

## EQUALITY DELIVERY SYSTEM (2024)

### 1 EXECUTIVE SUMMARY

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

- A summary of actions from the previous Equality Delivery System (2023)
- Oversight of the EDS Report for 2024
- Actions for 2025, which have been developed using stakeholder feedback.

This report evidences EPUT's implementation of equality, inclusion and wellbeing throughout the year. Patient and staff stakeholders grade this, with feedback informing the actions proposed as part of the action plan in **Appendix A** and in line with the Public Sector Equality Duty or PSED (2010). We as a Trust have seen a decrease in EDS overall grade for EPUT, from developing to achieving. Feedback from our stakeholders (**Appendix B**) has been developed into proposed actions for the Trust (**Appendix A**), and guides our actions alongside the NHS EDI Improvement Plan in 2025. Whilst this has been drafted based on EPUT data, following approval, this will be submitted to Mid and South Essex (MSE) Integrated Care Board (ICB). This data will be used to develop a collaborative system score and wider system plan before April 2025.

### 2 BACKGROUND

The Equality Delivery System (EDS) is a tool to support the NHS in equality, inclusion and wellbeing. Whilst this framework is referred to as "EDS2022" based on the last date of revision, this will be referred to as 'EDS' or 'EDS2024' to show this report is for our current progress. The EDS is included in the NHS standard contract and we use the report template (**Appendix A**) to share our performance. This involves the collection of evidence, which is then presented to stakeholder volunteers for grading:

- **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 Equality Advisor and graded by staff volunteers acting as stakeholders.
- **Domain Three: Inclusive Leadership** Led by the Equality Advisor and graded by an independent evaluator, peer reviewer and Trade Union representative.

A breakdown of grading from stakeholders and comparison to previous years is available in **Appendix B**.

### 3 UPDATE FROM EDS 2023 Action Plan

EPUT successfully completed all actions from the previous EDS report (2023) across the three domains. A full breakdown of each action, activity and data are available in **Appendix A**:

#### **Domain One: Commissioned or Provided Services**

- Increased scope and utilisation of Patient Safety Partner role across organisation; The Patient Safety Partner role has now been fully operationalised with regular ward visits happening across the Trust and the team has increased by 50% since 2023.
- Services using "I Want Great Care" (iWGC) feedback system has increased from 1% to 49%. iWGC is included in staff induction as a module.
- Virtual drop in sessions to improve staff knowledge and confidence of using iWGC are routinely held.
- iWGC data is used in a new Safety Dashboard. Monthly iWGC Reports are sent to all Deputy Director of Quality and Safety.

### Domain Two: Workforce Health and Wellbeing

- Health and Wellbeing sessions taking place across the year with the Employee Experience Team and Voluntary, Community and Social Enterprises (VCSE's).
- Pilot of Discrimination and Violence interventions on five wards with a focus on reducing incidents, upskilling staff and better supporting those affected. Reviewing existing processes with peer support workers and working in collaboration with Essex police and the Crown Prosecution Service.
- 1.91% improvement in staff responses to *“I would recommend my organisation as a place to work.”* (NHS Staff Survey Q25c).
- 2.63% improvement in staff responses to *“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.”* (NHS Staff Survey Q25d).

### Domain Three: Inclusive Leadership

- Board Members have EDI objectives, attend events in the EDI calendar and act as Executive Sponsors for EPUT staff Networks.
- Equality Impact Assessments are required for papers submitted to Board, and approved via EPUT's Equality and Inclusion Committee.
- EDI metrics included as part of EPUT's Accountability Framework and Trust People and Education Strategy, with bi-monthly reporting into the Board Assurance Framework (BAF).

## 4 EPUT EDS PERFORMANCE 2024

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 is 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*)

- In line with EDS technical guidance, EPUT's Patient Experience Manager conducted this collaboratively with Mid and South Essex ICB, with services nominated each year. EPUT's diabetes services were chosen for grading this year.
- The Patient Experience Team contacted stakeholders and provided them with a summary of progress in Domain One and an online survey.
- Grades were provided by anonymous online survey (MS Forms), which also collected demographic information. (**Appendix B**)

### Domain Two (*Workforce Health and Wellbeing*)

- EPUT staff members acting as stakeholders completed this, promoted across the Trust via Communications, engagement with Staff Networks and Engagement Champions.
- Participants were provided with a summary of EPUT progress in Domain Two, this evidence was shared alongside the criteria for an Excelling Trust to help give context.
- Grades were provided by anonymous online survey (MS Forms), which also collected demographic information. (**Appendix B**)

**Domain Three (*Inclusive Leadership*)** was graded independently by two stakeholders;

- Paul Curry (*Equality and Diversity Lead for Hertfordshire and West Essex Integrated Care Board*) and Oladipo Ogdenbe (EPUT Staffside Chair) provided peer review as independent evaluators.
- These two stakeholders were provided with a summary and additional evidence on request, including a snapshot of EPUT Board Papers, Public reports (WRES, WDES, PG) and Domain Three (**Appendix A**).

- Stakeholders provided their individual grading, feedback and suggested next steps for improvement, used in developing the recommendations in this report. **(Appendix B)**,

## 6 CONCLUSION AND NEXT STEPS

In conclusion, whilst we previously graded as “achieving” with a score of 22 out of a possible 33, we have seen a slight decline in grading from “achieving” to “developing” with a final score of 20.21 out of a possible 33 **(Appendix B)**. Potential reasons for this based on qualitative feedback include dissatisfaction from staff participants negatively skewing their grading for Domain 2 as well as a stringent review of Domain 3 by an experienced ICB lead.

Whilst our evidence shows we are achieving in these areas as a Trust, with predicted grading showing a higher score for Domain 2 and 3, more work needs to be done to raise awareness and improve perceptions of the support available for wellbeing, equality and inclusion.

The EDS Action Plan has been developed based on these scores, the criteria required to be seen as an “Excelling” Trust and stakeholder feedback **(Appendix A)**. These will also influence our wider EDI, Health Inequalities and Wellbeing work within the Trust in 2024-25. A short summary of collected feedback and recommendations from our independent adjudicators to improve in Domain 3.

## 9 ACTION REQUIRED

Trust Board are required to:

- Approve the report and appendices.
- Approve the proposed actions in response to stakeholder feedback.
- Approve the submission of the report and appendices to Mid and South Essex Integrated Care Board (MSE ICB) for submission by February 2024.

Report prepared by:

**Gary Brisco**  
Equality Advisor

**Amy Poole**  
Patient Experience Manager

**Paul Taylor**  
Director of Organisational Development  
and Culture

On behalf of:  
**Andrew McMenemy**  
Chief People Officer

Appendix A – Equality Delivery System Reporting Template

NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	Essex Partnership University NHS Foundation Trust (EPUT)	<b>Organisation Board Sponsor/Lead</b>	
		Andrew McMenemy – Chief People Officer	
<b>Name of ICB</b>	Mid and South Essex ICB		

<b>EDS Lead</b>	Amy Poole (Patient Experience Team) Domain 1  Gary Brisco (Equality Advisor) Domain 2 and 3	<b>At what level has this been completed?</b>	
			<b>*List organisations</b>
<b>EDS engagement date(s)</b>	<b>Domain 1</b> 11/10/24 – Lived Experience Experts 4/12/24 – Collaborative with MSE ICB  <b>Domains 2 and 3</b> 18/11/24 – 6/12/24 – Engaging with Staff Stakeholders and Independent Adjudicators	<b>Individual organisation</b>	<b>Domain 2 and 3</b> EPUT and submission to MSE ICB on February 2024
		<b>Integrated Care System-wide*</b>	<b>Domain 1</b> Graded collaboratively with Mid and South Essex ICB

<b>Date completed</b>	Monday 9 <sup>th</sup> December 2024	<b>Month and year published</b>	February 2025
<b>Date authorised</b>	Wednesday 5 <sup>th</sup> February	<b>Revision date</b>	January 2026

Domain 1: Commissioned or provided services actions from EDS 2023	Equality Objectives
<p><b>1A - Increase scope and utilisation of Patient Safety Partner role across organisation.</b></p> <ul style="list-style-type: none"> <li>• The Patient Safety Partner (PSP) role has now been fully operationalised with regular ward visits happening across the Trust</li> <li>• A Patient safety Partner handbook has been coproduced and acts as the standard operating procedure for the PSP role</li> <li>• EPUT’s adoption of PSPs was nominated for a HSJ award</li> <li>• The Patient Safety Partner team has increased by 50% since 2023</li> <li>• The PSP’s have also redesigned the patient safety question set to be utilised on patient walkabouts which allows patients to select which group of questions they would like to answer under the headings of safe, effective, caring, responsive and well-led.</li> <li>• Due the positive interactions and receptiveness of patients, Patient Safety Partners are now due to take part in the trust wide audit of Therapeutic observation and will also be involved in a Quality Improvement project for Reducing Restrictive Practice.</li> </ul>	<p><b>Trust Strategic Objective SO1</b> “We will delivery safe, high quality integrated care services.”</p>
<p><b>1B - Ensure every service within EPUT is using iWGC as the recognised patient feedback service.</b></p> <ul style="list-style-type: none"> <li>• Services using “I want great care” (iWGC) patient feedback collection system has increased from 1% to 49%</li> <li>• Provided every service with unique four digit code increasing accessibility of providing feedback</li> <li>• iWGC is included in staff induction as a module, Dec 2023</li> <li>• Service specific posters have been provided all services</li> <li>• Virtual drop in session to improve staff knowledge and confidence of using iWGC are routinely diarised</li> <li>• Incorporated data from iWGC into Safety Dashboard</li> <li>• Feedback challenge incentives set for staff</li> <li>• Increased scope of iWGC volunteer role; continuing to visit inpatients wards with plan to roll out to the community in 2025</li> <li>• Monthly iWGC Reports are sent to all deputy director of quality and safety.</li> </ul>	<p><b>Trust Strategic Objective SO2</b> “We will enable each other to be the best we can”</p>
<p><b>1C - Increase scope and utilisation of Patient Safety Partner role across organisation.</b></p> <ul style="list-style-type: none"> <li>• The Patient Safety Partner (PSP) role has now been fully operationalised with regular ward visits happening across the Trust</li> <li>• A Patient safety Partner handbook has been coproduced and acts as the standard operating procedure for the PSP role</li> <li>• EPUT’s adoption of PSPs was nominated for a Health Service Journal award</li> <li>• The Patient Safety Partner team has increased by 50% since 2023</li> </ul>	<p><b>Trust Strategic Objective SO1</b> “We will delivery safe, high quality integrated care services.”</p>

<p><b>1D - Ensure every service within EPUT is using iWGC as the recognised patient feedback service.</b></p> <ul style="list-style-type: none"> <li>• Services using iWGC has increased from 1% to 49%</li> <li>• Provided every service with unique four digit code increasing accessibility of providing feedback</li> <li>• iWGC is included in staff induction as a module, Dec 2023</li> <li>• Service specific posters have been provided all services</li> <li>• Virtual drop in session to improve staff knowledge and confidence of using iWGC are routinely diarised</li> <li>• Incorporated data from iWGC into Safety Dashboard</li> <li>• Feedback challenge incentives set for staff</li> <li>• Increased scope of iWGC volunteer role; continuing to visit inpatients wards with plan to roll out to the community in 2025</li> <li>• Monthly iWGC Reports are sent to all Deputy Director of Quality and Safety</li> </ul>	<p><b>Trust Strategic Objective SO2</b>                  “We will enable each other to be the best we can”</p>
<p><b>Domain 2: Workforce health and well-being actions from EDS 2023</b></p>	
<p><b>2A - Improve wellbeing and health support to EPUT staff members, promoting a healthy workforce in collaboration with Voluntary, Community and Social Enterprise services.</b></p> <ul style="list-style-type: none"> <li>• Staff health and wellbeing reviewed as part of appraisal process, with options to refer to occupational health or counselling and therapy service “Here for You”.</li> <li>• Managers are equipped with toolkit and resources to implement Access to Work requests or informal reasonable adjustments for staff with disabilities, long-term conditions or who are struggling in their role.</li> <li>• Equality Advisor / Disability and Mental Health Staff Network can provide guidance and support.</li> <li>• EPUT Intranet promotes initiatives, which improve work-life balance, healthy lifestyles and exercise. For example, Cycle-to-Work scheme.</li> <li>• VCSE offers regularly promoted via staff intranet pages, and available on request to staff.</li> <li>• New Occupational Health Provider (<i>People Asset Management or PAM</i>) provide support with health and wellbeing issues, and can provide assessments for reasonable adjustments in the workplace.</li> <li>• Health and Wellbeing sessions provided throughout the year covering key topics including menopause café and men’s health awareness. .</li> <li>• Launched a new Reasonable Adjustments Toolkit as well as training tools and sessions for managers.</li> </ul>	<p><b>NHS EDI Improvement Plan HIA 4</b></p> <p><b>Trust Strategic Objective SO3</b>                  “We will work together with our partners to make our services better.</p> <p><b>Trust Strategic Objective SO2</b>                  “We will enable each other to be the best we can”</p>
<p><b>2B - Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</b></p> <ul style="list-style-type: none"> <li>• Reduction of bullying and harassment within the Trust has been an objective of the Executive Team and Employee Experience Team based on WRES / WDES / Staff Survey Data.</li> <li>• EPUT Behavioural Framework clearly states that discriminatory or anti-social behaviour is against Trust values, and has been widely promoted throughout the Trust.</li> </ul>	<p><b>NHS EDI Improvement Plan: HIA 2</b></p> <p><b>NHS EDI Improvement Plan: HIA 5</b></p>

- EPUT is an Anti-Racist Trust and works closely with multiple ICB groups as part of their anti-racism strategies (HWE, MSE, SNEE)
- EPUT’s Disciplinary and Conduct policies and procedure have been updated in line with EPUT Behavioural Framework.
- Equality, Inclusion and Human Rights Policy and procedure has been updated to reflect how managers can support those experiencing discrimination, with specific guidance aimed at how managers should support marginalised communities (such as racism, transphobia, reasonable adjustments for employees)
- Employee Experience Team works collaboratively with the Peer Support Team and Patient Lived Experience Ambassadors to identify opportunities to reduce incidents of abuse as part of a wider pilot project.
- Pilot of Bullying and Harassment interventions on five wards across the organisation led by Employee Safety Programme Lead, with successes implemented wider in 2025.
- Active Bystander Training provided to all staff, encouraging staff to challenge discriminatory behaviour when they witness it, to report incidents and to support those affected.
- International Recruits receive pastoral care upon entering the Trust, supported in joining the organisation as well as with accommodation and on-boarding.
- Inclusion Ambassadors program and De-Bias Toolkit are both used in our recruitment process to mitigate potential discrimination in our services.

**NHS EDI Improvement Plan: HIA 6**

**Trust Strategic Objective SO2**  
 “We will enable each other to be the best we can”

**2C - Review support available for addressing poor staff wellbeing, anti-social or discriminatory behaviour. With clear access to independent support**

- As our WRES and WDES data showed a need to address discriminatory behaviour in the Trust, we developed a pilot program across five “hot spot” wards to improve the support available for those affected.
  - We are currently trialling the use of body worn cameras for repair meetings between patients and staff
  - Improved response to staff who experience these from our Here for You and Violence and Aggression Prevention and Reduction (VAPR) teams.
  - Behaviour pledges to reinforce the Trust Behavioural Framework as part of our People and Education strategy.
- We have updated our Equality and Inclusion policies and procedures to clearly state how managers can better support those affected by discrimination, as well as how to prevent it and lead inclusively.
- We as a Trust regularly promote our Here for You, Freedom to Speak up and Employee Experience services within the Trust, staff are able to request support, guidance or advice.

**NHS EDI Improvement Plan: HIA 6**

**Trust Strategic Objective SO2**  
 “We will enable each other to be the best we can”

**2D - Improve on previous survey scores of staff recommending EPUT services and recommending the organisation as a place to work.**

- *“I would recommend my organisation as a place to work. (Q25c) “= 1.91% increase from previous year (62.53% to 64.44%).*
- *“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Q25d)” = 2.63% higher than the previous year (57.55% to 60.18%).*

**NHS People Promise**  
We are Compassionate and Inclusive

**Trust Strategic Objective SO2**  
“We will enable each other to be the best we can”

**Trust Strategic Objective SO1**  
“We will delivery safe, high quality integrated care services.”

**Domain 3: Inclusive leadership actions from EDS 2023**

**Equality Objectives**

**3A - Embed equality and health inequalities into Board and Committee Meetings.**

- Board members have SMART EDI objectives, and are accountable for these.
- EDI is a standing item at Executive Team meetings and overseeing the delivery of EPUT’s EDI strategy, including WRES, WDES, PCREF and the NHS EDI Improvement Plan.

**NHS EDI Improvement Plan HIA 1**

**Trust Strategic Objective SO2**  
“We will enable each other to be the best we can”

**3B - Ensure EIA’s are completed for all projects and polities (where appropriate).**

- Equality Impact assessments are completed by staff as part of Equality and Inclusion Policy, encouraging staff to consider all marginalised communities under the Equality Act 2010. Included as part of a project, policy or procedure when submitted to Trust Board.
- Equality Impact Assessments are approved by the Chief People Officer and Director for Employee Experience as part of the Equality and Inclusion Committee.
- Ongoing work taking place to develop and implement digital Equality Impact Assessment System within ICB.

**NHS EDI Improvement Plan HIA 1**



**3C - EPUT to show improvements in comparison to previous year’s EDI, Staff Experience and Health Inequalities data. Monitoring the implementation and impact of actions.**

EDI metrics included as part of EPUT’s Accountability Framework and People and Education Strategy, with bi-monthly reporting into the Board Assurance Framework (BAF)

EPUT saw improvements in six out of the nine WRES indicators and nine out of the ten WDES Metrics, including:

- A higher percentage of staff declaring themselves as having a disability in the Trust in comparison to previous years (via ESR). (WDES 1)
- A reduction in the percentage of disabled staff saying that they have felt pressure from their manager to come to work. Now lower than the national average. (WDES 6)
- An increase in disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work. Higher than the national average. (WDES 8)
- Improvements in the likelihood of BME staff accessing non-mandatory training and career progression. (WRES 2)
- Reduction in BME staff members reporting bullying, harassment and abuse from colleagues, which was lower than the national average and near equal to the experiences of white counterparts. (WRES 6)
- Evidence from the NHS Staff Survey (2023):
- EPUT’s highest scoring People Promise element was “*We are Compassionate and Inclusive*” scoring 7.55 out of 10.
  - Of the four sub-scores within this People Promise, “*Diversity and Equality*” is the highest, scoring 8.25 out of 10.
  - The Trust saw slight improvements to question 15, “*Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?*” 60.86% (above the national average) answered “yes” in comparison to 59.65% in 2022.
  - Q21 “*I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)*”, 75.63% (above the National Average) of respondents answered “Yes” in comparison to 75.02% in 2022.
  - Q31b, “*Has your employer made reasonable adjustment(s) to enable you to carry out your work?*” 81.03% (above the national average) of respondents answered “Yes”, in comparison to 78.68% in 2022).

**NHS EDI  
Improvement  
Plan HIA 1**

**NHS EDI  
Improvement  
Plan HIA 1**

**NHS EDI  
Improvement  
Plan HIA 6**

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> <li>• Service users with diabetes are referred to the community dietetics and diabetes services according to an agreed referral pathway and triaged accordingly.</li> <li>• Referral for those under Mid &amp; West Essex mental health in-patient service are able to be seen face to face during their admission with a team member who covers this particular speciality purely for those with diabetes. There is also a specialist dietitian who covers in &amp; out-patient mental health services where those with diabetes would also be reviewed.</li> <li>• The Diabetes Specialist Practitioners (community diabetes) are able to access the local secondary care Consultant Specialist for advice &amp; support for those with diabetes with complex health needs who would otherwise face lengthy waiting times to be seen in secondary care. This promotes timely action and treatment for the individual.</li> <li>• Within primary care, there is support for those managing diabetes within the GP practice during dietetic diabetes consultations.</li> <li>• For those accessing diabetes structured education for X-PERT/CIM (Type 2 DM) or DAFNE (Type 1 DM) courses are delivered face to face as close to home as possible as well as on-line (virtual) with additional virtual self-directed learning for those completing the DAFNE course</li> <li>• Timings of course delivery aim to support patient needs i.e. morning &amp; afternoon &amp; X-PERT evening</li> <li>• For those unable to attend face-to-face or complete virtual course education programmes, this can be offered on a one to one basis.</li> <li>• Patient and healthcare leaflets for diabetes structured education programmes are freely available and provided. For those planning to complete DAFNE education, pre-assessment for support prior to attendance is offered</li> <li>• Promotional videos covering structured education programmes are available and accessible via EPUT/ICB websites for those managing Type 1 &amp; 2 diabetes</li> <li>• Referrals are accepted from all health care professionals, including our peers within the mental health care, social care, emergency services and pharmacies.</li> <li>• Service users are able self-refer on to our Type 2 structured diabetes education course, SWEET. SWEET is network of paediatric diabetes centres known for their expertise in treatment and education and connected through common objectives, SWEET will help to improve the quality of life of children and adolescents with diabetes.</li> </ul>	2.4	Patient Experience Team – Amy Poole

	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> <li>• An in-depth initial assessment is completed at first meetings with the client to enable development of concise awareness of their individual needs and identify support mechanisms that may require. The aim is to support agreed care planning and goal setting, to empower the client with managing their diabetes.</li> <li>• Following a referral, a one-to-one consultation, ideally f2f, will be made whereby a plan of care is agreed and patients are advised that the expectation is for them to communicate their blood glucose levels within an agreed period, either via telephone or via email. .</li> <li>• The teams are able to direct/signpost to other services that may be required during contact among these include, VitaMinds, Community Nursing teams, social services, podiatry, social prescribers, clinical pharmacists, weight management programmes, diabetes remission service, and local voluntary services where need is required as well as national diabetes support services such as Diabetes UK.</li> <li>• All adults referred are assessed at the point of contact and reviewed with an agreed care plan. Assessment will incorporate medical history, medications, investigation results with the aim to support the health needs identified by the patient/carer or HCP.</li> <li>• As specialist practitioners, we work in a professional and patient centred way using communication skills, to facilitate empowerment and self-management.</li> <li>• For those patients unable to engage in this process, we work with their carers appropriately</li> </ul> <p><b>For at risk groups the service has implemented the following:</b></p> <ul style="list-style-type: none"> <li>• Daily advice line 9-12.30 mon- Friday,</li> <li>• Patient email,</li> <li>• SMS messages so patients can have these dictated in their chosen language.</li> <li>• Language empire for face to face appointments,</li> <li>• Monthly visits to HARP and will attend some of the soup kitchens if unable to see the person living with diabetes at HARP</li> <li>• Transition and younger people specific nurse (looking after 19-24)</li> <li>• Designated home visit DSN who will visit the housebound.</li> <li>• Engaged with staff engagement team to support the diabetes team with delivering education for festivities – i.e. Ramadan where a person may fast for prolonged periods of time</li> <li>• Engaging with community nurses to change practice</li> <li>• Currently engaging with ICB re changes to insulin pump processes and availability in line with NICE TA</li> </ul>	<p>2.2</p>	<p>Patient Experience Team – Amy Poole</p>
--	---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	--------------------------------------------

<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Serious Incidents and reports of harm are routinely monitored by Essex STaRS data analyst, the diabetes service manager and Essex County Council commissioners to identify any themes or trends that relate to Equality and Diversity.</li> <li>• Safety measures when attending face to face DAFNE: hypo treatments and ketone testing readily available. Assessment and advice on different tech to monitor BGs and ketones and advice on how to interpret levels</li> <li>• Venues are risk assessed</li> <li>• Patients referred into the services who meet service criteria are triaged and offered within an agreed wait time. For those who do not fit the criteria the referrer would be advised accordingly. Where required, an advisory is also put into place to support the patient concerned to ensure they can have access to and receive the appropriate care. The teams formulate and maintain close working relationships with GP's, Practice Nurses, Integrated nursing teams as well as many other HCP's.</li> <li>• The teams liaise with family, friends, and carers, who are also involved in support to maintain safety and free from risk of harm</li> <li>• All clinicians are registered with relevant Professional body and subjected to audit as required.</li> <li>• All practitioners learning needs are identified within supervision, one to one, and appraisal to ensure practice remains safe and up to date.</li> <li>• Staff engagement team are engaging with the team for MH first aid and support</li> <li>• Regular MDTs and complex case discussions which involves engagement from Therapy for you services</li> </ul>	<p>2.4</p>	<p>Patient Experience Team – Amy Poole</p>
<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> <li>• Patients are encouraged to complete IWGC (I Want Great Care) forms. This is the trusts contracted provider of PREMS (Patient Recorded Experience Measure). The platform is accessible in different languages and is presented through varying methods depending on what may be most suitable to the patient demographic.</li> <li>• Family and friends-DAFNE comments book.</li> <li>• Post course patients are given the opportunity to feedback via questionnaire on whether the course met their needs to allow the team to reflect.</li> <li>• EPUT outcome global questionnaire where possible to consent for those on caseload</li> <li>• Those attending courses can offer verbal feedback and are invited to complete the 'I want great care' paperwork</li> </ul>	<p>2.4</p>	<p>Patient Experience Team – Amy Poole</p>

		<ul style="list-style-type: none"> <li>• 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.</li> <li>• On average, the diabetes service scores 4.86 out of 5 for patient experience according to iWGC feedback.</li> <li>• Positive patient experiences are evidence by thank you cards and emails that we receive.</li> </ul>		
<b>Domain 1: Commissioned or provided services overall rating</b>			9.4	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> <li>• Wellbeing, health and any issues currently affecting a staff member are embedded into staff appraisals and supervision process to monitor staff health and wellbeing.</li> <li>• Health and Wellbeing Toolkit available to all staff, aligns to NHS England Health and Wellbeing Framework and provides advice on physical, financial and mental wellbeing. Subjects include addiction, work-life balance and flexible working.</li> <li>• Provision of flexible working as well as special leave policy to ensure staff are able to request time for their health and wellbeing, especially for those wishing for maternal or paternal leave and those seeking leave for treatment of long term conditions of carer’s leave.</li> <li>• New Occupational Health Provider PAM (People Asset Management) provide support with health and wellbeing issues, and can provide assessments for reasonable adjustments in the workplace. The service offers free and confidential support, guidance and counselling 24/7, with an option for referral to specialised support (debt, legal, bereavement, relationship support and trauma).             <ul style="list-style-type: none"> <li>○ Accessible via live hub app available to EPUT staff and access to live counsellors and support.</li> <li>○ Breakdown of Occupational Health access available to Employee Experience Team, Wellbeing Lead can access this data (appointments, access time, health surveillance, vaccinations, service usage) and used to drive initiatives and identify hot-spot areas.</li> </ul> </li> <li>• Health and Wellbeing sessions provided throughout the year by the Employee Experience Team, covering key topics including menopause, men’s health awareness and support during difficult events.</li> <li>• EPUT staff intranet pages have many health and wellbeing pages with links and resources. These include physical activity, sleep, healthy eating, staying hydrated, stopping smoking, substance misuse, resilience, mindfulness, finance and our Cycle-to-Work scheme.</li> <li>• EDI pages available support staff on the autism spectrum and with neurodiversity, guidance for supporting those with dyslexia, ADHD and other long-term conditions that may affect health in the workplace.</li> <li>• “ACT for You” workshops teach staff Acceptance and Commitment Therapy training techniques. This teaches participants skills to support psychological flexibility and resilience.</li> <li>• There are several trained Mental Health First Aiders across the Trust.</li> <li>• Access-to-Work support available to individuals with depression, anxiety, stress and/or other mental health conditions. With trained professionals able to support employees in resuming their role.</li> </ul>	<p>1.42</p>	<p>Equality Advisor - Gary Brisco</p>

		<ul style="list-style-type: none"> <li>• Reasonable Adjustments passport available for all staff in EPUT. Managers equipped with toolkit and resources to implement Access to Work requests or adjustments for staff with disabilities or long-term conditions, as well as supporting their wellbeing in the workplace.</li> <li>• <a href="#">Our Workforce Disability Equality Standard (WDES)</a> data has shown             <ul style="list-style-type: none"> <li>○ An increase in disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work.</li> <li>○ A reduction of staff reporting pressure from their manager to come into work when unwell.</li> </ul> </li> <li>• NHS Staff Survey data has been used to implement health and wellbeing initiatives including EPUT Health and Wellbeing roadshows across the Trust available to all staff, as well as menopause awareness workshops.</li> <li>• Signposting to external organisations available from Equality Advisor, Employee Experience and Staff Engagement Teams when engaging with staff and resolving issues or providing support.</li> <li>• Service leads hold sickness task and finish groups across the Trust, reviewing sickness and absence data on a monthly basis.</li> </ul>		
	<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"> <li>• EPUT is an Anti-Racist Trust and works closely with multiple ICB groups as part of their anti-racism strategies (HWE, MSE, and SNEE).</li> <li>• EPUT has a Zero Tolerance approach to discrimination of all kinds, and discriminatory bullying, harassment and abuse is penalised as part of our Conduct and Equality, Inclusion and Human Rights policies.</li> <li>• Pilot of Bullying and Harassment interventions on five wards across the organisation led by Employee Safety Programme Lead, with successes implemented wider in 2025.</li> <li>• Staff from marginalised groups are encouraged to report incidents of discrimination and EPUT’s Bullying and Harassment pilot investigated the reasons staff may choose not to do this and how to encourage reporting.</li> <li>• 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.</li> <li>• Equality Advisor can provide guidance and signposting to third party support organisations (such as <a href="#">Switchboard LGBT+</a>, <a href="#">EASS</a> and <a href="#">Stop Hate UK</a>) Employee Relations or Patient Experience if staff members raise concerns of discriminatory behaviour in their teams (or if they would like help in improving the inclusion in their services).</li> </ul>	<p>1.28</p>	<p>Equality Advisor - Gary Brisco</p>

		<ul style="list-style-type: none"> <li>• EPUT staff engagement champions in the organisation trained to challenge bullying and harassment behaviours as well as share lived experiences with our Staff Engagement Team and Employee Experience Managers.</li> <li>• “No Space for Abuse” program in collaboration with Essex Police, encouraging everyone’s responsibility to challenge racism and discriminatory behaviour, as well as better engage with Essex Police in reporting and prosecuting negative behaviour from service users.</li> <li>• Reduction of bullying and harassment within the Trust has been an objective of the Executive Team and Employee Experience Team based on WRES / WDES / Staff Survey Data.</li> <li>• Newly developed EPUT Behavioural Framework clearly states that discriminatory or anti-social behaviour are against Trust values, and has been widely promoted throughout the Trust.</li> <li>• Partnerships with <a href="#">Next Chapter</a>, supporting our Safeguarding team and providing resources and seminars for patients, carers or staff members experiencing domestic abuse and stalking.</li> <li>• EPUT Equality, Inclusion and Human Rights policy and Induction training supports staff to challenge patients and carers who verbally or physically abuse them, as well as encouraging others to support them as part of Active Bystander training. Updated to reflect how managers can support those experiencing discrimination, with specific guidance aimed at how managers should support marginalised communities (such as racism, transphobia, reasonable adjustments for employees).</li> <li>• Active Bystander Training provided to all staff, encouraging staff to challenge discriminatory behaviour when they witness it, to report incidents and to support those affected. Training recognises the link between staff wellbeing and inclusion and the positive effect on patient experience.</li> </ul>		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical</p>	<ul style="list-style-type: none"> <li>• EPUT staff intranet provides options for staff to access multiple unions, and regularly involves Staffside and Union Representatives in key projects and Board functions.</li> <li>• EPUT collaborates with multiple ICB groups to share learning and good practice, and this is used to influence other system partners.</li> <li>• F2SU Guardian and process explained to staff as part of their initial induction when joining the Trust. Chief People Officer oversees this as part of Whistleblowing Policy and Procedure. Guardian is embedded into the organisation and works closely with Staff Networks within the organisation. Freedom to Speak Up guardian and service can be accessed anonymously via a web-form to protect identity of someone disclosing an incident or concern.</li> <li>• EPUT has five Staff Networks, each one with support from members of the Employee Experience Team as well as Sponsors from the Executive team who attends meetings and</li> </ul>	<p>2</p>	<p>Equality Advisor - Gary Brisco</p>



violence from any source

key events in their calendar. Networks discuss key issues and support staff members who attend or contact with enquiries or concerns (*with support from EPUT's Equality Advisor*).

- LGBTQ+
- Gender Equality
- Faith and Spirituality
- Ethnic Minority and Race Equality
- Disability and Mental Health (*Inc. Neurodiversity and Long Term Conditions*)
- Equality Impact assessments are completed by staff as part of Equality and Inclusion Policy, encouraging staff to consider all marginalised communities under the Equality Act 2010. Included as part of a project, policy or procedure when submitted to Trust Board.
- The Chief People Officer and Director for Employee Experience approve equality Impact Assessments as part of EPUT's Equality and Inclusion Committee.
- Ongoing work taking place to develop and implement digital Equality Impact Assessment System within ICB.
- All staff have access to People Asset Management (PAM), our Occupational Health provider. The service offers free and confidential support, guidance and counselling 24/7, with an option for referral to specialised support (debt, legal, bereavement, relationship support and trauma).
- Reflective sessions held throughout the year to offer support during difficult events or issues that may affect staff members. Including allyship, reporting and challenging discrimination, reasonable adjustments, gender identity, sexuality, and incidents of discriminatory abuse and harassment, death and spiritual support. Guest speakers or volunteer staff members hold these sessions.
- HSBC provide financial advice resources and "Always On" webinars, available to all staff, as well as 30-minute financial health checks.
- Diaspora group alternatives offered for staff who wish to request additional support (*for example, the British Indian Nurses Association*)
- EPUT Safeguarding Roadshow sessions held across the Trust for staff to access information and guidance for incidents of sexual misconduct, stalking and domestic abuse against patients or staff.
- Racial Abuse Scrutiny Panel, including staff from EPUT, Essex Police and the Crown Prosecution Service, recently convened to understand how the police could better support EPUT colleagues when they report incidents of violence or discrimination. Colleagues from the Basildon Mental Health Unit met with Police Commander Regional Hate Crime Lead for the Crown Prosecution Service.

		<ul style="list-style-type: none"> <li>• EPUT’s Director of Employee Experience and Employee Safety Programme Lead regularly meet with Essex Police leads to review how incidents of discriminatory behaviour on inpatient wards have been supported and to identify hot spots.</li> </ul>		
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> <li>• EPUT uses Staff Survey Data 2023 to gauge staff opinion on working conditions, morale and wellbeing.</li> <li>• <i>“I would recommend my organisation as a place to work. (Q25c) “= 1.91% increase from previous year (62.53% to 64.44%). 1.15% below national average (65.59%).</i></li> <li>• <i>“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Q25d)” = 2.63% higher than the previous year (57.55% to 60.18%). 5% lower than national average (65.18%)</i></li> <li>• EPUT uses WRES and WDES Data to compare the experiences of marginalised staff groups to their non-marginalised counterparts,             <ul style="list-style-type: none"> <li>○ Whilst rates of BME and White staff reporting belief of career progression and promotion has increased (WRES Ind. 7), there is still a disparity in favour of White staff. EPUT works to mitigate this via our inclusion ambassador (<i>BME volunteers on senior interview panels to ensure inclusive recruitment</i>) and RISE (<i>career development created specifically for and by BME staff members</i>) programs, providing bespoke, and equitable support.</li> <li>○ On the WDES, this is near-equal (WDES Met. 5), and EPUT has provided bespoke Career lounges to support employees in career progression and development, as well as offering reasonable adjustments from interview to recruitment for all staff.</li> </ul> </li> <li>• The Retention Team at EPUT has completed a comprehensive retention report for the previous financial year, analysing staff turnover across care groups at EPUT. This report provided valuable insights into the reasons behind staff departures. This data was used to implement exit interviews, leaver questionnaires, and new starter surveys to identify and address any issues that may arise during an employee's career journey within the Trust. These initiatives allow us to gather valuable data on why staff leave and why they stay, helping us understand the factors that affect retention.             <ul style="list-style-type: none"> <li>○ Current improvements include updates to the on-boarding process, refining the new starter lifecycle, expanding training opportunities, focusing on areas with higher turnover (such as AHPs), flexible working options, and linking this data to our NHS People Promise targets.</li> </ul> </li> <li>• Retention data shows that staff highly recommend EPUT as both a place to work and a provider of treatment due to its strong commitment to professional development, a supportive</li> </ul>	<p>1.14</p>	<p>Equality Advisor - Gary Brisco</p>

		<p>and inclusive work environment, and a focus on patient-centred care. The most common known leaving reasons captured for staff voluntarily leaving include <i>retirement (16%), work life balance (11%) and promotion (9%)</i>.</p> <ul style="list-style-type: none"> <li>• A Retention Strategy is in development based on this reporting, detailing the Trust’s approach to improving staff turnover and experience. This will be produced in Q4, and include activity resulting from the People Promise Exemplar Programme.</li> <li>• We as a Trust work alongside multiple ICB groups, implementing strategies to promote inclusion, wellbeing and retention of staff (Herts and West Essex, Mid and South Essex, Suffolk and North East Essex).</li> </ul>		
<b>Domain 2: Workforce health and well-being overall rating</b>			5.84	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	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"> <li>• Staff Networks have sponsors from the Executive Team, as well as additional support from members of the Employee Experience Team and Equality Advisor.</li> <li>• Senior Leaders regularly attend EPUT Staff Networks and events in Network Calendars, such as Black History Month, Pride Month and other cultural or spiritual events across the organisation. Chief People Officer and Director of Employee Experience have attended where available. Chief Executive Officer currently acting as sponsor for Ethnic Minority and Race Equality Network.</li> <li>• Board members including Chief Executive Officer work with communications team to regularly update staff on EDI events and initiatives throughout the year via Trust Today email and live video.</li> <li>• Staff Equality and Inclusion is discussed at EPUT Equality and Inclusion Committee, chaired by Chief People Officer as well as Director of Employee Experience. Network Chairs and key managers discuss EDI updates and initiative as well as review Equality Impact Assessments. Learning and actions feed into PECC.</li> <li>• People, Equality and Culture Committee (PECC) comprised of VSM Directors and Non-Executive Directors for assurance and review, yearly discussions of WRES, WDES, EDS, PCREF and PSED data.</li> </ul>	2	Equality Advisor - Gary Brisco

<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> <li>• Equality, Diversity and Inclusion for staff and service users (as well as the measures above) discussed at each Trust Public Board and evidenced in all sets of minutes. Board members and Non-Executive directors are able to challenge and request additional data (for example, a deep-dive into career progression and development for BME staff in Q1 2024).</li> <li>• Equality and Inclusion part of People, Equality and Culture Committee standing agenda.</li> <li>• Equality Impact assessments are completed by staff as part of Equality, Inclusion and Human Rights Policy, encouraging staff to consider all marginalised communities under the Equality Act 2010. Included as part of a project, policy or procedure when submitted to Trust Board.</li> <li>• Equality Impact Assessments are approved by the Chief People Officer and Director for Employee Experience after submission and review by Equality and Inclusion Committee.             <ul style="list-style-type: none"> <li>○ Ongoing work taking place to develop and implement digital Equality Impact Assessment System within Mid and South Essex ICB. EPUT are currently reviewing the use of this in our services.</li> </ul> </li> <li>• Risk assessments are available on request for staff who feel at-risk in the workplace due to COVID-19, disabilities or long-term conditions.</li> <li>• Board Assurance Framework (BAF) contains section on People and Culture, addressing EDI concerns (for example bullying highlighted on the WRES) and steps being taken to mitigate these as well as controls, measures and outcomes. Director of Employee Experience updates BAF on a regular basis.</li> <li>• WRES, WDES, EDS2022, PCREF, Pay Gap and PSED reporting are part of overarching People and Education strategy (2024-2028)             <ul style="list-style-type: none"> <li>○ WDES and WRES targets set, with the goal of improvement towards this each year.</li> <li>○ Yearly WDES and WRES progress (completed actions, improvements) are listed to board, and are used to develop approaches and priorities for the ongoing action plan.</li> </ul> </li> <li>• Equality and Inclusion is also part of EPUT’s wider Strategic Plan (2023-2028): <i>“At the core of our strategy is our ambition to ensure that staff not only have a great experience but feel happy and valued at work. We will also tackle equality, diversity, and inclusion issues within our Trust to collectively improve civility and respect and ensure that staff from underrepresented backgrounds have equal opportunities.”</i></li> </ul>	<p>1.5</p>	<p>Equality Advisor - Gary Brisco</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	---------------------------------------

	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> <li>• Trust Board and BAF report the actions developed within the Trust and their efficacy in the WRES, PSED workforce report, WDES, Impact Assessments, EDS2022, Pay Gap reporting, retention reporting and PCREF.</li> <li>• <a href="#">WRES Data</a> shows that at present we have a 9.2% difference between the overall percentages of BME staff (29.2%) and Board Membership (20%).</li> <li>• <a href="#">WDES Data</a> shows we have a 2.4% difference between the percentage of staff with disabilities in the Trust (7.6%) and Board Membership (2.4%)</li> <li>• A breakdown of year on year progress for the WRES has shown year-on-year improvement in the following areas:             <ul style="list-style-type: none"> <li>○ Overall BME population in EPUT.</li> <li>○ BME staff likelihood accessing career progression and development opportunities (near-equal likelihood to white counterparts)</li> <li>○ BME staff believing that EPUT provides equal opportunities for career progression or promotion. (48.92% to 53.29%)</li> </ul> </li> <li>• A breakdown of year on year progress for the WDES has shown year-on-year improvement in the following areas:             <ul style="list-style-type: none"> <li>○ Overall population in EPUT with disabilities (from 3.7% to 7.56%)</li> <li>○ Percentage of staff with disabilities experiencing harassment, bullying or abuse from patients/service users, their relatives or the public (37.85% to 28.76%)</li> <li>○ Staff with disabilities saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it (56.51% to 62.35%).</li> <li>○ Percentage of staff with disabilities saying their employer has made reasonable adjustment(s) to enable them to carry out their work (78.76% to 81.29%)</li> </ul> </li> <li>• <a href="#">Pay Gap</a> Data:             <ul style="list-style-type: none"> <li>○ Differences in male and female wages at EPUT are at an average of 7.31%, meaning that men at EPUT are paid 7.31% more than females.</li> <li>○ EPUT's pay gap is better than the national average (14.3%) This is also a marked improvement compared with the previous year (13%).</li> <li>○ EPUT is performing well in comparison with neighbouring providers.</li> </ul> </li> <li>• NHS EDI Improvement Plan High Impact Actions are aligned to the EPUT People and Education Strategy. A programme of delivery has been developed to ensure that activity is monitored and delivered on time.</li> <li>• Executive Director Sponsors have joined Staff Equality Networks, providing support to Network Chairs and acting as champion for the Network.</li> </ul>	<p>1.5</p>	<p>Equality Advisor - Gary Brisco</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	---------------------------------------

- 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,
- EPUT’s Director of Employee Experience and Employee Safety Programme Lead regularly meet with Essex Police leads to review how incidents of discriminatory behaviour on inpatient wards have been supported and to identify areas for improvement.

**Domain 3: Inclusive leadership overall rating**

5

**Third-party involvement in Domain 3 rating and review**

**Trade Union Rep(s):**

**Oladipo Ogdembe** (Trade Union / Staffside Rep)

**Independent Evaluator(s)/Peer Reviewer(s):**

**Paul Curry** (EDI Manager, Herts and West Essex)

**EDS Organisation Rating (overall rating): 20.21 / 33 (Developing)**

**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**

**EDS Action Plan**

<b>EDS Lead</b>	<b>Year(s) active</b>
Gary Brisco – Equality Advisor	2019 - Present
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Andrew McMenemy	Wednesday 5 <sup>th</sup> February 2025

Domain	Outcome	Objective	Action	Completion date
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	Use patient data to ensure that those from marginalised communities have equal access to services.	<ul style="list-style-type: none"> <li>Improve data quality and visibility so that evidence is made available which shows how services accommodate patients with higher risks due to a protected characteristic or at risk of health inequalities to have adequate access to the service.</li> </ul>	<b>April 2025</b>
	1B: Individual patients (service users) health needs are met	Ensure patients are empowered to access VCSE organisations as part of their health and wellbeing.	<ul style="list-style-type: none"> <li>Document routine signposting to VSCE organisations and use of social prescribing.</li> <li>Ensure details of how personalised care is embedded into the care for those with higher risks due to a protected characteristic is clearly evidenced.</li> <li>Increase scope of working in partnership with community groups, and VCSE organisations to support service delivery for those with protected characteristics.</li> </ul>	<b>February 2025</b>
	1C: When patients (service users) use the service, they are free from harm	Continue to develop the Patient Safety Partner (PSP) role in EPUT to ensure patients are free from harm.	<ul style="list-style-type: none"> <li>Actively include equality and health inequality themes in safety incidents and near misses.</li> <li>Continue and increase scope of Patient Safety visits to include community services</li> <li>Agree reporting method for Patient Safety Partner interviews; ensure actions, themes, and trends from patient interviews are captured and incorporated into learning from complaints and PALS with assigned accountability.</li> </ul>	<b>April 2025</b>



	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Improve on patient feedback scores and evidence use of iWGC results in future service developments.</p>	<ul style="list-style-type: none"> <li>• Improve protected characteristic listing with iWGC</li> <li>• Improve access to collate data from patients with protected characteristics about their experience of the service with iWGC</li> <li>• Continue campaign to ensure every service within EPUT is using iWGC as the contracted provider of PREMS</li> <li>• Patient Experience team to work with services to engage with patients specifically with protected characteristics and other groups at risk of health inequalities about their experience of the service.</li> <li>• Document existing and future work with the VCSE to ensure all patient voices are heard; from this create data driven/evidence-based action plans to monitor progress. Governance structure to follow PCREF; EoC and Quality committee</li> </ul>	<p><b>April 2025</b></p>
--	--------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	<b>2A:</b> When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<b>NHS EDI Improvement Plan HIA4:</b> Develop and implement an improvement plan to address health inequalities within the workforce.	<ul style="list-style-type: none"> <li>Continue to monitor health, inclusion and wellbeing of staff via appraisal process.</li> <li>Use sickness and absence data in the Trust to help guide wellbeing interventions, use this learning to reduce negative impacts in working environment.</li> <li>Promote initiatives for work-life balance in the Trust, including access to VCSE organisations.</li> </ul>	<b>October 2025</b>
	<b>2B:</b> When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<b>NHS EDI Improvement Plan HIA6</b> Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	<ul style="list-style-type: none"> <li>Develop effective interventions against bullying, discrimination and harassment from service users against staff members, as well as improved support for those affected.</li> <li>Collaboratively develop new guidance with Ethnic Minority and Race Equality Network for staff to promote EPUT's Anti-Racist and Zero-Tolerance approach to discrimination.</li> </ul>	<b>September 2025</b>
	<b>2C:</b> Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<b>NHS EDI Improvement Plan HIA6</b> Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	<ul style="list-style-type: none"> <li>Promote and distribute Reasonable Adjustments / Health, and Wellbeing Toolkit across EPUT.</li> <li>Continue to promote and raise awareness of Freedom to Speak up Guardians.</li> <li>Improve access to workforce support resources for those unable to access them online.</li> </ul>	<b>March 2025</b>
	<b>2D:</b> Staff recommend the organisation as a place to work and receive treatment	<b>NHS People Promise</b> "We are Recognised and Rewarded."	<ul style="list-style-type: none"> <li>PSED / General Workforce / Staff Survey data will be used gauge the experience of marginalised staff (BME, LGBTQ+) within EPUT, and develop interventions for retention.</li> <li>Implement EPUT retention strategy, with actions to improve staff turnover and experience.</li> <li>Creation of a Recruitment and Retention Task and Finish Group to continue development of retention actions within the Trust.</li> </ul>	<b>August 2025</b>

Domain	Outcome	Objective	Action	Completion date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 3: Inclusive leadership</b></p>	<p><b>3A:</b> Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p><b>High impact action 1:</b> Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</p>	<ul style="list-style-type: none"> <li>• Senior Leaders to continue to demonstrate a commitment to health inequalities, wellbeing and EDI by attendance of relevant events.</li> <li>• Ensure evidence for board members actively communicating messages for inclusion, wellbeing and health are collected throughout the year.</li> </ul>	<p><b>October 2025</b></p>
	<p><b>3B:</b> Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p><b>High impact action 1:</b> Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</p>	<ul style="list-style-type: none"> <li>• Equality and Inclusion as well as Health Inequalities of Patients and Staff to be standing agenda items in all board and committee meetings, even those outside of People and Culture Directorate (such as Estates or Finance.)</li> <li>• Review Equality Impact Assessment process in EPUT to ensure this is a mandatory item in project development and approval / discussion takes place at a senior level.</li> <li>• Ensure equality and health inequalities are reflected in the organisational business plans to help shape work to address needs</li> </ul>	<p><b>October 2025</b></p>
	<p><b>3C:</b> Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p><b>High impact action 1:</b> Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</p>	<ul style="list-style-type: none"> <li>• Review Trust staffing to ensure those at Band 7+ are reflective of the population served and Trust demographics to ensure representation.</li> <li>• Ensure Accessible Information Standard (AIS) is present in EPUT and part of the contracts and services provided by the Trust.</li> <li>• Board EDI objectives should be dictated by existing data from PSED, Staff Survey and WRES / WDES data, with interventions at a senior level to address negative trends or lack of progress.</li> </ul>	<p><b>October 2025</b></p>

Appendix B – Grading Breakdown and Demographics of Stakeholders.

Outcome		2022 EDS Grading	2023 EDS Grading	2024 EDS Grading
Domain 1	1A: Patients (service users) have required levels of access to the service.	Developing	Achieving	Achieving (2.4)
	1B: Individual patients (service users) health needs are met.	Achieving	Achieving	Achieving (2.2)
	1C: When patients (service users) use the service, they are free from harm.	Achieving	Achieving	Achieving (2.4)
	1D: Patients (service users) report positive experiences of the service.	Achieving	Achieving	Achieving (2.4)
Domain 2	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Achieving	Achieving	Developing (1.42)
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Achieving	Achieving	Developing (1.28)
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	Achieving	Achieving	Achieving (2)
	2D: Staff recommend the organisation as a place to work and receive treatment.	Achieving	Achieving	Developing (1.14)
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	Achieving	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	Achieving	Developing (1.5)
	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	Achieving	Developing (1.5)
<b>Overall Grade</b>		Developing	Achieving	Developing 20.21
<b>Each Domain:</b> Undeveloped (Score 0) Developing (Score 1) Achieving (Score 2) Excelling (Score 3)		<b>Overall</b> Score under 8: Undeveloped Score between 8 and 21: Developing Score between 22 and 32, Achieving Score of 33: Excelling		

**Domain One: Commissioned or Provided Services.**

Data collected via anonymous online survey, all grades collected and averaged by number of participants (five anonymous lived experience stakeholders).

	Average grade of Lived Experience Experts
1A	Achieving (2.4)
1B	Achieving (2.2)
1C	Achieving (2.4)
1D	Achieving (2.4)

- 100% of all participants identified as White English / British.
- Three expressed that they had a disability or long-term condition, with affects on Mental Health, Mobility, Learning and Behaviour declared by participants.
- 60% of participants were Male and 40% female, with all declaring that they are the same gender they were assigned at birth.
- 60% of stakeholders identified as heterosexual, with one choosing not to disclose this information.
- 80% of patient stakeholders identified as Christian, with 20% identifying as not having any religion or faith.

Following a review of this data with the Equality Advisor and as part of the collaborative discussion with Herts and West Essex ICB at a grading event on Wednesday 4<sup>th</sup> December 2024, it was agreed that the sample size (5 volunteers) and a lack of diversity in this cohort present an immediate action for improvement in 2025.

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

- Patient feedback should be easy to give to the Trust at point of service and through a range of difference mechanisms (SMS message, Whatsapp, Online).
- Improve the ways we collect and record data on ethnicity, sexuality, gender identity and all protected characteristics (improvements to iWGC / PARIS.)
- Patients need better access to their care plans and support in understanding how this will be used in their care.

**Domain Two: Workforce Health and Wellbeing**

Data collected via anonymous online survey, all grades collected and averaged by number of participants (37 anonymous staff volunteer stakeholders)

	Average grade of EPUT Staff Stakeholders
2A	Developing (1.42)
2B	Developing (1.28)
2C	Achieving (2)
2D	Developing (1.14)

- 54% of participants identified as White British (with 11% identifying as other White ethnicities). 35% of participants identified as being from a Black, Asian or Minority Ethnicity (BME) group.
- 41% of participants identified as having a disability, neurodiversity or long-term condition.
- 57% of participants identified as female, with 30% identifying as male and 23% identifying as transgender, non-binary or “other”.
- 73% of participants identified as heterosexual with 27% identifying as either Lesbian, Gay, Bisexual, Pansexual or “Other”.

- Whilst there was a diverse group of participants with Sikh, Muslim, Buddhist and Humanist representation, the largest groups were 30% “No Religion” and 38% Christian.

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

- Improve resources for neurodiversity, providing guidance for managers to better support those with conditions such as Autism Spectrum Disorders, ADHD, Dyslexia or Dyspraxia.
- Provide better support for staff experiencing bullying, discrimination and harassment within the Trust from service users.
- Improve access to information and resources to frontline staff unable to access these on the intranet in their working day.

**Domain Three: Inclusive Leadership**

Data collected by liaison with Equality Advisor:

	Paul Curry EDI Lead for H&WE ICB	Oladipo Ogdenbe Staffside Chair / EPUT Unison Representative	Average Grade
3A	Achieving (2)	Achieving (2)	Achieving (2)
3B	Developing (1)	Achieving (2)	Developing (1.5)
3C	Developing (1)	Achieving (2)	Developing (1.5)

**Domain Three – Independent Adjudicator / Trade Union Representative feedback**

- EDI and health inequalities were hard to evidence in committees that did not focus on EDI or culture.
- Whilst the Executive Team engage with staff Networks and events, more evidence of wider Board involvement in this area would improve this domain. With consideration on equality impacts needing to be more evident in patient services.
- Equality Impact Assessments should be a mandatory requirement for Board approval, with process in place to show these are completed for all new projects, reviewed and approved at a senior level.
- Senior leaders should be active in supporting the implementation and monitoring of EDI reporting, with evidence that they are developing direct interventions where actions are unachieved or metrics do not show signs of improvement.