and compassion at its heart. It also encourage staff psychological safety in raising concerns and ensuring that Employee Relations disciplinary investigations are fair and inclusive. Inclusion Ambassadors review anonymised accounts of recommendations of disciplinary for staff from Black, Asian or minority ethnicity (BME) communities to ensure that this investigation is fair and inclusive. This is known as the disciplinary decision making tool.
* EPUT has launched a Behavioural Framework in April 2023, which outlines the expected behaviours from staff within the Trust speaking up against racial abuse and other forms of discrimination. This is also reflected in our training and People and Education Strategy. The Organisation Development Team, with the support of the Employee Experience Team, have been working to promote this across the Trust through away days and other channels, and there is activity planned to embed it further. We will be introducing a Leadership Behaviour Toolkit which aims to support leaders across the Trust with the skills to create an inclusive culture where trust and conflict management are resolved locally
* Behaviour Framework and inclusive behaviours is now part of our Leadership and Management Development Programmes, educating staff on how to challenge discriminatory behaviour, bullying, harassment and abuse.

**2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source**1. *Ensure that racial incidents reported via DATIX system lead to a debrief and wellbeing check from line manager or supervisor.*
2. *Analyse this ongoing data for trends to identify and address hotspot areas.*
* Our Employee Safety Programme Lead and Violence Abuse Prevention and Reduction Team continue to embed the ‘debrief process’ and have supported staff that have been impacted by behaviours from patients, such as abuse, racial abuse and violence, support includes facilitating reporting incidents to the police as well as supporting managers to debrief the staff who raise this via DATIX.
* Employee Experience Team and HR Business Partners are increasing their visibility and are available when discrimination or wellbeing concerns are raised.
* Principal Freedom to Speak up Guardian hosted “Speak Up, Listen Up, Follow Up – Freedom to Speak up Month” in October, which included facilitating listening events for managers to help remove barriers in reporting incidents. Managers were encouraged to discuss with their staff during handover or during supervision sessions speaking up and the barriers to doing so. Further events were held during November and December to discuss the barriers to listening up and following up.
* Guidance and support is provided as part of EPUT induction process, on how to address bullying, harassment, abuse or discriminatory behaviour from patients, carers and staff, how to report it and how to receive support.
* EPUT EDI Training Hub contains multiple resources accessible by staff, signposting them to wellbeing and support in the Trust as well as promoting inclusive behaviours.

**2D: Staff recommend the organisation as a place to work and receive treatment**1. *Continue “You Asked, We Listened” campaign, showing Staff Survey feedback and EPUT responses / projects developed based on this feedback.*
2. *Publish National Quarterly Pulse Survey data and share with staff.*
* Throughout 2023, EPUT’s Staff Engagement Team have regularly shared staff survey scores, our *“You asked, we Delivered”* campaign, aligned to NHS People Promise and regularly presented through Trust communications on topics including “raising concerns”, “inclusive working environment” and “wellbeing”.
* Pulse survey and Staff Survey data available and shared with EPUT staff, available on staff intranet.
* As part of 2022 Staff Survey, staff were asked if they would recommend the organisation as a place to work (Q23c). 62.4% selected Agree or Strongly Agree. When asked if they would recommend the organisation as a place to receive treatment (Q23d). 57.5% selected Agree or Strongly Agree.
 |
| **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**Actions1. *Implement Executive Team sponsors for Staff Equality Networks, to ensure they are working close with EDI projects and demonstrating commitment and support.*
2. *Increase promotion of EDI actions from Board and system leaders, sharing progress and successes in 2023, facilitated by the Communications Team.*
* Executive Sponsors were introduced for EPUT Staff Networks within the Trust to support the Chairs, be an ally challenging any misinformation and proactively raise awareness of the network
	+ EMREN Network – *Paul Scott (Chief Executive Officer) and Zephan Trent (Executive Director of Strategy, Transformation and Digital)*
	+ Disability and Mental Health Network – *Alex Green (Executive Chief Operating Officer) and Trevor Smith (Executive Chief Finance Officer)*
	+ Gender Equality Network – *Nigel Leonard (Executive Director of Corporate Governance ＆ Strategy)*
	+ Faith and Spirituality – *Milind Karale (Executive Medical Director)*
	+ *LGBTQ+ - TBC*
* Executive Sponsors work together with Staff Networks and are guest speakers at Trust EDI events and regularly provide statements to show support.
* The Director of Employee Experience is the Senior Responsible Officer (SRO) for Inclusion in both Mid and South Essex and Hertfordshire and West Essex Integrated Care Systems and sits on the People Board promoting ED&I issues, initiatives and updates on progress as well as hosting ED&I related events.
* SRO Led an ED&I Board Seminar session where the Board pledged their commitment to driving the EDI agenda. The Transformation Team will support with the delivery and implementation through programme support.
* The Communications Team have designated an EDI communications lead for promoting projects and facilitating events developed by our Staff Networks, including Black History Month, South Asian Heritage Month, LGBTQ+ Pride Month, LGBT History Month and Disability History Month, as well as smaller events throughout the year including transgender day of remembrance and International day of Disabled Persons.

**3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed**Actions1. *Organisational Executive Leaders to have EDI objectives in annual appraisal.*
2. *Review Board Papers to ensure clearance process for board papers has includes a point for inequalities to be considered and amendments made as required*
* As part of NHS EDI Improvement Plan, Director of Employee Experience is supporting the Executive Team to develop their EDI objectives for which will be in place by 31 March 2024.
* WRES, WDES, PSED and EDS Action Plans all submitted to the Executive Team and People Equality and Culture Committee for approval and assurance.
* Equality and Inclusion discussion has been part of the recorded minutes of all six Public Board of Directors meeting papers in 2022 – 2023, with

“*Reflection on equalities as a result of decisions and discussions”* being part of the agenda on all papers. **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**1. *Equality Impact Assessment process to be reviewed and implemented to ensure easy access and completion by staff, and to ensure that board papers for approval contain EIA’s when required.*
2. EDI to be part of EPUT’s Accountability Framework.
* Equality Impact Assessments, as part of our Equality, Inclusion and Human Rights policy and procedure, have been reviewed, and will be revised in early 2024.
* Recommendation for EDI metrics to be included as part of EPUT’s Accountability Framework, with bi-monthly reporting into the Board Assurance Framework (BAF)
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| **Domain** | **Outcome** | **Evidence**  | **Rating** | **Owner** |
| --- | --- | --- | --- | --- |
| ***Domain 1: Commissioned or provided services*** | 1A: Patients (service users) have required levels of access to the service | * Multiple pathways of access into the Urgent Community Response Team (UCRT)
* UCRT accepts referrals from GP’S, ACP’s, ECP’s, carers, ambulance service, and care line.
* UCRT have criteria, if an individual meets criteria for admission avoidance they will be accepted for a visit by one of our registered nurses or Occupational therapist within 2 hours of the referral.
* Topaz Ward is a ground floor, flat surface ward, with accessible parking available for those who require access. Access from the main entrance to all required parts of The Crystal Centre are wheelchair friendly, including Topaz Ward. All bedrooms have en-suite bathrooms, and the ward is wheelchair friendly throughout, including the garden areas. All patients are assessed for referral to physiotherapy upon admission, which includes a falls risk assessment and care plan, to ensure immediate safety on the ward.
* Topaz ward has a swing bed used for non-binary and transitioning patients.
* The detox service team assesses every referral received. A link pathway with the Gastroenterology Consultant from Broomfield was created when the service opened May 2022, to ensure those with high markers / co-morbidities were discussed and treatment plans formulated, to ensure all those needing a detox could access treatment. Service has links with the local DASS teams, women’s refuge services and all psychosocial services, which improves/increases routes of access from admission to discharge.
* The detox service uses NDTMS (National Drug Treatment Monitoring System) to ensure ethnicity is captured upon referral. This is presented to EOE commissioners, themes, and trends relating to ethnicity and access is ongoing.
* The detox service has a rotation rota formulated for Junior Doctors to assist in commissioning Equality and Diversity within the detox service. This ensures EDI is always on the agenda for staff.
* The detox service routinely carry out Q&A meetings, where referring services across the EoE can attend and ask questions about the service, regardless of whether there are pending referrals/admissions or pre-admission assessments within their teams This allows any individual concerns around access to be picked up by the team, even prior to referral or post discharge.
* A webpage has been created which is accessed via public domains. This gives anyone who wishes to view an outlay of the service, including previous service users, members of the detox and Topaz Ward team, and a video showing the ward environment. This improves and publicises information on access.
 | 2 | **Amy Poole** (Patient Experience Manager) |
| 1B: Individual patients (service users) health needs are met | * The UCRT treats patients with acute infection, falls, reduced mobility, urinary retention. If a patient is deemed stable and safe to stay at home on point of triage, they will be assessed by the team to reduce hospital admission but ensure they are still in receipt of care.
* A full holistic assessment conducted by the visiting health professional who will complete referrals if required. Referrals include: Tissue viability, care co-ordination service, social services, care agencies, respiratory team and virtual frailty service.
* Blood tests taken and results are available within two hours to identify treatment. If medication is required, there are nurses can prescribe and initiate treatment the same day. There are extensive clinical governance structures in place to ensure patients’ health needs are met: include monitoring Serious Incidents for any themes and trends related to Equality and Diversity, action planning, key learning, compliments and achievements and discussing culture of learning.
* Detox service monitors health needs right from point of referral to discharge. Considering physical health prior to admission, viewing bloods and any other physical health needs
* The detox service liaises with an individual’s care co-ordinators, GP service, CMHT, social workers and any other services to ensure that health needs are understood and shared. The service works collaboratively with the Gastroenterology service at Broomfield, arranging assessment and scans.
* Specialised care plans to ensure patient is fully supported with any identified health needs.
* A doctor and specialized detox nurses assess all patients on the day of admission where repeat bloods, ECG, full physical health assessment and capacity is assessed. From here, the detox team create specialized care plans to meet the patients’ needs and refer to individual services where the need arises.
* Physical observations are completed daily, alongside CIWA and COWS scoring prior to morning medication and throughout the day, to ensure any withdrawals are identified and actioned accordingly. MUST and water flow are completed upon admission, and weekly thereafter; all to ensure individual needs are consistently monitored and met.
* Upon discharge, Topaz patients complete an IWGC questionnaire, via paper copy or electronically to identify any needs that were not met, allowing us to reflect and improve the service.
* The detox team also follows the 24-hour follow up call as per trust policy, alongside follow up with the patients care co.
* Patients are followed post discharge via the SHARPS community rehabilitation program, which considers how well the patients health needs were met by the service.
 | 2 | **Amy Poole** (Patient Experience Manager) |
| 1C: When patients (service users) use the service, they are free from harm | * New DATIX field to capture incidents of racism, ableism, homophobia and any other kind of discriminatory abuse or behaviour. Sharing of learning when harm has occurred.
* The holistic assessment utilised in the UCRT ensures that if an individual is too unwell to remain at home, hospital admission will be arranged. If care needs are identified the UCRT team organise an urgent care package. On occasion where a hospital admission cannot be arranged the UCRT work with patients to arrange a family member, friend or carer to stay with the individual until hospital admission can be fulfilled.
* Patient Safety Partners are working within EPUT to support and contribute to EPUT’s governance and management processes for patient safety. It is the role of Patient Safety Partners to communicate rational and objective feedback focused on ensuring that Patient Safety is maintained and improved with EPUT as part of the *Safety First, Safety Always* initiative.
* Serious Incidents and reports of harm are routinely monitored by Essex STaRS data analyst, the detox service manager and Essex County Council commissioners to identify any themes or trends.
* The ward ensures patients are free from harm by way of sexual safety care planning, single sex corridors, ongoing supportive and engagement observations, weekly physical health monitoring and use of Oxyhealth (upon consent).
* Patients are reviewed weekly by the detox consultant and daily by detox Doctors.
* There are clinical governance structures in place to protect the safety of patients for both the detox service and Topaz Ward as a whole. From this, the team reviews ongoing culture of learning, undertakes action planning, key learning, lessons learnt and review compliments and achievements within the service.
* Detox service has weekly referrals and service overview meetings to review and discuss all new referrals, patients that are awaiting pre-admission assessment and admissions, and those that we are awaiting additional information from to ensure a safe detox for an individual.
* The detox service operates Q&A sessions monthly inviting referrers, care co-ordinators and commissioning services to discuss any areas of concern.
* The detox service formulates relationships with partner organisations, families, friends and carers to ensure a smooth and safe transition from the ward back into the community. Psychosocial work will need to be evidenced prior to admission and reaffirmed post discharge to minimize risk of relapse..
* The detox service welcomes patient safety “walk around” to promote change.
 | 2 | **Amy Poole** (Patient Experience Manager) |
| 1D: Patients (service users) report positive experiences of the service | * The iWGC reporting and training manager within the patient experience team is doing some targeted work with the UCRT to increase their review responses. Unfortunately, the UCRT have not had any reviews since the implementation of iWGC. Therefore, there is no evidence to present to demonstrate positive nor negative experience from the UCRT.
* Patients are encouraged to complete IWGC (I Want Great Care) forms during and post admission to ensure that all feedback is obtained about the detox service and Topaz Ward as a whole. The platform is accessible in different languages and is presented through varying methods depending on what may be most suitable to the patient demographic.
* All feedback is discussed within the Clinical Governance meetings encouraging transparency and learning.
* On Topaz Ward, all patients are given PALS information, ‘Your sexual safety on the ward’, ‘your rights as an informal patient’ and ‘Welcome to inpatient services’ leaflets upon admission as part of their admission pack. In addition, they are given the option to be added to NDTMS data, ‘My care, My recovery’ booklet and a ‘Welcome to Topaz’ letter. This outlines the organisational vision – Working to improve lives. Patients are frequently reminded from this that any feedback is welcome.
* Multiple compliments via DATIX have been completed for Topaz Ward including receipt of cards and positive verbal feedback that have been received by patients upon discharge.
* Every individual with connection/interest in EPUT can attend the EPUT forum, which is held once a quarter by the Patient Experience and Volunteers team as an opportunity to ask people and communities what matters most to them and where “citizens” feel EPUT should be targeting their energy. This gives all patients the opportunity to provide feedback on their experiences of care.
* On average, the detox service scores 4.5 out of 5 for patient experience.
 | 2 | **Amy Poole** (Patient Experience Manager) |
| **Domain 1: Commissioned or provided services overall rating** | **8** |  |

| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner** |
| --- | --- | --- | --- | --- |
| ***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 | * The Health and Wellbeing Toolkit for Managers and Staff was updated in 2023, and aligns to the seven domains of the NHS England Health and Wellbeing Framework.
* EPUT provides support for staff through our Employee Assistance Program (provided by Optima Health). This provides confidential and free support to improve wellness and wellbeing, providing guidance and support for mental and physical conditions.
* EPUT staff intranet pages have many health and wellbeing pages with links and resources. These include manager support, physical activity, sleep, healthy eating, staying hydrated, stopping smoking, alcohol and drugs, resilience, mindfulness, finance and much more.
* Wellbeing Resources have been designed to support staff in their own wellbeing are available, with examples including the Sleep School app and website resources, and Cycle to Work Scheme.
* Optima Health provides access to our Optimise website, which is a resource available to all EPUT staff supporting them with a healthy lifestyle
* Access to Fast-Track Physio, via Optima Health, provides support for physical conditions requiring physiotherapy.
* “ACT for You” workshops teach staff Acceptance and Commitment Therapy training techniques. This teaches participants skills to support psychological flexibility and resilience.
* Wellbeing is embedded into staff appraisals and supervision process, with sign posting to the psychological support service available in the Trust (*Here for You*).
* Reasonable Adjustments Passports are available for all staff in EPUT, with a no-diagnosis model to ensure adjustments can be implemented quickly.
* There are several trained Mental Health First Aiders across the Trust. Wellbeing leads are in the early stages of implementing a robust MHFA approach which supports staff in addition to other psychological support available (*Here for You*)
* Access-to-Work Support is available to individuals who are experiencing difficulties at work due to depression, anxiety, stress and/or other mental health conditions. With trained professionals able to support employees in resuming their role.
* Implementation of a specific function to capture staff demographic data on our electronic staff record (ESR) to encourage disclosure and to update data of any changes.
 | 2 | **Lorraine Hammond**, (Director of Employee Experience) |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | * EPUT has seen a decrease in Workforce Race Equality Standard indicators 5, 6 and 8, actions relative to Bullying and Harassment which is encouraging, however there is still a disparity when comparing the experiences of BME staff to their white counterparts or the experience scores of BME staff to the national average and continues to be a priority for the Trust to improve further (Staff Survey 2022).
* Whilst we have seen a decrease in staff with disabilities and long term conditions experiencing harassment, bullying or abuse from service users, relatives and members of the public on the WDES, there are still disparities when comparing bullying and harassment scores to their non-disabled counterparts or to the national average (Staff Survey 2022)
* ‘No Space for Abuse’ program in collaboration with Essex Police, encouraging responsibility to challenge racism and discriminatory behaviour.
* Implementation of new DATIX systems to capture incidents of racial abuse or discrimination, which triggers a debriefing process from the manager to ensure employee wellbeing. Each incident reviewed to establish what has occurred, what support has been provided and whether there are any opportunities identified to reduce the likelihood of incidents occurring in the future
* Monthly reports is sent to all of the operational directors, detailing the number of incidents of racial abuse that have been recorded, the location of the incident, together with whether a debrief was completed. The report also provides updates on what the Trust are doing to encourage reporting, upskill staff to complete debriefs as well as problem solve. This data is also included in the accountability framework.
 | 2 | **Lorraine Hammond,** (Director of Employee Experience) |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | * Wellbeing is embedded into staff appraisals and supervision, with a dedicated psychological support service available in the Trust for staff that provides confidential support. (Here for You).
* Implementation of new DATIX systems to capture incidents of racial abuse or discrimination, which triggers a debriefing process from the manager to ensure employee wellbeing. Each incident reviewed to establish what support has been provided.
* Support resources offered to all staff members who report an incident of discriminatory behaviour, bullying or abuse, and this is provided to managers to ensure this is shared with the team.
* Colleague Safety Consultant, VAPR Team, Employee Experience Managers, HR Business Partners and Equality Advisor can contact those who have reported racism and discriminatory behaviour via DATIX; these teams work collaboratively and offer direct support and signposting as well as wellbeing resources.
 | 2 | **Lorraine Hammond,** (Director of Employee Experience) |
| 2D: Staff recommend the organisation as a place to work and receive treatment | * The 2022 NHS Staff Survey showed that **62.4%** of staff who would recommend the organisation as a place to work (Q23c). This is a 1.0% fall from 2021, and 5.4% lower than the 2020 high of **67.8%.** EPUT score 0.4% worse than the average score of **62.8%** in our benchmarking group of 51 similar organisations.
* Staff recommending the care provided by EPUT to a friend or relative (Q23d) fell by 4.6% from 2021, to **57.5%** of staff agreeing or strongly agreeing to this question. This is 11.1% lower than the previous 2020 score of 68.6%. It should be noted that this score has also fallen in the benchmark group over the past two surveys, but the 2022 survey saw EPUT perform 6.1% worse than the average in our benchmark group (63.6%). National Quarterly Pulse Survey (NQPS) responses for this question have also performed poorly, with the question ranking as the Trust’s lowest performing question from nine included in the NQPS.
 | 2 | **Lorraine Hammond,** (Director of Employee Experience) |
| **Domain 2: Workforce health and well-being rating** | **8** |  |

| **Domain** | **Outcome** | **Evidence**  | **Rating** | **Owner** |
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| ***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 | * Executive team are responsible for the delivery and implementation of the six High Impact Actions within the NHS EDI Improvement Plan. Executive Directors are developing their EDI objectives and will be completed by 31 March 2024.
* Senior Leaders in the organisation regularly promote inclusion awareness campaigns via Live Staff Update, which is available to all EPUT staff as well as within their directorate meetings.
* EPUT has hosted 69 events with an EDI focus in its Communications Calendar in 2023, with many being supported by the Executive Team. These include *Black History Month, LGBTQ+ Pride Month and Disability History Month and the Debias Recruitment Toolkit workshop.*
* Bi-Monthly Staff Engagement Champions sessions in Trust have *“The Grill”,* where Executive Team leaders discuss topical updates on EDI / Staff Wellbeing.
* Executive Team are sponsors for staff networks, championing and promoting their work, supporting the Chairs to facilitate discussion within the network as well as attend events.
 | 2 | **Lorraine Hammond,** (Director of Employee Experience) |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | * The Trust Board approves statutory reporting for the Workforce Race and Disability Equality Standards, Gender Pay Gap, Public Sector Equality Duty as well as the Equality Delivery System. Regular EDI updates are reported to the Executive Team and the People, Equality and Culture Committee (PECC) for assurance.
* Equality and Inclusion Committee provide assurance to the Executive Team and PECC on the impact of equality and health inequalities related topics, risks and planned activity to address challenges identified.
* Board Assurance Framework (BAF) for the Trust has a focus on Addressing Inequalities and Risk Register is monitored to make sure that we as a Trust implement and progress improvements.
* All six sets of minutes from the *Public Board of Directors* meetings (January 2023 – September 2023) contain a section on *“reflection on equalities as a result of decisions and discussions”.* Where health and organisational inequalities are noted and discussed. This public meeting includes Trust Board and reviews the updates for the BAF and PECC.
 | 2 | **Lorraine Hammond,** (Director of Employee Experience) |
| 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 | * NHS EDI Improvement Plan High Impact Actions are aligned to the WRES and WDES Action Plans. A programme of delivery has been developed to ensure that activity is monitored and delivered on time.
* The Equality Diversity and Inclusion Strategy 2022 - 2025 clearly outlines the priorities and includes key performance indicators which are aligned to the WRES/WDES and NHS England EDI Improvement Plan. Progress managed through ED&I Committee and the NHSE EDI Programme Planner.
* Executive Director Sponsors have joined Staff Equality Networks in February 2023, providing support to Network Chairs and acting as champion for the Network.
* Employee Experience Managers will be working closely with EPUT’s Peer Support Group, staff members with lived experience of receiving treatment on a mental health unit who provide one-to-one and group support to patients at the Linden centre) to strengthen the relationship in our services between staff and patients,
* WDES, WRES, GPG and PSED as well as the EDS are reviewed and discussed by senior leadership within the organisation.
* CQC Action Plan overseen by Executive Board, and includes recommendations for EDI progression within EPUT.
* CQC Action Plan developed to ensure that abuse is reported, and action taken, including incidents of racial abuse to staff. Interventions include DATIX debriefing process for discriminatory incidents. Monthly reports are sent to all of the operational directors, detailing the number of incidents of racial abuse that have been recorded, the location of the incident, together with whether a debrief was completed. The report also provides updates on what the Trust are doing to encourage reporting and ensure managers are supported.
 | 2 | **Lorraine Hammond,** (Director of Employee Experience) |
| **Domain 3: Inclusive leadership overall rating** | **6** |  |

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| **Third-party involvement in Domain 3 rating and review** |
| **Trade Union Rep(s):** Oladipo Ogdenbe, EPUT staff side Chair | **Independent Evaluator(s)/Peer Reviewer(s):** Monika Kalyan, Princess Alexandra Hospital (monika.kalyan2@nhs.net) |

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| **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** |

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| **Domain 1: Commissioned or provided services overall rating** | **8** |
| **Domain 2: Workforce health and well-being overall rating** | **8** |
| **Domain 3: Inclusive leadership overall rating** | **6** |
| EDS Organisation Rating (overall rating): **Achieving 22/33** |
| Organisation name(s): **Essex Partnership University NHS Foundation Trust (EPUT)** |
| * Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
* Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
* Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
* Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**
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| **EDS Action Plan** |
| **EDS Lead** | **Year(s) active** |
| Lorraine Hammond (Director of Employee Experience) (epunft.equality@nhs.net) | EDS2 2019 to present |
| **EDS Sponsor** | **Authorisation date** |
| Marcus Riddell: Interim Chief People Officer | February 15th 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 | Ensure information on what services are available, in which localities, and how to refer into them is publically and easily available. | * Include availability and referral information into communications and marketing plan 2024
* Obtain information from care unit Quality and Safety meetings on how individuals refer into services
* iWGC reporting and training manager to understand point of access and referral systems into services. Infographics to be designed from this where appropriate.
 | **October 2024**  |
| **1B:** Individual patients (service users) health needs are met | Ensure patient needs are consistently being assessed/reviewed with patient, carers and family members to allow for any changes or updates. | * Work with AD of Transformation to ensure/understand when review intervals are built into/happen within new proposed care plans. This will ensure patient need is consistently being revisited and updated accordingly.
 | **October 2024** |
| **1C:** When patients (service users) use the service, they are free from harm | Increase scope and utilisation of Patient Safety Partner role across organisation  | * Increase ward/site visits diarised for PSPs
* Include PSPs on care unit Quality and Safety care unit meetings
* Work with Colleague Safety Consultant to understand themes and trends related to safety reported on DATIX.
* Patient Experience Team to attend PSP meetings to build suitable actions from themes and trends off DATIX is built into overall delivery plan for PSP’s
 | **October 2024** |
| **1D:** Patients (service users) report positive experiences of the service | Ensure every service within EPUT is using iWGC as the recognised patient feedback service. | * iWGC reporting and training manager to gather information on every service that is not using iWGC and complete targeted interventions to upskill and train staff on utilising iWGC at every opportunity.
 | **October 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 | Improve wellbeing and health support to EPUT staff members, promoting a healthy workforce in collaboration with Voluntary, Community and Social Enterprise services. | * Health and wellbeing monitored as part of staff appraisal process.
* Equip managers with the information and tools they need to support staff who have long-term health conditions.
* Promote initiatives, which improve work-life balance, healthy lifestyles and exercise.
* Ensure managers are aware of how to signpost EPUT staff to national and VSCE support.
* Ensure Disability and Mental Health Network are involved in reviewing *Reasonable Adjustments* and *Access to Work* assessments, and ways these can be developed further.
 | **August 2024** |
| **2B:** When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | **NHS EDI Improvement Plan:** **High Impact Action 6:** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.​ | * Reduction of bullying and harassment within the Trust will be an objective of the Executive Team.
* Review and improve action taken against those who abuse, harass or bully other members of staff.
* Ensure staff are aware of routes they can take to raise concerns and report incidents.
* Encourage staff members with protected characteristics to report verbal and physical abuse from patients.
* Where appropriate, staff should feel able to challenge and take the appropriate action to reduce future incidents of antisocial behaviour.
* Review support provided to those from protected characteristic groups to sure it is effective.
* Employee Experience Team to work collaboratively with the Peer Support Team and Patient Lived Experience Ambassador to identify opportunities to reduce, challenge and manage incidents of abuse. This will include creating visual deterrents, pledges and behaviour contracts.
 | **HIA6: March 2024****All Actions:** **October 2024** |
| **2C:** Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | **NHS EDI Improvement Plan High Impact Action 6:** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.​Review support available for addressing poor staff wellbeing, anti-social or discriminatory behaviour. With clear access to independent support  | * Ensure Freedom to Speak-Up is accessible to all staff.
* Staff Networks are staff led, funded and provided with protected time for Network Chairs, allowing them to work independently.
* Ensure that staff are aware of how to access the Employee Assistance Programme, Here for You, and other forms of independent psychological support.
 | **HIA6: March 2024****All Actions:** **October 2024** |
| **2D**: Staff recommend the organisation as a place to work and receive treatment | Improve on previous survey scores of staff choosing to access local services for treatment, recommending them and recommending the organisation as a place to work. This would allow EPUT to achieve an Excelling grade in 2024.  | * Develop an end-to-end employee lifecycle and career pathway map which visualises the employment journey whilst working at EPUT
* Evidence a staff retention plan in 2024, using data from the experience of staff throughout the entire employee lifecycle.
* As part of the retention plan, collate the experiences of BME, LGBTQ+ and Disabled Staff and compare with the experience of counterparts.
* Raise staff awareness of initiatives to improve patient care and perception of treatment within the Trust *(such as Time to Care or actions addressing Health Inequalities in local communities)*
 | **January 2025** |

| **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 | **NHS EDI Improvement Plan High Impact Action 1:** Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.Embed equality and health inequalities into Board and Committee Meetings.  | * Review Network sponsorship to ensure each one has an executive sponsor. All Senior Leaders will sponsor events and celebrations.
* Ensure Executive Board members have specific and measurable EDI objectives in place by March 2024 (NHS England - HIA 1).
* Build upon EDI learning offer for L50 and Management Development Programme to foster inclusive culture behaviour in line with EPUT’s behavioural framework.
 | **EDI HIA 1: March 2024****All Actions:****August 2024** |
| **3B:** Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Ensure EIA’s are completed for all projects and polities (where appropriate). | * Evidence equality and health inequalities in organisational business plans.
* Ensure that Equality Impact assessments are a mandatory part of developing policies and procedures and are approved via EPUT’s Equality and Inclusion Committee.
 | **August 2024** |
| **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 | EPUT to show improvements in comparison to previous year’s EDI, Staff Experience and Health Inequalities data. Monitoring the implementation and impact of actions. Leading interventions where this is not the case.  | * Review all EDI activity to monitor progress and experiences of staff with protected characteristics. Monitoring include action plans of WRES, WDES, GPG, datix reporting of abuse
* Evidence that *WRES, WDES, Gender Pay Gap Reporting, Accessible Information Standard, exit interview, PCREF, Place Visits, NHS Oversight and Assessment Framework and EDS* data is being monitored by Board Members, Senior and System Leaders (through quarterly EDI updates at ET and People Equality and Culture Committee)
* Evidence actions being put in place by Board members and system leaders to address areas where goals have not been met or deterioration is identified.
 | **December 2025** |