Trust Board
3rd March 2023

Title of the paper:	**Equality Delivery System Report – 2022/2023**		
Agenda Item:	*Leave blank for admin*		
Presenter:	Alex Paice, Associate Director of OD & Culture		
Author(s):	Alex Paice, Associate Director of OD & Culture		
Purpose:	*Please tick the appropriate box*		
	For approval	*For discussion*	*For information*
	x	x	
Executive Summary:	The purpose of this report is to provide PERC with an overview of the Equality Delivery System (EDS) review conducted in 2022 and outlined areas for further development to support reducing inequalities in the workplace and the services provided.		

The EDS is a framework that assesses NHS providers against 3 domains in workforce and service delivery:
- **Domain 1 Commissioned or provided services;**
- **Domain 2 Workforce health and wellbeing;**
- **Domain 3 Inclusive leadership.**

These aspects are evaluated and scored using available evidence and insight by depicted stakeholders.

For Domain 1 NHSE have agreed that in this transition year, the Trust was able to review two services rather than three, these were identified as Maternity & Diabetes. Whilst the ICB have agreed to mirror the service priorities identified by acute providers within the system, they are yet to define the process and governance to support delivery and are not expecting to complete this before the end of the financial year.

For Domain 2, the Trust was considered by stakeholders as accomplishing 'a lot' in regards to wellbeing and are doing 'very well' overall. This was reflected in the scoring whereby 'Achieving Activity' was attained across most of the outcomes.

For Domain 3, stakeholders indicated that there is varying perception of senior leadership involvement and engagement across the networks. Elements of good practice were noted but feedback indicated this was not consistent across the networks. Consequently, the 'Developing Activity' score was provided across the majority of the outcomes.

The areas for further development identified in this review have been co-created with relevant stakeholders, service leaders and utilisation of the EDS criteria to ensure they are relevant and meaningful.

Trust strategic aims: *(please indicate which of the 4 aims is relevant to the subject of the report)*	Aim 1 **Best care**	Aim 2 **Great team**	Aim 3 **Best value**	Aim 4 **Great place**	
	Objectives 1-4	Objectives 5-8	Objective 9	Objective 10-12	
	x	x			

Links to well-led key lines of enquiry:	☒Is there the leadership capacity and capability to deliver high quality, sustainable care? ☐Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? ☐Is there a culture of high quality, sustainable care? ☐Are there clear responsibilities, roles and systems of accountability to support good governance and management? ☐Are there clear and effective processes for managing risks, issues and performance? ☒Is appropriate and accurate information being effectively processed, challenged and acted on? ☐Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? ☒Are there robust systems and processes for learning, continuous improvement and innovation? ☐How well is the trust using its resources?

Previously considered by:	Committee/Group	Date
	PERC	28th February

Action required:	The committee is asked to receive and review the Equality Delivery System report - 2022/2023 and approve for publication on the Trust website, in line with statutory requirements.

Please keep this report concise, i.e. no more than 4 pages. If necessary, signpost to further sources of information, but do not embed documents

Agenda Item: *To be left blank*

Trust Board - 3rd March 2023

Title of paper **Equality Delivery System (EDS2022) Report – 2022/2023**

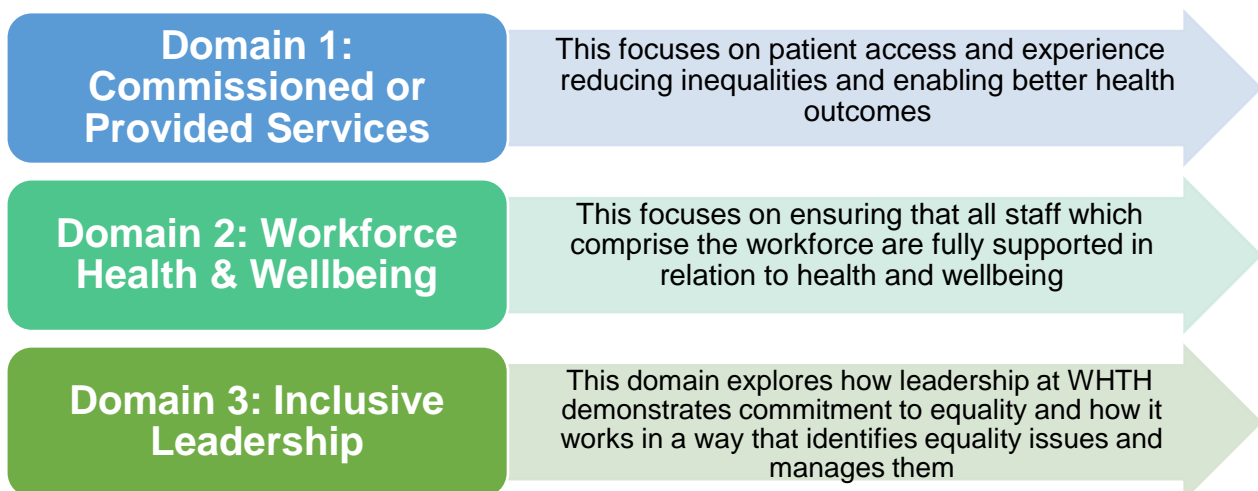**Presented by:** *Alex Paice, Associate Director of OD & Culture*

1. Purpose

This report provides an overview of the Equality Delivery System (EDS) review conducted in 2022 and outlined areas for further development moving forward. This will enable the Trust to further meet the EDS requirements in future reviews and progress its journey towards achieving just and inclusive environments, that foster compassion, respect and learning.

2. Background

The NHS Equality Delivery System (EDS) is the foundation of equality improvement within the NHS, acting as an accountability and improvement tool for NHS organisations - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforce and leadership. Enabling the development and implementation of meaningful equality objectives, enacting tangible change in an incremental and sustainable way, to produce better experiences and outcomes for those who utilise the service and those who deliver it.

In 2022/2023 the EDS assessment framework was refined to be a more robust assessment method, aligned with the evolving NHS landscape as well as with the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS People Plan. Subsequently, the EDS2022 framework became comprised of 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services	This focuses on patient access and experience reducing inequalities and enabling better health outcomes
Domain 2: Workforce Health & Wellbeing	This focuses on ensuring that all staff which comprise the workforce are fully supported in relation to health and wellbeing
Domain 3: Inclusive Leadership	This domain explores how leadership at WHTH demonstrates commitment to equality and how it works in a way that identifies equality issues and manages them

Each of the above domains have set outcomes that must be evaluated and scored against set criteria (Appendix A) using available evidence as well as insight and experiences of the depicted stakeholders. It is these ratings that provide assurance and/or provide direction for further improvement.

Table 1. Key Stakeholders for Domain 1, Domain 2, and Domain 3

Domain 1 Provided Services stakeholders	Domain 2 Workforce health and wellbeing stakeholders	Domain 3 Inclusive leadership stakeholders
Patients and Service Users Carers Local members of the public Community groups Chaplaincy Voluntary, Community and Social Enterprise organisations Lay members	Staff members Staff networks Trade unions Chaplaincy Freedom to Speak Up Guardians	Independent Evaluators or Peer Reviewers Trade unions Staff networks

Each of the outcomes are scored from 0 – 3. Once all stakeholders have provided their scores, an average of all scores for each outcome are calculated to get a representative score for of each outcome. These are added together to get to gain domain ratings.

Figure 1. EDS Scoring System

Undeveloped Activity	Organisations score 0 for an outcome
Developing Activity	Organisations score 1 for an outcome
Achieving Activity	Organisations score 2 for an outcome
Excelling Activity	Organisations score 3 for an outcome

Total domain scores are added together to provide the EDS Organisation Rating, which is out of 33 with a maximum score of 12 in Domain 1, 12 in domain 2 and 9 in Domain 3. Organisation Ratings that score:

- Under 8 are rated Undeveloped;
- Between 8 and 21, are rated Developing;
- Between 22 and 32 are rated Achieving;
- 33 are rated Excelling.

Robust implementation of the framework will support with achieving just and inclusive environments for protected groups described in the Equality Act (2010) as well as complement the work being undertaken in regard to:

- Public Sector Equality Duty;
- NHS Workforce Race Equality Standard (WRES);
- NHS Workforce Disability Equality Standard (WDES);
- Gender and Race Pay Gap.

All NHS Providers are required to implement the EDS, as part of the NHS Standard Contract and from 2023/2024 annual reviews and reports are required to be undertaken in a collaborative fashion with fellow NHS organisations and commissioners, within their Integrated Care Board (ICB) domain.

Overall responsibility for the EDS sits with the Executive Board within each organisation. The Senior Responsible Offer for the implementation is the Chief People Officer.
In addition, each of the domains will have an operational lead. These are:

- Domain 1 will be overseen and led by Deputy Chief Nurse in conjunction with the Strategy Delivery team;
- Domain 2 and 3 will be led by the Associate Director of People – OD and Culture in conjunction with the Workforce Wellbeing Lead.

3.   West Hertfordshire Teaching Hospital's EDS 2022

As a result of 2022/2023 being the first year whereby the revised framework was being utilised, NHS providers were given the option by NHS England to continue using the previous metrics and defer the implementation until it becomes mandatory in 2023/2024.

Nevertheless, the Trust established a commitment to undertake this piece of work utilising the more robust means of assessment from 2022, as it is dedicated to significantly advancing the Equality, Diversity and Inclusion (EDI) agenda and understands the importance of developing a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

3.1   Domain 1 – Provided Services

NHSE have agreed that in this transition year, the Trust can review two services, rather than three, one of which must be from a limited list of the core20plus5. The service for review in 2022-2023 is maternity, complimenting the work around the Ockenden Review and transformation work in maternity services alongside diabetes.

Health inequalities are realised in access, experience and outcome. How we reduce health inequalities requires system commissioning and delivery across multiple partners and over the course of a long-term strategic plan. This Strategic Objective will be revised early 2023. Whilst the ICB have agreed to mirror the service priorities identified by acute providers within the system, they are yet to define the process and governance to support delivery and are not expecting to complete this before the end of the financial year. This will mean that our Q3 target is unmet. Work continues to engage with ICB place director and system colleagues.

Our existing ability to engage with a targeted group of service specific stakeholders is limited and will require development through 2023. This is a similar situation to partners across our ICS. Internal mapping is complete with a list of known staff networks and existing co-production board stakeholders.

3.1.1   Diabetes

In line with the recommendations in the guidance documents system working across the ICS will be sought to support the collation of evidence which will be led by the Patient Experience and EDI Leads. Additionally key stakeholders have been identified as Diabetes specialist Nurse, Endocrinology Consultant, Director of Midwifery and Deputy Chief Nurse. Project management support is being identified.

We will align with our Better Care Delivered Differently Programme: personalised care is committed to promoting inclusion across our services. Co-production methodology will be applied

to identify gaps where increased engagement is required and we will explore and develop current engagement groups to identify barriers.

We will include EDI identifiable information on ethnicity, gender, religion into some of our data sets starting with complaints.

Collection and analysis of evidence and insight are required to reflect the key aspects of the lived experience of patients and will be used as a source of intelligence in collaboration with patients and the wider community. The Making Local Healthcare Equal report is our starting point for this work, we will review the recommendations in the Making Local Healthcare Equal report working with Healthwatch Hertfordshire. Our next steps will be to hold focus groups representative of our patient population whose view will take primacy over self-assessment.

3.1.2 Maternity

Maternity Services 4 pillars of Ockenden review ensure sustained continuous safety improvements in Maternity services are effectively monitored.

1 Fully funded safe staffing

Two distinct pieces of work are underway to help promote Maternity services to improve retention rates and recruit to vacancies.

- Maternity rebranding exercise. Meetings have commenced and funding secured for a Comms resource to help lead the project to showcase maternity services.
- Staff wellbeing listening sessions held to capture feedback from staff to understand issues and potential improvements to wellbeing. Two sessions have already taken place and a third is scheduled for 6 weeks' time.

2 A well trained workforce

MDT training exceeded the Trust target in December 2022. The team are continuing with a 3 year MDT education plan. Local Maternity & Neonatal Systems (LMNS) is looking to support Trusts to develop a LMNS wide band 7 leadership program. The Trust is supporting band 7s attending the standard Trust's program although spaces are limited. Staff are supported in attending various bite size courses as part elements to this program that will be captured on health rosters. 2023 HEE funding will be allocated to the courses identified as part of appraisals. WACS appraisal rate above 90% and sustained.

3. Learning from incidents

The Digital Maternity System is on course to launch on 28th March and resources have been allocated to ensure implementation is on track. Badgernet training has commenced and a band 6 implementation support midwife recruited. The Maternity Governance Team is now a fully recruited team and resources allocated to real time risk and governance work and focusing on closing incidents, including those on the legacy system.

4. Provisions for listening to families more effectively

FFT has seen an improvement for Q3 but this needs to be sustained. We now have the ethnicity break down on responses which will allow us to drill down and help focus on the feedback and aim to achieve a 25% responses rate across all patients groups.

Development of a tracker to be developed to monitor patient experience feedback (positive and negative) across all sources, including complaint themes, Maternity Matron surveys and FFT. Actions to be taken should be noted and monitored by the divisional triumvirate to ensure positive

feedback is given to relevant teams and improvements are made to enhance performance and response rates where applicable.

The debrief clinic led by a senior matron provides an opportunity for families to discuss the details of their care and to ask any further questions.

Weekly birth option clinic is a service that supports choice, personalisation and birth optimisation. This enables agreeing a birth preference that is then documented in the notes.

The CQC Maternity survey was published on 11th January, this will be reviewed and the team will develop an action plan to take forward.

Maternity Voice Partnership (MVP) has been engaging with local groups and undertaken site visits with a plan to continue. The Trust is working with the MVP to understand the number of women they are speaking to in order to triangulate patient experience. Measures for Coproduction also need to be developed in relation to patient experience feedback from BAME women.

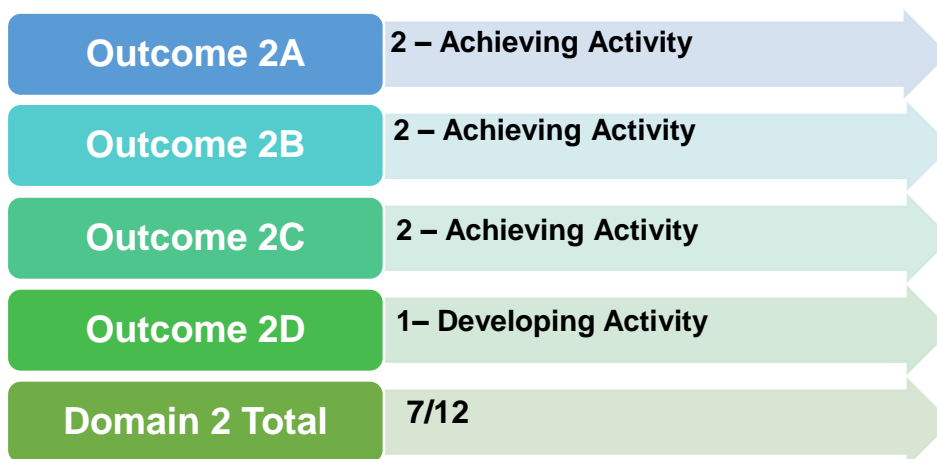Figure 2. Domain 1 - Prospective Stakeholder Scores

Outcome 1A	1
Outcome 1B	2
Outcome 1C	3
Outcome 1D	2
Domain 1 Total	8/12
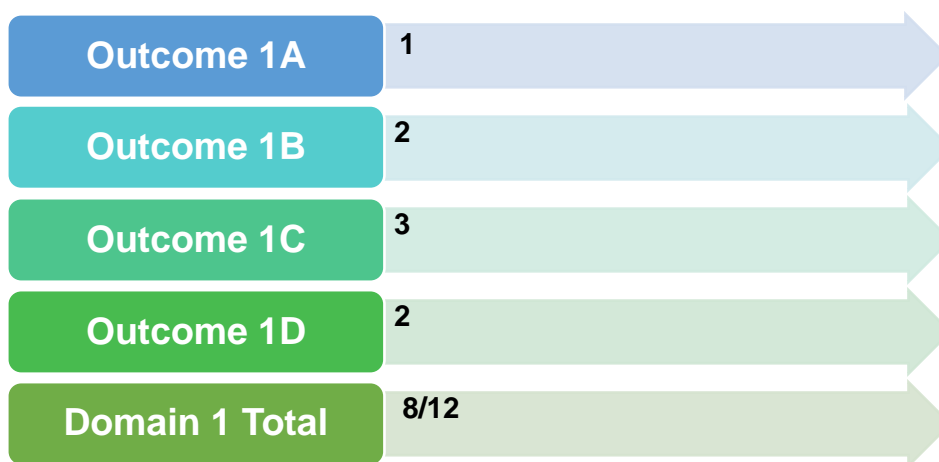
3.2   Domain 2 - Workforce Health & Wellbeing

Enabling our diverse workforce to be healthy, with a sense of wellbeing, is crucial to high-quality patient care. Therefore, a fundamental part of the Trust's ambitions is to strengthen and build on the health and wellbeing support available.

The overall consensus across the stakeholders is that the Trust is accomplishing 'a lot' in this domain and are doing 'very well, highlighted examples of good practices were:

- Volume and breadth of the wellbeing related activities available;
- The local mental health resilience hub, Here for You, which provides an extensive service to support staff wellbeing;
- Range of activities in place to support physical wellbeing;
- Extensive signposting to internal and external wellbeing resources.

Figure 3. Domain 2 - Overall Stakeholder Scores

Outcome 2A	2 – Achieving Activity
Outcome 2B	2 – Achieving Activity
Outcome 2C	2 – Achieving Activity
Outcome 2D	1– Developing Activity
Domain 2 Total	7/12

These scores broadly align with the initial self-assessment, which was undertaken last summer to identify an approximation of the Trust's current position in line with the revised criteria.

While there were numerous of positive comments around the selection and types of wellbeing related activities available, a consistent theme was raised around the level of accessibility to these provisions in terms of:

- Those suffering with long term health conditions and disabilities;
- Individuals who work night shifts - It is important to note that a significant number of those who undertake night shifts are from ethnic backgrounds.

This highlights the need for bespoke and innovative offerings to be developed to ensure all staff feel included, valued and are able to access the benefits of the wellbeing service.
Though to undertake this effectively, stakeholders feedback that it is crucial that the offerings are co-created with the staff networks and relevant staff groups to ensure wellbeing provisions are developed through an EDI lens. Moreover, a range of individuals highlighted the need to have more targeted health and wellbeing campaigns, provisions and activities that resonate with the workforce e.g., world diabetes day, men's mental health, menopause etc.

Alongside further developing the types of activities scheduled, a key focus needs to be on developing the ways in which the wellbeing services and offerings are promoted within the Trust. From conversations with stakeholders, it is apparent that individuals are not always aware of the extent of the services and resources available. Developing communication plans and advertising beyond emails is extremely important, especially to effectively engage with clinical and medical staff. Moreover, feedback has indicated that this is particularly salient for those who undertake night shifts as they are less likely to be able to read emails received, either during their shift or on non-working days. Cultivating better engagement is essential to support with improved outcomes for our staff.

Despite scoring well overall, several stakeholders emphasised that there were aspects needing further development around the outcomes that related to bullying and harassment processes and the support available. While most of the feedback acknowledged that there were a lot of the elements in place around these areas, they were not perceived 'as effective as they could be'. Stakeholders commented that they had known individuals who had experienced bullying and harassment issues and 'had not found it easy to get anyone to take notice'. Others also voiced a need for policies and associated processes to be more people orientated and supportive in nature. A particularly interesting comment was raised around the HR business partners as well as the wider HR team and how they are often seen to be "the Trust". To help further engender a safe and supportive culture, it was suggested for the team to undertake more regular walkabouts and to engage with divisional colleagues outside of formal meetings or HR related processes. It was felt

that such an approach would make individuals feel more comfortable to discuss and disclose matters as HR business partners would be more visible, have developed rapport and be seen more as part of the wider divisional team.

Overall, the lowest ranked outcome was around recommending the organisation as a place to work. This view is mirrored within the staff survey 2022 results whereby 51.3% colleagues responded yes, a 5.6% reduction on the previous year. Feedback received, both in the process of undertaking the EDS review and in other forums, emphasised that some key elements that contributed towards creating an environment that is a 'great place to work' included:

- Inclusive and compassionate leadership & culture;
- Career development opportunities & progression;
- Levels of support available;
- Recognition and Reward.

These elements also correlate with the recently developed WRES, WDES and pay gap reports. These areas of focus transect across a variety of workstreams beyond the wellbeing service but nevertheless has a significant impact on levels of morale, engagement and staff experience. Consequently, they are some of the key areas focused upon within the 2023-2028 People Strategy.

Work has already commenced around certain relevant aspects such as:

- Development of the induction provision and new starter support mechanisms;
- Reenergising of the leadership development provision;
- Improving awareness and accessibility of development opportunities.

While these elements do not directly overlap with the specified EDS criteria, they will in time help to improve the extent to which the Trust will meet sub theme 2D in future years.

Undertaking the initial EDS assessment has further highlighted the importance of a cohesive and unified approach between all of the wider HR functions (i.e. Occupational Health, Operational HR, Education), but particularly around wellbeing and EDI services, to provide a robust approach to supporting the diverse workforce and improving staff experience. This has been further reinforced by observing the scores at a stakeholder level, as it is apparent that there is a range of views regarding the extent to which the Trust meets each of the Domain 2 outcomes.

Table 2. Average scores obtained from each stakeholder group.

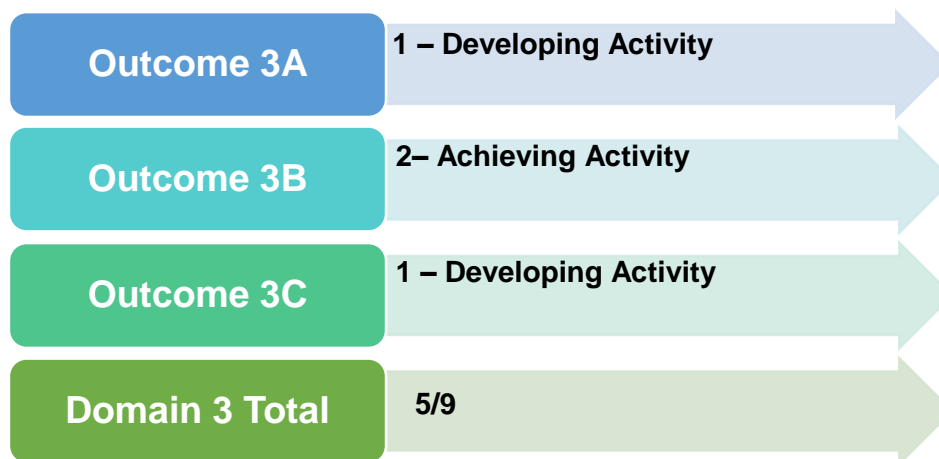|	Connect Multicultural Network	Diversity Staff Network	Carer Staff Network	LGBTQ+ Staff Network	Chaplaincy	Wellbeing Champions	FTSU Guardian	Staff Side
2A	1	2	2	3	3	2	3	2
2B	1	2	2	3	3	2.5	3	1.5
2C	2	2.5	2	2	2.75	2.5	3	1.5
2D	1	1	1	1	2.75	1	1	2

This indicates that there is variance against the extent to which the needs of those with protected characteristics are met by the Trust. To support align the two functions and ensure wellbeing associated provisions equally meet the needs of all protected groups, a new substantive post of Inclusion & Engagement Adviser has been developed and approved.

Lastly in terms of Domain 2, several pieces of feedback were received which while they related to wellbeing, they were beyond the scope of the EDS review. For example, aspects such as 'low pay', 'no green space for staff' and 'demand on services' – elements outside of the Trust's locus of control. Nevertheless other comments relating to developing reward incentives, increasing the 'synergy' between departments and exploring budgets for local provisions will be picked up as part of the wider wellbeing work being undertaken in 2023.

3.3 Domain 3 – Inclusive leadership

The March 2022 Messenger review highlighted that to truly create the conditions for high quality, compassionate and continually improving healthcare, leaders must understand and better nurture inclusiveness, promote equity and value diversity. The Board understand this and are committed to create a culture of compassion whereby diversity is encouraged and celebrated, enabling an environment where all staff are empowered and have a positive experience.

Figure 4. Domain 3 - Overall Stakeholder Scores

Outcome 3A	1 – Developing Activity
Outcome 3B	2– Achieving Activity
Outcome 3C	1 – Developing Activity
Domain 3 Total	5/9

During the review, areas of good practice identified were:

- Implementation and commencement of the EDI steering group;
- Acknowledgment of the importance of EDI related matters with the People Strategy 2023-2028;
- Implementation of a dedicated EDI non-pay budget from financial year 2023/2024;
- Number of initiatives commencing for 2023/2024 that aim to further advance the EDI agenda within the Trust.

Though a selection of stakeholders raised that the extent to which the criteria is met under Domain 3 varies across the protected groups. While certain key elements are in place, such as:

- Staff network guardians to act as senior sponsors and advocate for the group
- Senior leaders' attendance at network meetings on a regular basis
- Attendance at key events

Stakeholders reported these elements were not consistently applicable across all the staff networks, creating a disparity in experience and perception of senior leadership involvement. In addition, it was felt that that further advocacy as well as processes were needed to help support divisibility and the working carers network. Stakeholders also voiced that they would like to see more direct involvement outside of religious, cultural or local events/celebrations with senior members of the organisation.

Moreover, network chairs acknowledged that while their role enabled them to have some awareness and understanding around senior leaders' involvement in EDI matters, the wider network members did not have the same insight. Consequently, feedback demonstrated that there is a perception that there is a lack of senior engagement from those on the 'shop floor' and that more visibility and accessibility is required.

Further feedback indicated that networks would like to see a robust reciprocal mentoring programme embedded to enable senior leaders to gain greater insight into the lived experience of colleagues from protected groups. This would support with developing further understanding around the barriers experienced by protected groups and identify what further support is required from an organisational point of view.
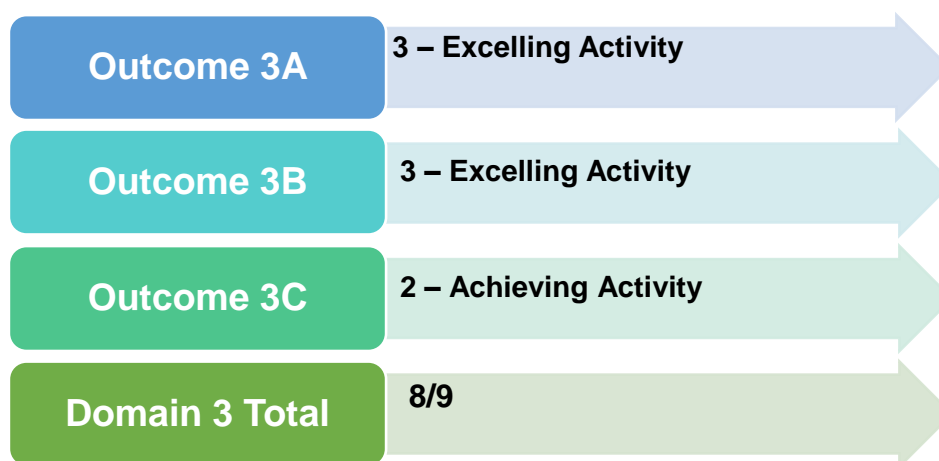
On a similar theme, stakeholders highlighted the requirement of having awareness sessions (i.e., cultural, disability, menopause etc) to help raise understanding and insight, which in turn would support with fostering a sense of belonging in the workplace and strengthening colleague interactions. While it is essential for senior leaders to undertake the sessions, it was felt that there was also significant need for the those with line manager responsibilities to undertake such sessions as well.

In terms of the governance framework, there was a view that Board meetings as well as other senior leadership committees could be more transparent about what is discussed and the actions arising. This was particularly relevant around health inequalities as it was felt that this was an area in which individuals were less familiar with compared to the workforce related aspects.

In addition, networks expressed that they would welcome the opportunity to be periodically invited to present to the board directly and contribute to conversations around health inequalities. There were also comments around the need for senior leaders at a divisional level to robustly demonstrate their commitment and involvement in EDI matters. There is an expectation that through developed KPIs, presented at regularly at divisional performance reviews (IPRs), this level of engagement will start to develop but further work will be required to ensure EDI is considered at a divisional level as well as from a Trust perspective.

In addition to stakeholder assessment, Domain 3 is required to be independently assessed by a comparable organisation who has with no direct involvement in managing or working for the Trust. Consequently, arrangements were made with Milton Keynes University Hospital to provide the necessary peer review. The relevant evidence pack was shared with their EDI lead, who found the evidence substantial and 'very clear'. They also commented that they felt the Trust was 'championing the inclusive leadership agenda'.

Figure 5. Domain 3 – Peer Review Assessment Scores

Outcome 3A	3 – Excelling Activity
Outcome 3B	3 – Excelling Activity
Outcome 3C	2 – Achieving Activity
Domain 3 Total	8/9

3.4 EDS Organisation Rating

Overall, with the prospective scores for Domain 1 and stakeholders scores within Domain 2 and 3 the Trust is working at an 'Achieving' activity level. As this is the first year whereby this iteration of

the EDS framework has been implemented and as such it cannot be compared to previous scores achieved and in affect is 'ground zero' in which to build on moving forward.

3.5 **Action Plans for 2023/2024**

The People Strategy 2023-2028 puts a significant emphasis on supporting the health of the workforce and the importance of equality, diversity and inclusion in developing staff experience. On that basis the Trust's equality objectives for 2023/24 include:
- Introduce an inclusive approach to recruiting staff using values-based approaches;
- Implement Trust values and behavioural framework that supports an inclusive culture;
- Support enhanced opportunities for leadership development taking consideration of diversity at all levels.

The areas for further development identified in this review have been co-created with relevant stakeholders, service leaders and utilisation of the EDS criteria to ensure they are relevant and meaningful. They complement and in certain instances help deliver the objectives outlined above. In addition, specific action items have been aligned with other relevant strategic frameworks such as Staff Survey, WRES, WDES and Pay Gap in order to have a cohesive approach to staff experience, cultivating a 'great place to work'.

For Domain 2 and Domain 3, the majority of identified actions (Appendix B) will be progressed collaboratively through the relevant OD & wellbeing working groups which are comprised of both transformational and operational HR colleagues, staff network representatives and subject matter experts. The three working groups are:
- Staff Support;
- Staff Recognition & Engagement;
- Environment & Facilities.

Working group leads will be providing monthly updates to Associate Director of People – OD and Culture to ensure incremental progress is achieved and maintained. Regular updates will be provided to key stakeholders by the Workforce Wellbeing Lead and Workforce Equality Diversity & Inclusion Lead.

4. **Risks**

Risk	Mitigating action
Risk of reputational damage. This can stop the Trust being an employer of choice, demotivate current staff and increase vacancies.	By proactively and fully engaging in the EDS allows the Trust to assess the physical impact of discrimination, stress and inequality and provides an opportunity for the Trust to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.
Risk that the changed EDS framework will negatively impact the assessment scores as the outcomes are more specific and scoring is being undertaken by stakeholders rather than self – assessment.	This is first year of the EDS 2022 framework being implemented and as such it is enables trusts to identify where they are through the eyes of their key stakeholders and enables them to clearly see how to further develop. The changes mean that it cannot be compared to previous scores achieved and in affect is 'ground zero' in which to build on.

5. **Recommendation**

The committee is asked to receive and review the Equality Delivery System report - 2022/2023 and approve for publication on the Trust website, in line with statutory requirements.

Name of Director Andrew McMenemy
Title Chief People Officer

Date: 13/2/2022

APPENDICES:

Appendix A – EDS Outcomes

Appendix B – Identified Actions

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 1A: Patients (service users) have required levels of access to the service.	**0 - No or little activity taking place**	- Organisations/systems have little or nothing in place to ensure patients with protected characteristics have adequate and appropriate access to the services they require. - Feedback from patients is not acted upon. - Organisations have not identified barriers facing patients.
	1 - Minimal/ basic activities taking place	- Data and evidence to show some protected characteristics (50%) have adequate access to the service. - Patients consistently report fair or good (or the equivalent) when asked about accessing services. - Demonstration that the organisation has identified barriers to accessing services -
	2- Required level of Activity	- Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service. - Patients consistently report good or very good (or the equivalent) when asked about accessing services. - Demonstration that the organisation has identified barriers to accessing services.
	3 – Activity Exceeds Requirements	- Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have tailored access to the service. - Patients consistently report very good or excellent (or the equivalent) when asked about accessing services. - Demonstration that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 1B: Individual patients (service user's) health needs are met.	**0 – No or little activity taking place**	- Patients with higher risks due to a protected characteristic receive little or no support to self-manage care needs. - The organisations do little or no engagement surrounding services.
	1 - Minimal/ basic activities taking place	- Patients at higher risk due to a protected characteristic needs are met in a way that works for them. - The organisations often consult with patients and the public to commission, de-commission and cease services provided.
	2- Required level of Activity	- Patients at higher risk due to a protected characteristic needs are met in a way that works for them. - The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided. - The organisations signpost to VSCE organisations and social prescribing. - Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations.
	3 – Activity Exceeds Requirements	- Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them. - The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, de- commission and cease services provided. - The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. - The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations. - The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 1C: When patients (service users) use the service, they are free from harm.	**0 - No or little activity taking place**	- The organisation may or may not have mandated/ basic procedures/initiatives in place to ensure safety in services. - Staff and patients are not supported when reporting incidents and near misses. - The organisation holds a blame culture towards mistakes, incidents and near misses.
	1 - Minimal/ basic activities taking place	- The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services. - The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.
	2- Required level of Activity	- The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. - Staff and patients feel confident, and are supported to, report incidents and near misses. - The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses.
	3 – Activity Exceeds Requirements	- The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks. - Staff and patients are supported and encouraged to report incidents and near misses. - The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses. - The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk.

Domains + Outcomes	Scoring Reference	Scoring Description
Outcome 1D: Patients (service users) report positive experiences of the service.	**0 - No or little activity taking place**	- The organisations do not engage with patients about their experience of the service. - The organisations do not recognise the link between staff and patient treatment. The organisations do not act upon data or monitor progress.
	1 - Minimal/ basic activities taking place	- The organisations collate data from patients with protected characteristics about their experience of the service. - The organisation creates action plans, and monitors progress.
	2- Required level of Activity	- The organisations collate data from patients with protected characteristics about their experience of the service. - The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. - The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences.
	3 – Activity Exceeds Requirements	- The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. - The organisation actively works with the VCSE to ensure all patient voices are heard. - The organisations create data driven/evidence-based action plans, and monitors progress. - The organisation shows understanding of the link between staff and patient treatment. - The organisations use patient experience data to influence the wider system and build interventions in an innovative way.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.	**0 - No or little activity taking place**	- The organisation does not consider the health of its workforce. - The organisation does not engage with staff about self-management of the mentioned conditions. - The organisation does not widely/regularly communicate about available support to staff about health conditions.
	1 - Minimal/ basic activities taking place	- The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions. The organisation promotes work-life balance. - The organisation signposts to national support.
	2- Required level of Activity	- The organisation monitors the health of staff with protected characteristics. - The organisation promotes self-management of conditions to all staff. - The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. - The organisation provides support to staff who have protected characteristics for all mentioned conditions. - The organisation promotes work-life balance and healthy lifestyles. - The organisation signposts to national and VSCE support.
	3 – Activity Exceeds Requirements	- The organisation monitors the health of all staff. The organisation supports all staff to actively manage their conditions via various methods. - The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. - The organisation actively works to increase health literacy within its workforce. - The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise. - The organisation signposts to national and VSCE support. - The organisation uses data to support their workforce in making healthy lifestyle choices.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	**0 - No or little activity taking place**	- The organisation does not support staff who have been verbally and physically abused. - The organisation rarely or does not penalise staff who abuse or bully other members of staff. - Staff are not supported to report patients who verbally or physically abuse them.
	1 - Minimal/ basic activities taking place	- The organisation acts and supports staff who have been verbally and physically abused. - The organisation acts to penalise staff who abuse or bully other members of staff. - Staff are supported to report patients who verbally or physically abuse them.
	2- Required level of Activity	- The organisation has a zero-tolerance policy for verbal and physical abuse towards staff. - The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. - Staff with protected characteristics are supported to report patients who verbally or physically abuse them. - The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.
	3 – Activity Exceeds Requirements	- The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff. - The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. - Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them. - The organisation provides appropriate support to staff and where appropriate works with VSCE organisations to provide support for those with protected characteristics who have suffered verbal and physical abuse. - The organisation can provide evidence that percentages for bullying and harassment are decreasing year on year for any staff group where there is a higher than average number of incidents. - The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2C: - Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	**0 - No or little activity taking place**	- The organisation has mandated staff support available. The organisation does not have active staff networks in place.
	1 - Minimal/ basic activities taking place	- Freedom to Speak Up guardians are embedded in the organisation. Relevant staff networks are active and accessible. - Staff support is available via channels provided by NHS England.
	2- Required level of Activity	- The organisation supports union representatives to be independent and impartial. Freedom to Speak Up Guardians are embedded. - Relevant staff networks are active, accessible and staff led. - Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. - Support is provided for staff outside of their line management structure.
	3 – Activity Exceeds Requirements	- The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality. - Freedom to Speak Up Guardians are embedded and empowered. - Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source. - Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. - Support is provided for staff outside of their line management structure. - The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence. - The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 2D: Staff recommend the organisation as a place to work and receive treatment.	0 - No or little activity taking place	- Over 50% of staff who live locally to services provided by the organisation do not/would not choose to use those services. Over 50% of staff who live locally are unhappy and would not recommend the organisation as a place to work. - The organisation does not compare the experiences of BAME, LGBT+ and Disabled staff against other staff members.
	1 - Minimal/ basic activities taking place	- Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services. - Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. - Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends. - The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.
	2- Required level of Activity	- Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends. - The organisation uses sickness and absence data to retains staff. - The organisation uses data from end of employment exit interviews to make improvements. - The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data.
	3 – Activity Exceeds Requirements	- Over 85% of staff who live locally to services provided by the organisation do/would choose to use those services. - Over 85% of staff who live locally are happy and regularly recommend the organisation as a place to work. - Over 85% of staff who live locally to services provided by the organisation would recommend them to family and friends. - The organisation uses sickness and absence data to retain staff, with a staff retention plan in place. - The organisation uses data from end of employment exit interviews to make improvements. - The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data. - The organisation works with partner organisations to better the experiences of all staff.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 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.	**0 - No or little activity taking place**	- Equality and health inequalities are never or rarely discussed in board and committee meetings. - Board and senior leaders have no or little engagement with staff networks. - Board and senior leaders show no or little interest in religious, cultural or local events/celebrations. - Board members and senior leaders demonstrate little or no engagement with, and/or communications to, with staff about health inequalities, equality, diversity and/or inclusion.
	1 - Minimal/ basic activities taking place	- Both equality and health inequalities are discussed in board and committee meetings. - Board and senior leaders have at least yearly/twice yearly engagement with staff networks. - Board and senior leaders acknowledge religious, cultural or local events/ celebrations. - Board members and senior leaders engage with staff about equality, diversity and/or inclusion only.
	2- Required level of Activity	- Both equality and health inequalities are standing agenda items and discussed in board and committee meetings. - Board and senior leaders meet staff networks at least thre or more times a year. - Staff networks have a senior sponsor. - Board holds services to account, allocates resources, and raises issues relating to equality and health inequalities on a regular basis. - Board and senior leaders engage in religious, cultural or local events and/or celebrations. - Board implements the Leadership Framework for Health Inequalities Improvement. - Board members and senior leaders demonstrate commitment to removing health inequalities and promoting equality, diversity and inclusion.
	3 – Activity Exceeds Requirements	- Both equality and health inequalities are standing agenda items in all board and committee meetings. - Board and senior leaders meet frequently with staff networks. - Staff networks have more than one senior sponsor. - Board and senior leaders sponsor religious, cultural or local events/celebrations. - Board members and senior leaders enable underserved voices to be heard. - Board holds services to account, allocates resources, and raises issues relating to equality and health inequalities on a regular basis. - Board members implement the Leadership Framework for Health Inequalities Improvement. - Board members and senior leaders demonstrate commitment to removing health inequalities and promoting equality, diversity and/or inclusion. - Board members and senior leaders actively communicate with staff and/or system partners about these.

Domains + Outcomes	Scoring Reference	Scoring Description
Domain 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	**0 - No or little activity taking place**	- Equality and health inequalities are never or rarely discussed in board and committee meeting. - Actions associated with health inequalities are not recorded or reported on. - Equality impact assessments are not or rarely completed.
	1 - Minimal/ basic activities taking place	- Both equality and health inequalities are discussed in some board and committee meetings. - Actions associated with equality and health inequalities are recorded and reported on. - Equality and health inequalities impact assessments are completed for some projects and policies and are signed off at senior level. - BME staff risk assessments are completed.
	2- Required level of Activity	- Both equality and health inequalities are standing agenda items in some board and committee meetings. - Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. - BME staff risk assessments are completed. - Required actions and interventions are measured and monitored.
	3 – Activity Exceeds Requirements	- Both equality and health inequalities are standing agenda items in all board and committee meetings. - Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. - Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). - Required actions and interventions are measured and monitored. - The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies. - Equality and the impact of health inequalities are reflected in the organisational business plans to help shape the work undertaken address needs.

Domains + Outcomes	Scoring Reference	- Scoring Description
Domain 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.	**0 - No or little activity taking place**	- Board members, system and senior leaders do not show commitment to the relevant below tools. - Board members, system and senior leaders do not monitor the implementation of: WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard (EDS subject to approval).
	1 - Minimal/ basic activities taking place	- Board members, system and senior leaders ensure the implementation of the relevant below tools. - Board members, system and senior leaders monitor the implementation of: WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard.
	2- Required level of Activity	- Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools. - Interventions for unmet goals and objectives are present for the relevant below tools. - Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES. - Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the following tools: WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, end of employment exit interviews.
	3 – Activity Exceeds Requirements	- Both equality and health inequalities are standing agenda items in all board and committee meetings. - Board and senior leaders meet frequently with staff networks. - Staff networks have more than one senior sponsor. - Board and senior leaders sponsor religious, cultural or local events/celebrations. - Board members and senior leaders enable underserved voices to be heard. - Board hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. - Board members implement the Leadership Framework for Health Inequalities Improvement. - Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion. - Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion.

Appendix B – EDS Actions 2023/2024

Domain 1: Patient Services

Identified Actions	Lead(s)	Timeline	Strategic Framework
Co-production methodology to be used and developed for engagement and set up focus groups with specific stakeholders	Deputy Chief Nurse + Director of Midwifery	September 2023	EDS BCDD Ockenden Review Health watch
Review recommendations for making healthcare local with HW Hertfordshire	Deputy Chief Nurse + Director of Midwifery	April 2023	
Collation of evidence for stakeholder review	Lead Nurse for Patient Experience and Patient Participation	April 2023	
Working with the maternity Voices Partnership (MVP) and local maternity and neonatal system (LMNS) to engage women and experience	Director of Midwifery	September 2023	
EPR : development of EDI specific identifiable (ethnicity, inclusive gender, religion and others): to ensure we can evaluate our data against EDI specificities in order to identify areas of inequality in access, treatment and service.	Associate Chief Nurse	Jan – March 24	
Datix: development of EDI specific identifiable (ethnicity, inclusive gender, religion and others): to ensure we can evaluate our data against EDI specificities in order to identify disproportionally affected groups against incidents, complaints, PALS and others. The triangulation of this data with the EPR data will be a valuable indicator of Health Inequalities gap narrowing.	Head of Patient Safety + Lead Nurse for Patient Experience and Patient Participation	September 2023	

Patient experience: relating to service user feedback (with exception to the ones aforementioned)	Deputy Chief Nurse + Lead Nurse for Patient Experience and Patient Participation	September 2023	
Developing health inequalities reporting as part of the quality IPR at Quality committee	Deputy Chief Nurse	March 2024	

Domain 2 A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions

Identified Actions	Lead(s)	Timeline	Strategic Framework
To further develop targeted materials for specified condition including obesity, diabetes, asthma, COPD, and mental health	AD of OD & Culture	May 2023 – linking with Wellfest to promote launch and support sign posting	EDS
Develop campaigns around promoting a work-life balance e.g., taking breaks, eating healthy, importance of sleep	AD of OD & Culture + Operational HR & Workforce	May 2023	EDS BMA Charter Staff Survey
More targeted promotion and signposting of Wellbeing activities and resources across the protected characteristics	AD of OD & Culture	March 2024	EDS Staff Survey
Extend Menopause awareness and understanding	AD of OD & Culture	April 2023	EDS People Strategy
Review and develop the special leave policy	AD of OD & Culture + AD for Operational HR & Workforce	April 2023	EDS

			People Strategy
Develop weight management programme i.e., dieticians that provide guidance around nutrition	Workforce Wellbeing Advisor	June 2023	EDS Staff Survey
Further advertise local gym discounts, free fitness classes and programmes such as couch – 5k	AD of OD & Culture	March 2024	EDS Staff Survey
Audit access uptake of physical exercise classes and equality monitor those who access the services.	AD of OD & Culture	Quarterly	EDS
Further develop healthily meal options via the staff restaurant	Estates & Facilities Team	September 2023	EDS
Working closely with the Disability champion and diversity network to further develop the accessibility of support and events available	AD of OD & Culture	Quarterly	EDS WDES
Developing Reasonable Adjustment Process	AD of OD & Culture + AD for Operational HR & Workforce	May 2022	EDS WDES People Strategy

Domain 2 B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

Identified Actions	Lead(s)	Timeline	Strategic Framework
Start implementing the NHSI Civility and Respect Framework, undertaking a	AD of OD & Culture + AD for Operational HR & Workforce	April 2023 onwards	

diagnostic tool and developing a working group			EDS
Promote civility and respect in communications and events e.g., #IWillSpeakUp	AD of OD & Culture + AD for Operational HR & Workforce + FTSU Guardian	April 2023 onwards	
Embed 'Just Culture' within HR policies	AD of OD & Culture + AD for Operational HR & Workforce	Feb to May 2023/ ongoing	People Strategy
Run forums with Ops HR & Staff networks to explore and unpack feedback and establish best approach moving forward in regards to HR processes	AD of OD & Culture + AD for Operational HR & Workforce	March 2023	WRES WDES
Cultural & Disability Awareness	AD of OD & Culture + AD for Operational HR & Workforce	Summer 2023	Staff Survey
Set task and finish group to review current E&D learning modules / resources	AD of OD & Culture + AD for Operational HR & Workforce	April 2023 onwards	
Develop targeted themes for future Schwarz Rounds	AD of OD & Culture + AD for Operational HR & Workforce	June 2023	

Domain 2 C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

Identified Actions	Lead(s)	Timeline	Strategic Framework
Develop Staff Interfaith & Philosophy Network	AD of OD & Culture + AD for Operational HR & Workforce	April 2023	Staff Survey People Strategy
Further develop staff network terms of conditions and governance arrangements	AD of OD & Culture + AD for Operational HR & Workforce	March 2023	EDS People Strategy

Promoting the staff support available via channels provided by NHS England	AD of OD & Culture + AD for Operational HR & Workforce	March 2024	EDS Staff Survey

Ensure that all staff going through any formal process has appropriate levels of support
    - Ongoing wellbeing support
    - Regular check-ins
    - Debrief
	AD of OD & Culture + AD for Operational HR & Workforce	From May 2023	EDS
			
			Staff Survey
			
			People Strategy

Support union representation to be more visible e.g. attend staff networks/ stands onsite on a regular basis	AD of OD & Culture + AD for Operational HR & Workforce	March 2024	EDS
Specific FTSU Guardian or championed trained in the area of disability Hate Crime	FTSU Guardian	September 2023	
Increase awareness of Freedom to Speak Up for Junior Doctors	FTSU Guardian	April 2023	
Increase completion FTSU Training Modules	FTSU Guardian	December 2023	
Expand FTSU Champions representation across protected groups, staff types within staff networks	FTSU Guardian	December 2023	

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

Identified Actions	Lead(s)	Timeline	Strategic Framework

Redesigning of Line Management Training to incorporate EDI and Wellbeing elements	AD of OD & Culture + AD for Education & Learning	September 2023	EDS People Strategy WRES WDES Pay Gap Staff Survey
Improving awareness and accessibility of development opportunities	AD of OD & Culture + AD for Education & Learning	March 2024	
Value Based Recruitment	AD of OD & Culture + AD of Recruitment and Retention	September 2023	
Embed Flexible Working culture	AD of OD & Culture + AD of Recruitment and Retention + AD for Operational HR & Workforce	March 2024	

Domain 3 - Inclusive leadership.

Identified Actions	Lead(s)	Timeline	Strategic Framework
Provide video accounts from Execs/ Non-Execs highlighting their commitment and role in to EDI	AD of OD & Culture	May 2023	EDS
Conduct Board Development Sessions to focus on compassionate, inclusive leadership	Chief People Officer + AD of Learning & Education	August 2023	EDS People Strategy
Conduct Senior Leadership Development forums	Chief People Officer	Quarterly	EDS

			People Strategy

Ensure Execs and NEDs trained to support their EDI stewardship role and responsibilities i.e.,
   o Cultural Awareness
   o Reciprocal Mentoring
   o WRES Expert Training
	AD of OD & Culture + Workforce Equality Diversity & Inclusion Lead	August 2023	EDS
			
			WRES
			
			WDES

Development of Senior Leadership Training Provision including core learning on compassionate leadership, cultural awareness and reflective practices	AD of OD & Culture + AD of Learning & Education	September 2023	EDS People Strategy
Ensure when annual EDI reports are approved, there is promotional endorsement from Board accompanies key messages and communications	AD of OD & Culture	March 2024	EDS
To ensure divisional focus and support, quarterly performance KPIs to be generated focusing on protected characteristics	AD of OD & Culture + AD for Operational HR & Workforce	April 2023	EDS People Strategy
Introduce reciprocal mentorship programme to support Board development and subject matter insight across all staff networks.	AD of OD & Culture	April 2023 onwards	WRES WDES Pay Gap
Inviting Staff Network Chairs to an annual meeting with Executives and NEDs to identify how the Board can support the work and objectives of the Networks and related EDI action plans	AD of OD & Culture	August 2023	EDS
CEO & CPO to meet all staff networks (at least annualy)	Chief Executive Officer & Chief People Officer	March 2024	EDS

Staff networks to be periodically invited to present to the board at PERC as a board committee alongside providing an annual EDI update that includes network updates to board	AD of OD & Culture	March 2024	EDS
Each Network has at least 1 network guardian who is a Executive or a Non-executive	AD of OD & Culture	April 2023	EDS People Strategy WRES WDES
Support Executive Staff Network Sponsors to attend at least 2 Staff Network meetings in a calendar year and provide briefings around this interface in Trust communications.	AD of OD & Culture	March 2024	
Increase visibility about the extent of EDI work is being undertaken e.g. further develop dedicated EDI webpage	AD of OD & Culture	March 2024	
Ensure health inequalities are standing agenda items in all board and committee meetings.	Trust Secretary	April 2023	EDS
Review and Development of the Equality Impact Assessment (EqIA) governance process	AD of OD & Culture + Head of Patient Safety	May 2023	EDS