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#NHS Equality Delivery System 2022 EDS Reporting Template

GHC March 2023

NGSE Template Version 1, 15 August 2022

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Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

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|---------------------------------------|--|--|--|--|
| Name of Organisation | Gloucestershire Health and Care NHS Foundation Trust (GHC) | Organisation Board Sponsor/Lead | | |
| | | Neil Savage – Director of HR and OD | | |
| Name of Integrated Care System | One Gloucestershire | | | |

| EDS Lead | EDI Lead | At what level has this been completed? | | |
|-------------------------------|--|---|--|--|
| | | | *List organisations | |
| EDS engagement date(s) | Oct 2022 - Feb 2023 | Individual organisation | GHC (Services, Staff Side, Employee Networks, Boards/Committees) | |
| | 22 nd Feb 2023 17 th March 2023 | Partnership* (two or more organisations) | GHC / Gloucestershire Hospitals NHS Foundation Trust | |
| | 22 nd Feb 2023 1 st March 2023 | Integrated Care System-wide* | One Gloucestershire | |

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|------------------------|---|---------------------------------|------------|
| Date completed | March 2023 | Month and year published | March 2023 |
| Date authorised | TBA – GPTWC 29 th March 2023 | Revision date | N/a |

| Completed actions from previous year | |
|---|--|
| Action/activity | Related equality objectives |
| N/A | The GHC Annual Equalities Report contains GHC Trust Objectives |
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EDS Rating and Score Card

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

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

| | |
|---|---|
| Undeveloped activity – organisations score 0 for each outcome | Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped |
| Developing activity – organisations score 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 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 3 for each outcome | Those who score 33 , adding all outcome scores in all domains, are rated Excelling |

EDS Organisation Rating (overall rating): **22** “Achieving activity”

Organisation name(s): Gloucestershire Health and Care NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**
 Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**
 Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**
 Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services – x2

(1) Cancer Services and (2) Translation & Interpretation Services (D1 Rating has been subject to stakeholder engagement with GHC and system via the “Working With People & Advisory Group”)

| Domain | Outcome | Evidence – Service (1) - Cancer Services (MacMillan Next Steps Cancer Rehabilitation) | Rating | Owner (Dept/Lead/Named Contact) |
|--|--|--|--------|--|
| <i>Domain 1: Commissioned or provided services</i> | 1A: Patients (service users) have required levels of access to the service | <ol style="list-style-type: none"> 1. Accessible Information Standard – all information and communication needs documented on SystemOne 2. Resources including letters and written information booklets are available in multiple languages and formats including Easy to Read. Use of charity leaflets and information booklets to support this 3. Service accessible by phone, email and via website link 4. Use of interpreters when appropriate 5. Venues for workshops and clinics ensured located on bus routes 6. Disabled access at venues 7. Options for appointments include Face to Face, virtual (via Attend Anywhere) or telephone 8. Carers/partners invited to attend appointments where additional support indicated | 2 | Joint Leads: Jo Sansom (Macmillan Specialist Community Dietitian/Next Steps Joint Service Lead) And Parisa David (Macmillan Cancer Specialist Allied Health Professional/Joint Clinical Lead) |
| | 1B: Individual patients (service users) health needs are met | <ol style="list-style-type: none"> 1. Use of MYCAW wellbeing tool 2. Weekly MDT and triage process 3. Clinician assessment and care planning | 1 | Jo Sansom / Parisa David |

| | | | | |
|--|---|--|---|--------------------------|
| | | <ol style="list-style-type: none"> 4. Upskilling of service coordinators, who are often first point of contact for service users, for phone triage 5. Service pathways and processes designed to link with cancer services at GHNHSFT, Primary care and voluntary sector to ensure continuity of care 6. Reasonable adjustments made i.e. longer appointments, mobility, hearing and sight impairments | | |
| | <p>1C: When patients (service users) use the service, they are free from harm</p> | <ol style="list-style-type: none"> 1. Professional registrations for AHP with Standards of Proficiency 2. CanRehab training for Exercise practitioners 3. Pre-assessment paperwork and appointments for all patients participating in exercise 4. Risk assessments for venues 5. Staff mandatory training 6. DATIX reporting 7. Information Governance 8. Informed consent to treat and consent to share information obtained from users 9. Staff skill mix for clinics and workshops | 1 | Jo Sansom / Parisa David |
| | <p>1D: Patients (service users) report positive experiences of the service</p> | <ol style="list-style-type: none"> 1. Friends & Family test 2. Workshop/Course feedback and evaluation forms 3. Outcome measures obtained for physical and mental health and wellbeing. | 1 | Jo Sansom / Parisa David |

| Domain | Outcome | Evidence – Service (2) - Translation & Interpretation Services | Rating | Owner (Dept/Lead) |
|---|---|---|----------|--|
| <p><i>Domain 1: Commissioned or provided services</i></p> | <p>1A: Patients (service users) have required levels of access to the service</p> | <p>1. Service user’s information or communication needs or preferences should be recorded as part of their (CORE) assessment.</p> | <p>1</p> | <p>Cath Shephard (Operational Governance and Performance Lead)</p> |
| | | <p>2. Service accessible 24/7, 365 days for staff to access and book interpretation by phone, email, and dedicated portals.</p> | | |
| | | <p>3. Service users different or extra needs in terms of communication and information support are identified at the earliest possible opportunity and options are provided</p> | | |
| | | <p>4. Policy with clear guidance on how to request and book an interpreter or translation where appropriate in place</p> | | |
| | | <p>5. Resources and leaflets about services translated and accessible as per request</p> | | |
| | | <p>6. Service users have the right to express their needs, requirements, opinions and views using their preferred language or communication style</p> | | |
| | | <p>7. Options for appointments include Face to Face, virtual (via Attend Anywhere) or telephone, including BSL language are provided</p> | | |
| | | <p>8. Translation of the appointment’s letters are provided in preferred communication stile or language.</p> | | |

| | | | | |
|--|--|---|---|---------------|
| | 1B: Individual patients (service users) health needs are met | <ol style="list-style-type: none"> 1. Website and access to portal accessible for staff along with policy and procedure. 2. Action cards created for main providers and out of hours, urgent appointments 3. Training provided for main providers: Managing Memory services, Dementia induction delivered and more plans to upskill all providers around Learning Disability services and MHA. 4. ICS T&I Leads meetings to share good practice and pathways. 5. Reasonable adjustments made i.e. longer appointments, mobility, hearing and sight impairments | 1 | Cath Shephard |
| | 1C: When patients (service users) use the service, they are free from harm | <ol style="list-style-type: none"> 1. Access to the services 24/7, 365 days, 3 providers: AA Global, DA Languages and BSL -GDA. 2. Policy in procedures how to access services to inform staff in place. 3. Datix reporting reviewed 4. IG | 1 | Cath Shephard |
| | 1D: Patients (service users) report positive experiences of the service | <ol style="list-style-type: none"> 1. <u>GDA</u> We are in the process of introducing a QR code, so that when an appointment has taken place, the Deaf client will receive a text so they can send back some feedback. This has all been done in BSL, so this should be up and running in 2023. The Service Development Manager (Countywide & Inclusion) is collaborating with the Associate Director of Quality Assurance / Compliance to put a plan in place to address the existing gap. 2. <u>DA languages</u> | 1 | Cath Shephard |

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|---|--|---|---|--|
| | | <p>We have received some with positive scores for the various sections. The CSQ's do not provide the ability to leave written feedback but the scores help us ensure that our services are running correctly.</p> <p>3. <u>GHC Teams</u></p> <p>We only administer our PEQ at the end and these results are not sent to us. This means that we do not have the facility to filter out anything related to translation and interpretation services.</p> <p>We will be building how we will capture and present patient experience and staff experience into new spec and contact MI requirements (system wide approach)</p> | | |
| Domain 1: Commissioned or provided services overall rating | | | 4 | |

Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|--|--|--|--------|--|
| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | <p>As part of making Health and Wellbeing an integral part of our colleague career journey our Working Well OH services have trialled offering all new starters a meeting to talk through and provide advice on health and wellbeing, this aims to provide support with obesity, diabetes, asthma, COPD, mental health and other conditions.</p> <p>Staff have access to a broad array of confidential health and wellbeing support and full information is available via our intranet, for example an Employee Assistance program via Vivup, a Wellbeing Line, and the Lets Talk service in addition to occupational health services which can be accessed following line management referral.</p> <p>Staff may also raise issues with their Line manager and/or staff side representatives, HR or Staff Forums.</p> <p>Great examples of where staff have been supported to, and felt able to share their experiences to help the understanding of other staff within the Trust. https://youtu.be/J52riteM4LY</p> <p>We support an active network of Wellbeing Champions whose role is to raise the profile of health and wellbeing within their teams, direct colleagues to specific health and wellbeing resources, develop local health and wellbeing initiatives for example lunchtime walk groups and also confidentially feedback health and wellbeing concerns or trends</p> <p>We are working towards fully promoting and embedding the Purple Passport editable health passport which has been designed for individuals working in the NHS with a disability, long term health condition, mental health issue or learning disability/difficulty.</p> | 2 | Jo McGuire (Organisational Development Project Manager (Wellbeing)) |

| | | | | |
|--|--|---|----------|-------------------|
| | <p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> | <p>We have a range of HR Policies designed to ensure our staff are free from abuse, harassment, bullying and physical violence from any source, including:</p> <ul style="list-style-type: none"> • Speaking Up at Work Policy • Diversity and Inclusion Policy • Resolution Policy <p>We provide induction training on our Trust values and also THRIVE management training about living our values and expected behaviours</p> <p>We provide conflict resolution as part of preventative training which helps enable staff to identify and deal with conflict and prevent escalation.</p> <p>We have an active Freedom to Speak up guardian and Equality, Diversity and Inclusion lead who link in to our Health and Wellbeing project. We also have active meeting networks for disability, race and culture and LGBTQI</p> <p>Staff may also raise issues with their Line manager and/or staff side representatives, HR or Staff Forums.</p> <p>Our Chief Executive runs a Paul's Open Door initiative which is a completely confidential way for staff to tell our Chief Executive Paul Roberts about issues they think he should be aware of or ask for a response to something they are concerned about</p> <p>Staff can also access our Health and Wellbeing Helpline, an Employee Assistance Programme as part of our staff benefits offer via Vivup, Working Well OH service to discuss concerns and a broad variety of information is held on our intranet.</p> <p>Our Chief Executive and Executive team role-model our values and the no-blame behaviour we expect everyone to demonstrate.</p> | <p>2</p> | <p>Jo McGuire</p> |
|--|--|---|----------|-------------------|

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|--------|--|---|--------|-------------------|
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | <p>Our staff have access to a broad array of independent health and wellbeing support and advice with comprehensive information available via our intranet, this covers advice for stress management, abuse, bullying, harassment and physical violence. We also provide (and host) The Wellbeing Line which is an independent ICS wide service accessible to all staff including bank. The Gloucestershire Lets Talk service is also accessible, we have an Employee Assistance program as part of Vivup (staff benefits provision) Additionally staff can access occupational health services through line management referral.</p> <p>Staff may also raise issues with their Line manager and/or staff side representatives, HR or Staff Forums.</p> <p>Our HR policies on Diversity and Inclusion Policy and Resolution (Grievance) Policy outline the HR processes staff can follow to address concerns</p> <p>We support an active network of Wellbeing Champions whose role is to raise the profile of health and wellbeing and where / how to access support within their teams, Champions can direct colleagues to specific health and wellbeing resources depending on their issue of concern.</p> <p>Staff also have access to a Freedom to Speak Up Guardian, EDI lead and a variety of staff forums and professional networks where they can seek further advice and signposting to support.</p> | 2 | Jo McGuire |

2D: Staff recommend the organisation as a place to work and receive treatment

Pulse survey is carried out 3 times per year and offers results of the survey in the following month. The response rate for this is low.

The latest **Pulse survey** ran for the whole of January 2023.

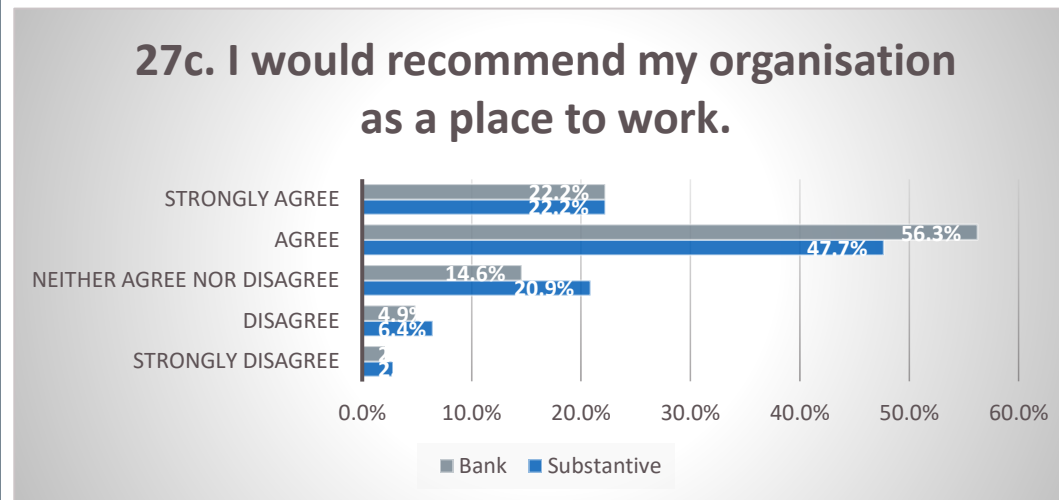
Where staff recommend the organisation as a place to work and receive treatment, our survey results say:

July 2022 – 73 responses of which 73.9% people recommended GHC
Jan 2023 - 81 responses of which 67.5% people recommended GHC

The 2022 NHS Staff Survey results offers a deeper understanding given that the response rate to the survey was much higher (55% response rate).

We also adopted run the NHS Staff Survey for our Bank staff also – and achieved a response rate of 23.4%.

Results for Staff recommending my organisation as a place to work:



Our overall 'Agree' scores compared to last year has declined to 73.8% however it is still higher than our comparators of other MH and LD Trusts.

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Jo McGuire

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|--|----------------|-------------------|----------|----------------|-------------------|------|------|------|----------|------|------|------|----------------------------|-------|-------|-------|-------|-------|-------|-------|----------------|-------|-------|-------|--|--|
| | | <p>69.6% would recommend the Trust as a place to work FROM 68.2%</p> <p>Results for Staff recommending my organisation as a place to for treatment:</p> <div data-bbox="629 392 1688 908" data-label="Figure"> <table border="1"> <caption>WOULD RECOMMEND MY TRUST IF A FRIEND OR RELATIVE NEEDED TREATMENT .</caption> <thead> <tr> <th>Response</th> <th>2021 (%)</th> <th>2022 (%)</th> <th>Comparator (%)</th> </tr> </thead> <tbody> <tr> <td>Strongly disagree</td> <td>~0.5</td> <td>~0.5</td> <td>~0.5</td> </tr> <tr> <td>Disagree</td> <td>~5.0</td> <td>~5.0</td> <td>~8.0</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>~15.0</td> <td>~18.0</td> <td>~25.0</td> </tr> <tr> <td>Agree</td> <td>~55.0</td> <td>~52.0</td> <td>~45.0</td> </tr> <tr> <td>Strongly agree</td> <td>~15.0</td> <td>~17.0</td> <td>~17.0</td> </tr> </tbody> </table> </div> <p>Our overall 'Agree' scores is 73.6% which is 10% still higher than our comparators of other MH and LD Trusts.</p> <p>73.8% would be happy with the standard of care for a friend or relative FROM 78.6%</p> | Response | 2021 (%) | 2022 (%) | Comparator (%) | Strongly disagree | ~0.5 | ~0.5 | ~0.5 | Disagree | ~5.0 | ~5.0 | ~8.0 | Neither agree nor disagree | ~15.0 | ~18.0 | ~25.0 | Agree | ~55.0 | ~52.0 | ~45.0 | Strongly agree | ~15.0 | ~17.0 | ~17.0 | | |
| Response | 2021 (%) | 2022 (%) | Comparator (%) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strongly disagree | ~0.5 | ~0.5 | ~0.5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disagree | ~5.0 | ~5.0 | ~8.0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neither agree nor disagree | ~15.0 | ~18.0 | ~25.0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agree | ~55.0 | ~52.0 | ~45.0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strongly agree | ~15.0 | ~17.0 | ~17.0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 2: Workforce health and well-being overall rating | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |

Domain 3: Leadership

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|--------|---------|----------|--------|----------------------|
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| <p style="text-align: center;">Domain 3: Inclusive leadership</p> | <p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p> | <ol style="list-style-type: none"> 1. Attendance at the national Health Inequalities Improvement Forum. 2. Attendance at South West regional WRES and WDES presentations. Demonstrated by attendance at cultural or religious celebrations that are not part of the leader’s cultural heritage include attendance at the 'Through the Lens' and 'Gloucester's Glory' event celebrating the history of the Gloucestershire Muslim community. 3. Publicising blogs and posts in support of National Interfaith Week in November 2022. The relaunched system wide Reciprocal Mentoring Programme (March 2023) led by GHC will enhance participation and understanding for senior leaders. 4. Engagement and attendance at educational events on equality and health inequalities; HRD at GHC Chair and other directors attended the strategy day supporting our “Better Health” aim, hosted by GCC and CCG May 2022. 5. GHC hosted the showing of the film “Exposed” at the UoG and further promoted at the Trust’s Senior Leadership Network where we had nurses from the film in attendance who joined in with the post film showing debate. The film tells the experiences of 19 black, brown and migrant nurses and midwives and their experiences of racism before, during and after the Covid pandemic. 6. Directors present at Corporate Induction which includes equalities information to ensure new colleagues understand the values and ways in which we want them to act, and that others will be expected to act towards them. 7. Speeches or talks given; Directors regularly tweet and re-tweet EDI related posts with comment on Twitter and LinkedIn and video blogs to support campaigns and links to tackling health inequalities. 8. GHC Chair participated as a speaker in national NHS Provider seminar on EDI in 2022. 9. Other examples of active involvement in EDS; The Director of Strategy and Partnerships has sponsored a manager in one of her teams to attend and | <p style="text-align: center;">2</p> | <p>Neil Savage (Dir. Of HR & OD)</p> |
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| | | participate in the national WRES Experts Programme for 2022. The Trust piloted the Oliver McGowan Training in Learning Disabilities and Autism, in 2021/22 and in 2022/23 is hosting the countywide roll out of this. | | |
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| | <p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> | <ol style="list-style-type: none"> 1. GHC directors have supported and sponsored range of leadership development programmes within EDI and inclusive leadership content (e.g. Thrive, Leading Better Care Together and Flourish) alongside provision of a new Safer Recruitment training package provided by the Learning and Development Team on the “Care to Learn” Platform, supporting training on biases to support more inclusive recruitment practices. 2. The Director of HR and OD, co delivered an Equality, Diversity and Inclusion Board of Directors Development Seminar in 2022 with a partner from Browne Jacobson LLP. Director of HR and OD with the EDI Lead prepared an EDI briefing for Board members in May 2022 to support its understanding of its equality duties. Chief Executive wrote a trust-wide blog for Black History Month. 3. Introduction of the national e-learning for healthcare Cultural Competence training modules which have been made available to all staff. 4. The GPTWC also held a deep dive session, with break out groups, on EDI this year and has promoted the completion by staff of EDI data on ESR, attending the five FGC staff Networks to consult, engage and inspire colleagues. 5. GHC Director and other senior colleagues participated in ICS People Committee review of the WRES. GHC has renewed and republished its commitment and subscription to Mindful Employer which supports WDES. 6. Reaccreditation for Level 3 Disability Confident Leader status (2022-25) under the WDES heading. 7. Diversity Networks ToR identify committees and associated partners and the committee ToR link with EDI. 8. Annual monitoring of the Gender Pay Gap Report. 9. Patient and Carer Race Equality Framework (PCREF) – a scoping exercise is to map out the current activity within GHC that aligns to the framework. Already fulfilling many of the competencies, this activity is designed for us to see what we | 2 | Neil Savage |
|--|--|---|---|-------------|

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| | | are already doing, where we can improve and any gaps that will require more work and will give us a concise picture of how we are fulfilling PCREF. | | |
| | 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 | <ol style="list-style-type: none"> 1. Oversight of the introduction of a new Equalities Impact Assessment process linked to the Quality Impact Assessment which ensure this is given due consideration at the development stage of any new service proposal of process and CIPS. 2. Active involvement in Workforce Racial Equality Standards and Workforce Disability Standards discussions examples include the Trust Board Committee responsible for workforce matters – the Great Place To Work Committee (GPTWC) - schedules updates and approval of the annual WDES/WRES plans and activities. 3. Support to staff networks include a Non-Executive Director Chairs the Diversity Network, supported by a Director deputy chairing. Leaders frequently attend the staff Network, WLN Chaired by Director of Finance, Chairs are invited to Senior Leads Team Meeting. 4. Dir of HR/OD attended the Gloucestershire Network Chairs Development Programme. 5. Board members supported the promotion of Network initiated campaigns (#MyNamels, Rainbow Lanyards, Pronoun campaign) | 1 | Neil Savage |
| Domain 3: Inclusive leadership overall rating | | | 5 | |
| Third-party involvement in Domain 3 rating and review | | | | |
| Trade Union Rep(s): Staff Side (22 nd March 2023) | | Independent Evaluator(s)/Peer Reviewer(s): Gloucestershire Hospitals NHS Foundation Trust (17 th March 2023) | | |

| EDS Action Plan | |
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| EDS Lead Tania Hamilton (Contributors: Neil Savage, Jo McGuire, Jo Sansom, Parisa David, Charlotte Tucker, Dominika Lipska-Rosecka, Cath Shephard) | Year(s) active 2022/23 |
| EDS Sponsor Neil Savage – Director of HR & OD | Authorisation date 29th March 2023 – GPTWC |
| | |

| Domain | Outcome | Objective – Cancer Services (1) (NB this is “MacMillan Next Steps Cancer Rehabilitation Service”) | Action | Completion date |
|--|--|--|---|---|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | 1. To have all information for cancer services is accessible formats and places | <ul style="list-style-type: none"> • Enable multiple channels to access • Use Easy Read where practical to do so • Continue to access the Interpreter Service • Explore and check if new venues are accessible | <p>On-going (BAU)</p> <p>On-going (BAU)</p> <p>On-going (BAU)</p> <p>On-going (BAU)</p> |
| | 1B: Individual patients (service users) health needs are met | 1. To upskill workforce to deliver inclusive, caring services | <ul style="list-style-type: none"> • Capture reasonable adjustments for staff and patients • Staff training – Can Rehab training for Physical Activity team, Competency Framework for AHPs, ACCEND Framework, Mandatory Training, Level 2 Psychology Training, Macmillan Adoption for access to Macmillan Training • To build on Service pathways and processes designed to link with cancer services at GHNHSFT, Primary care and voluntary sector to ensure continuity of care | <p>On-going (BAU)</p> <p>On-going (Annual PDRs)</p> <p>By March 2024</p> |

| Domain | Outcome | Objective – Cancer Services (1) (NB this is “MacMillan Next Steps Cancer Rehabilitation Service”) | Action | Completion date |
|--------|--|--|---|---|
| | 1C: When patients (service users) use the service, they are free from harm | 1. To safety proof our services by creating safe spaces for patients and those delivering the care | <ul style="list-style-type: none"> • Continue to review pre-assessment paperwork on an annual basis • MDT working to highlight any reasonable adjustments for patients, clear communication of care needs, ensure oversight of clinicians who work autonomously • Staff Clinical competencies and training • Professional Supervision – Individual specialities, group psychology | <p>Annual</p> <p>On-going (BAU)</p> <p>On-going (BAU)</p> <p>On-going (BAU)</p> |
| | 1D: Patients (service users) report positive experiences of the service | 1. Capture outcome measures obtained for physical and mental health and wellbeing. | <ul style="list-style-type: none"> • Continue to use MYCAW, FFT and clinical patient outcome measures | On-going (BAU) |

| Domain | Outcome | Objective – Translation and Interpretation Services (2) | Action | Completion date |
|---|--|--|---|--|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | 1. To ensure all service users have the most accessible services at any given time | <ul style="list-style-type: none"> • Ensure we work with local services to simplify our resources • Discussions with providers to continue to improve digital access for service users (collaborative contract with GHFT and possible other partners) • Use Easy Read where practical to do so • Identify accessible routes to our services • Review our policy on clear guidance | <p>On-going</p> <p>Autumn 2023</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> |
| | 1B: Individual patients (service users) health needs are met | 2. To embed reasonable adjustments and appropriate training as part of BAU | <ul style="list-style-type: none"> • To provide on-going support to make website and access to portal accessible for staff along with policy and procedure. • Continue training provided for main providers: Managing Memory services, Dementia induction delivered and more plans to upskill all providers around Learning Disability services and MHA. • To share and learn from good practice and pathways. • To implement reasonable adjustments made i.e. longer appointments, mobility, hearing and sight impairments | <p>March 2024</p> <p>On-going (Dec 2024)</p> <p>On-going</p> <p>On-going (BAU)</p> |

| Domain | Outcome | Objective – Translation and Interpretation Services (2) | Action | Completion date |
|--------|--|--|--|---|
| | 1C: When patients (service users) use the service, they are free from harm | 3. To ensure safe spaces are accessible in our services for patients and those delivering the care | <ul style="list-style-type: none"> • Improving access to the services 24/7, 365 days, 3 providers: AA Global, DA Languages and BSL - GDA. • Review and adopt policies and procedures on how to access services to inform staff in place. • Develop ways to share and support the Datix reporting process • Discussion with providers to ensure issues raised are actioned • To ensure these issues are monitored and actioned | <p>Jan 2024</p> <p>Dec 2023</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> |

| Domain | Outcome | Objective – Translation and Interpretation Services (2) | Action | Completion date |
|--------|---|--|---|---|
| | 1D: Patients (service users) report positive experiences of the service | <p>1. <u>GDA</u> To make services accessible in all languages, formats and platforms</p> <p>2. <u>DA languages</u> To ensure we are fully inclusive</p> <p>3. <u>GHC Teams</u> Look at options to refine data on our translation services</p> | <ul style="list-style-type: none"> • Introduce a QR code for Deaf clients to receive a text so they can send back some feedback. • Explore ways to better understand our patients' need by questionnaires to leave written feedback but the scores help us ensure that our services are running correctly. • To explore ways of capturing data related to translation and interpretation services. • Continue building how we will capture and present patient experience and staff experience into new spec and contact MI requirements (system wide approach) • Build this into contract tendering and define the quality expectations going forward and the Equality Impact Assessment process. | <p>Dec 2023</p> <p>Mar 2024</p> <p>Dec 2024</p> <p>On-going</p> <p>On-going</p> |

| Domain | Outcome | Objective | Action | Completion date |
|--|--|--|---|-----------------|
| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Further develop pro- active Wellbeing support from start of employment | Review trial and further develop process to connect with all new starters and try and ensure ongoing connection throughout career (via Wellbeing Implementation plan) | July 2024 |
| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Improve on data from most recent staff survey | Review data and identify action plan to ensure improvements. Integrate into 2-5 year HWB Plan | Dec 2024 |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Improve communications regarding support available | Via comms plan and increase in numbers of wellbeing champions (part of wellbeing implementation plan) | Jan 2024 |
| | 2D: Staff recommend the organisation as a place to work and receive treatment | Improve on staff survey results | 2-5% increase in annual Staff Survey results for staff recommending the organisation as a place to work and/or receive treatment | Jan 2024 |

| 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 | <p>1.To continue to raise the Trust profile and engagement with health inequalities across the system and region to enhance inclusion and understanding</p> <p>2.To drive engagement and attendance at educational events on equality and health inequalities.</p> | <ul style="list-style-type: none"> Continue attendance at national Health Inequalities Improvement Forums, SW region and national events Promote and participate in the relaunched Reciprocal Mentoring Programme (March 2023) Collaborate and lead initiatives across the system | <p>On-going</p> <p>March 2024</p> <p>On-going</p> |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 1.To keep the profile of EDS22 raised on the committee and training agendas and mitigate risks | <ul style="list-style-type: none"> Ensure the EDI is on committee agendas Lead by example on and sponsor leadership development programmes within EDI and inclusive leadership content Monitor EDI risks at GPTWC Risk Register Continue to blog and share relevant items aligned to the Trust values | <p>On-going</p> <p>On-going</p> <p>Bi-monthly</p> <p>On-going</p> |

| Domain | Outcome | Objective | Action | Completion date |
|--------|---|--|--|---|
| | | | <ul style="list-style-type: none"> Proactive involvement in Workforce Racial Equality Standards and Workforce Disability Standards discussions examples include the Trust Board Committee responsible for workforce matters – the Great Place To Work Committee (GPTWC) Review GPGR and assess risks and benefits in considering Race and Disability pay gap reporting (not statutory) | <p>On-going</p> <p>2023-24</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>1. To continue to raise the profile of EDI at Board Level</p> <p>2. To support and/or lead the Trust's 5 Staff Networks</p> | <ul style="list-style-type: none"> Spotlight EDI through the relevant committees Invite staff stories and work through case studies Support, chair and attend staff networks include a Non-Executive Director Chairs the Diversity Network, supported by a Director deputy chairing. Endorse campaigns initiated by the Networks | <p>Monthly</p> <p>As required</p> <p>On-going</p> |

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