Equality Delivery System 2022

The Equality Delivery System (EDS) has been developed by the NHS to assist NHS organisations improve services provided to their local communities, whilst providing better working environments free from discrimination, as per the requirements under the Equality Act 2010. It is an improvement tool to for improving equitable outcomes and experiences for patients and colleagues within the NHS, through action plans based on the collection and assessment of evidence.

The EDS was first launched in November 2011 and has since undergone several updates to now be EDS 2022. EDS 2022 is aligned to NHS England's long-term plan and commitment to providing an inclusive NHS that is fair and accessible to all.

Implementation of the EDS is a requirement on both NHS commissioners and NHS providers. The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England to participate in active conversations with patients, public, staff, colleague networks, community groups, and trade unions. The aim is to review and develop an approach to addressing inequalities through three Domains: Services, Workforce and Leadership.

In this report, two services have been assessed under the EDS criteria for Domain 1 (Service) and Domain 2 (Workforce). Domain 3 (Leadership) is an assessment of the organisational-wide approach and progress. Each Domain has been scored based on data and evidence provided.

A focus group was set up in quarter 3 2022 which included representatives from the Somerset Integrated Care Board (ICB), Inclusion team, Patient and Liaison Service (PALS), Wellbeing team and the Assistant Director People. This focus group agreed on two areas for assessment under Domains 1 and 2:

- Maternity (CORE20PLUS5 clinical area)
- Colleague Support Service

Due to the merger between Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH) in April 2023, both trusts will be covered in this one report.

NHS Equality Delivery System (EDS)

Name of Organisation	Somerset NHS Foundation Trust
	Yeovil District Hospital NHS Foundation Trust
Name of Integrated Care System (ICS)	NHS Somerset
Organisational Board Sponsor	Isobel Clements
	Phil Brice
EDS Lead	Sun Sander-Jackson
EDS engagement date(s)	12 Dec 2022
	6 Jan 2023
	9 Jan 2023
	Scoring date Feb 2023
Date completed	February 2023
Month and year published	February 2023

At what level has this report been completed?

Individual organisation	
Partnership* (two or more organisations)	Somerset NHS Foundation Trust, and
	Yeovil District Hospital NHS Foundation Trust
Integrated Care System-wide*	NHS Somerset

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 out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Maternity
Domain 1: Commissioned or provided services

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Patients (service users) have required levels of access to the service	**CQC patient survey** The survey results are taken from service users who gave birth in February 2022 (SFT) and due to small birth numbers, February, and March 2022 at YDH. The 2022 maternity service survey across Somerset demonstrates a higher than the National average level of user satisfaction with Maternity services, with Yeovil in the top performing Trusts in the country. Access to services has not been raised as a specific area of concern for service users. *Of note – this survey covers a period of time when there were significant restrictions in place for visiting and access during the pandemic. It is considered that some or the responses in this survey are reflective of this.* The best user experience is reported in these areas: • Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this • Mothers being able to see or speak to a midwife as much as they wanted during their care after birth • Mothers being given appropriate information and advice on the risks associated with an induced labour, before being induced	2	Sallyann King, DoM

	- Mothers discharge from hospital not being delayed on the day they leave hospital - the midwife or midwifery team appearing to be aware of the medical history of the mother and baby during care after birth. - Mothers being able to get a member of staff to help when they needed it while in hospital after the birth - During antenatal check-ups, mothers being given enough information from either a midwife or doctor to help decide where to have their baby - Mothers being able to see or speak to a midwife as much as they wanted during their care after birth - Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups. The reports identify that both YDH and SFT have similar results from 2021. There are 8 areas where there was a decrease in satisfaction. These are based around partner involvement and access, and postnatal feeding support.		
1B: Individual patients (service users) health needs are met	**The CQC service user survey** has detailed evidence to support service needs meeting physical health needs. Information and support to meet mental health needs requires additional work to ensure appropriate discussions and sign posting is in place. A new Maternal Mental Health Pathway was launched at the end of 2022. **Friends and family** There were 1487 positive responses for good/very good care via the friends and family report during 2022. Most of these reports were from	2	Sallyann King, DoM

	the service user with a small proportion – approximately 2% from family members. Kindness, compassion and support where key themes throughout all the responses.			
1C: When patients (service users) use the service, they are free from harm	**Safety outcome measures** Maternity services produce a monthly quality surveillance dashboard, which is shared with the Board. It provides ongoing oversight and review of safety issues, concerns and incidents, including serious Incidents and those reported to HSIB. **NHS Resolution - Maternity Incentive Scheme (MIS)** Compliance with all ten safety standards for MIS National safety assurance scheme. Fully compliant across both organisations year 1-3. Year 4 just submitted to the scheme declaring full compliance. Monthly oversight by Trust Quality and Governance Board.	3	Nicola Van-Eerde HoM Alison Dennett Deputy HoM	
1D: Patients (service users) report positive experiences of the service	**Friends & family** Year Jan 22- Dec 22 – 1487 responses good/very good experience of care patient & family members. **PALS** 77 in calendar year. 34% were for information only – e.g. wanting to pass message on to others, requesting notes, wanted to share experience but did not want to talk to anyone.	3	Nicola Van-Eerde HoM Alison Dennett Deputy HoM	

Domain 1: Commissioned or provided services overall rating	10

Maternity
Domain 2: Workforce health and well-being

Outcome	Evidence	Rating	Owner (Dept/Lead)

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions
 	
aim; organisations use staff data to improve the health of their staff by supporting management of long term conditions, bettering working environments and providing better work-life balance conditions which support healthier lifestyles
	• Colleague Wellbeing Intranet pages contain information, guidance and support for health and wellbeing
	• Specific offers include:
	    ○ NHS Staff Virtual Weight management offer to those with a BMI over 30,
	    ○ 12-week free NRT & group support to stop smoking,
	    ○ access to Colleague Support Line
	    ○ wider team interventions e.g. compassion circles
	• SFT has signed up to the Mindful Employer charter
	• NHS Health Check for 40-74 year olds – organised sessions at various Trust locations delivered by the external Somerset provider.
	• Individual personnel files evidence support in place and flexible working agreements to support staff with health conditions.
	• There are several Wellbeing Champions within the maternity service – wellbeing champions are trained colleagues who signpost to relevant support, information and services. They are a contact point for colleagues across the service who need advice or information.
		2	Nicola Van-Eerde HoM
			Alison Dennett Deputy HoM

| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The Trust has the following policies in place:
• Dignity at Work
• New Violence and Aggression policy
• Security Management Policy
• Supporting colleagues who experience domestic abuse

There are also courses available in leadership development.

NHS Staff Survey 2021 – data based on last 12 months:

15% of colleagues personally experienced physical violence at work from **patients / service users, their relatives or other members of the public.**

0% of colleagues personally experienced physical violence at work from **managers**.

1% of colleagues personally experienced physical violence from **other colleagues**.

72% of colleagues who experienced physical violence at work either **reported it** themselves or by another colleague.

29% of colleagues have personally experienced harassment, bullying or abuse at work from **patients / service users, their relatives or other members of the public.**

9% of colleagues have personally experienced harassment, bullying or abuse at work from **managers**. | 2 | Sallyann King DoM Maternity |

18% of colleagues have personally experienced harassment, bullying or abuse at work from **other colleagues**.

49% of colleagues who experienced harassment, bullying or abuse at work either **reported it** themselves or by another colleague.
Disability diversity data
Note: Due to smaller size of department, we could only break down responses by disability for confidentiality purposes.

0% of colleagues **with or without disability** personally experienced physical violence at work from patients/service users, their relatives or other members of the public.

0% of colleagues **with or without disability** personally experience physical violence at work from managers.

0% of colleagues **with or without disability** personally experienced physical violence from other colleagues.

85% of colleagues **with disability** reported experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public compared to 79% of those **without disability**.

81% of colleagues **with disability** reported experiencing harassment, bullying or abuse at work from managers compared to 88% of those **without disability**.

60% of colleagues **with disability** reported experiencing harassment, bullying or abuse at work from other colleagues compared to 81% of those **without disability**.

	25% of colleagues **with disability** reported experiencing harassment, bullying or abuse at work compared to 43% of those **without disability**.		
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source **Aim**; staff who have been abused, harassed or bullied are fully supported and have multiple access points to this support	Data is available from: • Monthly data from Colleague Support Service • Freedom to Speak Up anonymous outcomes **Professional Midwifery Advocates (PMA)** The PMA team are widely available across the system to support and signpost staff at times of need to independent advice and support: • Employee assistance programme • Freedom to speak guardians • HR & Trust Safeguarding Service • Somerset Integrated Domestic Abuse Support • Galop • IDVA	2	Nicola Van-Eerde HoM Alison Dennett Deputy HoM Maternity

2D: Staff recommend the organisation as a place to work and receive treatment	NHS Staff Survey 2021 69% of colleagues would recommend the organisation as a place to work. 81% of colleagues agreed that care of patients / service users is the organisation's top priority. 78% of colleagues agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation. Disability diversity data 50% of colleagues **with disability** would recommend the organisation as a place to work and receive treatment, compared to 63% of those **without disability.** 81% of colleagues **with disability** agreed that care of patients / service users is the organisation's top priority, compared to 74% **without disability.** 77% of colleagues **with disability** agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 73% of those **without disability.**	2	Sallyann King DoM

Domain 2: Workforce health and well-being overall rating	8

Colleague Wellbeing Support Service
Domain 1: Commissioned or provided services

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Patients (service users) have required levels of access to the service	**About the Service** The Colleague Support Service provides a range of services that meet the needs of service users depending on their requirements. Services are also provided in a range of routes and media to meet individual needs. The Colleague Support Service provides emotional wellbeing support to health and social care colleagues and volunteers across the Somerset Integrated Care System – so our colleagues are our service users. **Services provided** A slide deck has been attached as an appendix that provides an overview of services provided, along with evaluation data for each service. Where diversity demographic data is collected, this has been presented. (See appendix 1). Services are provided in a tiered model of intervention for individuals, teams and the organisation as a whole (see slide 2). Multiple access routes are available; recognising the need to reach out and build safe relationships with colleagues from a range of backgrounds and contexts. Services available include: - telephone line – dedicated, confidential Colleague Telephone Line which is staffed by trained professionals and psychologists. Accessible either via self-referral or manager referral (slides 53-74) - partnership and engagement with colleague networks (slides 43-52), - compassion circles (slides 11-17)	3	Rosie Novak

	- specific pilot programmes and drop-in sessions (slides 24-30) - dedicated website – www.somersetemotionalwellbeing.org (slides 4-10) **Continuous improvement** Based on the analysis of our service user data and user feedback, improvements are made to our provisions to meet specific needs. For example, following analysis of our service user data, we recognised that colleagues from BAME backgrounds, and other demographic groups, were less likely to access services. In response, a specific project has been developed working alongside our colleagues' networks (slides 43-52).		
1B: Individual patients (service users) health needs are met	As stated above – our continuous improvement approach ensures we identify individual health needs and amend our services or approach to meet these needs. Where possible, demographic data is collected to inform future improvements and service provision. Outcome measures are tracked and recorded which enable learning and improvements to services (see slides 78-90).	3	Rosie Novak
1C: When patients (service users) use the service, they are free from harm	**Crisis Protocol** The team has a specific Crisis Protocol in place so that service users who are in crisis and in need of immediate support are identified early and provided with appropriate advice, support, and referrals. **Independent EPR system** Following concerns related to user confidentiality, the Colleague Support Service opted to use an independent electronic patient record (EPR) system. This ensured that information relating to colleagues' wellbeing support or referrals are not identifiable. This keeps all data relating to colleagues who use the service separate from Trust-wide electronic	3	Rosie Novak

	patient record systems. In addition – onward referrals are password protected to maintain confidentiality. **Radar referrals** Colleagues across SFT who make a report that they have experienced or witnessed violence, aggression, or a traumatic event, are given the option to self-refer to the colleague wellbeing services. This referral process was designed in response to colleagues from BAME backgrounds being more likely to experience racism, abuse or aggression at work, but not feeling able to access appropriate support following an incident.		
1D: Patients (service users) report positive experiences of the service	Outcome measures are tracked and recorded which enable learning and improvements to services (see slides 78-90). Impact and outcomes are measures and tracked wherever possible. This informs a continuous improvement approach (please see all title slides in green for examples of learning, assessment, and continuous improvement).	3	Rosie Novak

Domain 1: Commissioned or provided services overall rating	12

Colleague Wellbeing Support Service
Domain 2: Workforce health and well-being

Outcome	Evidence	Rating	Owner (Dept/Lead)
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Colleagues working in the Wellbeing Support Service have access to Trust-wide wellbeing provisions and information. This includes advice, information, and referrals under a range of topics including financial wellbeing, physical wellbeing, emotional wellbeing, and spiritual & cultural wellbeing. There is a trained Wellbeing Champion within the support service, who can signpost colleagues to additional support and information available across the Trust.	2	Rosie Novak Sue Chant

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Colleagues within the service do not often have direct contact with service users. Contact is largely via the phone or MS Teams. When face to face meetings are arranged, they are in managed and safe spaces. Clinical supervision is available to all colleagues who need to discuss their experiences at work. The team rota ensures a senior member of the team is available in order to deal with serious or concerning referrals when necessary. The team has strong links with support teams across the trust including the inclusion team, Human Resources, the Freedom to Speak Up Guardian and the Organisational Development team.	2	Rosie Novak
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Recognising that colleagues within the wellbeing support service provide a wellbeing service to others, our colleagues are provided with dedicated and specific care in addition to Trust-wide provisions. These include: - access to national and private support and wellbeing providers - regular one to one support and supervisions - regular wellbeing check-in and check-out in all team meetings - opportunities for peer support - Employee Assistance Program	3	Rosie Novak
2D: Staff recommend the organisation as a place to work and receive treatment	Unfortunately, due to small team size, there is no team-specific data available from the staff survey.	2	Rosie Novak

Domain 2: Workforce health and well-being overall rating	9

Domain 3: Inclusive leadership

Outcome	Evidence	Rating	Owner (Dept/Lead)
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	**Inclusion Steering Group:** The Inclusion Steering Group is co-chaired by the two Chief Operating Officers. The Group reports to the Culture Board – which is a subcommittee of the Trust Board. Colleague Network chairs are members of the Inclusion Steering Group. **Endorsement of Inclusion Roadmap:** The Executive and Board have approved and endorsed the Trust's new Inclusion Roadmap. This sets out an ambitious approach to tackling the causes of inequality and 'fixing the system' for inclusion. The roadmap has identified actions to improve inclusion development opportunities for the Board. **Executive inclusion objectives:** The Executive Group have started coaching conversations with the Head of Inclusion to support them in identifying an inclusion objective and plan for 2023. These will be shared and communicated across the Trust. **Board Inclusion Representative:** One of the Non-Executive Directors on the Trust Board is a sponsor and champion for equality, diversity, and inclusion (EDI). As part of this role, they meet with the inclusion team, and champion inclusion at Board meetings.	2	Inclusion

Internal and External comms from Leaders:
Examples of events and communications from senior leadership can be found in Appendix 2.

Inclusion at Board meetings:
Reports and updates are provided to Board at least twice per year. These updates include key findings from the WRES, WDES and EDS submissions, as well as progress against our Inclusion Roadmap.

All Board cover papers require the author to identify any EDI impacts. While this is a good starting point, we recognise there is still more to do to ensure that EDI is understood, and embedded in the core organisational agenda, driven by the leadership team.

Board Sponsorship for WRES Expert Programme:
Three colleagues from SFT and YDH have been supported through the WRES Expert programme. Each WRES Expert has an Executive Sponsor who meets with them regularly.

Executive Sponsors for Networks:
We are looking at alternative models to ensure our Executive have meaningful engagement with our networks and offer support where needed. Following discussions, we do not feel a sponsorship model is appropriate and so we are exploring alternative models.

Allyship Training:
The Trust has piloted a series of Allyship Workshops – this has initially been trialled with colleagues in senior medical and nursing roles. An adapted version of this workshop was held with the Executive Group.

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	**Equality Impact Assessment (EIA):** EIA processes are in place, however there is more to be done to embed EIA principles into policy development, service changes, and strategy development. Conversations have started to ensure inclusion is built into the process of integrating services following the SFT and YDH merger. **Staff risk assessments, specific to those with protected characteristics:** All Black, Asian, and ethnic minority colleagues undertake a COVID-19 risk assessment which is monitored and reviewed on a regular basis.	2	Inclusion
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	**Workforce Disability Equality Standard (WDES):** Following the 2022 WDES submission and action plan, the Trust commissioned an internal audit with the aim to explore the support available for colleagues with disabilities. The audit highlighted several areas for improvement, including the workplace adjustment policy and process. These actions will be implemented throughout 2023. **Workforce Race Equality Standard (WRES):** Findings from the WRES highlighted Black, Asian and ethnic minority colleagues are significantly more likely to experience violence and aggression at work. A Violence & Aggression Prevention and Response Steering Group has been established and is sponsored by three Executive Group members. The group has explored the diversity data from the staff survey to ensure we response to specific experiences of colleagues.	2	Inclusion

		2	Inclusion
	Gender Pay Gap: Detailed analysis of the gender pays gap and race pay gap were presented to the Executive in 2022. This has led to specific actions being put in place, particularly within clinical roles and the clinical excellence awards. Further investigation will be undertaken for other identified gaps. **Reporting to Board:** The Inclusion Team report to board each year on WRES, WDES, GPG. Ensuring that the inclusion roadmap objectives are successfully implemented, will provide us with the ability to effectively monitor progress over time, identify specific areas for action, and ensure our actions are evidence based and systemic. **End of Employment Exit Interview:** An improved exit survey process has just been launched, which will enable us to gain valuable insights from the data to support future plans.		

Domain 3: Inclusive leadership overall rating	6

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):	Independent Evaluator(s)/Peer Reviewer(s):
• Denyze Harris • Beverley Jones • Louise Newall	• Donna Butland, Chair, Somerset Maternity Voices Partnership

EDS Scores

EDS Organisation Rating (overall rating): **Achieving**

Maternity Score: 24
Colleague Support Service Score: 27

Organisation name(s): Somerset NHS Foundation Trust, Yeovil District Hospital 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**

Action Plan

Service: Maternity

Lead: Sallyann King

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	To ensure there is equity of access for all to the maternity services across the Somerset Maternity system, with an increase positive responses form service users.	• Continue ongoing collaboration with Maternity Voices Partnership to map Somerset maternity services on a population map.	1st June 2023
		• Use gathered intelligence to review maternity services based on demographic and population need.	31st September 2023
		• Grow service user engagement to support identified hard-to-reach populations and areas of known deprivation	ongoing

Outcome	Objective	Action	Completion date
1B: Individual patients (service users) health needs are met	To evidence through audit, clinical outcomes and service user feedback that health needs are met.	Ensure diversity demographic data is collected and analysed wherever possible, and continue with monitoring and reporting via: • Maternity Incentive Scheme (MIS) reporting Safety Actions 1, 3, 6, 7, 9, & 10 • Ockenden compliance reporting – including use of Personalised Care & Support Plans (PCSP) • GIRFT • NHS Resolution -Early Reporting scheme • CQC annual service user survey. Evidence learning and changes in service provision in response to findings.	Rolling ongoing auditing
1C: When patients (service users) use the service, they are free from harm	To maintain high standards of harm-free care. Use all opportunities from local and National data to ensure learning has taken place and identify areas for improvement	As above Includes benchmarking form National and local reporting from: • CQC • HSIB • MBRRACE • NEPU And any other National Maternity service reports.	Response to Annual reports within stated timeframe
1D: Patients (service users) report positive experiences of the service	To ensure there are clear pathways to receive and collate service user feedback from multiple sources.	Working with patient experience team and MVP to receive and collate monthly feedback from all sources. Develop communication strategies to share throughout the service to all stakeholders.	September 2023

Outcome	Objective	Action	Completion date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To ensure that all staff with identified health needs have equitable support to manage their condition.	Ensure service leads have the appropriate information about staff working in their areas to provide and enable support to be in place. Many staff rotate throughout areas and will change line management, therefor plans need to be shared as appropriate.	Initial review to be completed by June 2023
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure working culture and conditions are kind caring and supportive with a zero-tolerance policy of poor behaviours and abuse from any source.	Civility campaign within maternity services mandatory training.	Ongoing –annual training 2023/2024
		Have accessible resources for all staff for Learning and development opportunities e.g. managing conflict, micro aggression training	June 2023
		Human Factors Training to be included in all mandatory training and scenario/ based prompts.	March 2024
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To produce comprehensive information accessible to all staff signposting independent support	Produce a list of resources staff can assess and post on staff noticeboards.	April 2023

Service: Colleague Support Service

Lead: Rosie Novak

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Sustain service	Review funding arrangements for Colleague Support Service and work to find alternative sustainable funding as current arrangements end March 2024	March 2024
1B: Individual patients (service users) health needs are met	Ensure current and relevant service offer for organisational, service user and team needs	Review ongoing projects, service user and organisational feedback and consider developing further webinar and training packages. Ensure analysis considers diversity demographics and feedback from underrepresented groups.	Ongoing – continuous improvement cycle
1C: When patients (service users) use the service, they are free from harm	Sustain safe and responsive service	Review service user feedback, and organisational feedback. Ensure analysis considers diversity demographics and feedback from underrepresented groups.	Ongoing – continuous improvement cycle
1D: Patients (service users) report positive experiences of the service	Sustain current level of good service and effectiveness	Review service user feedback, organisational feedback and outcome measures from monthly data. Ensure analysis considers diversity demographics and feedback from underrepresented groups. Continue engagement with colleague networks.	Ongoing – continuous improvement cycle

Outcome	Objective	Action	Completion date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions			
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Understand colleague experience – specific work required due to lack of detailed data from NHS staff survey	Undertake specific consultation with colleagues to understand their experiences and feedback.	
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Continue to offer individual support, specialist external services, and onward referral as appropriate.	Review and adapt provision in response to colleague feedback annually	Ongoing
2D: Staff recommend the organisation as a place to work and receive treatment	Understand colleague experience – specific work required due to lack of detailed data from NHS staff survey	Undertake specific consultation with colleagues to understand their experiences and feedback	

Trust-wide

Lead: Inclusion Team

Outcome	Objective	Action	Completion date
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	Ongoing Executive Support for Networks	Explore effective opportunities for our senior leaders to engage with and support networks.	April 2023
	Continuous Board Sponsorship and engagement for WRES Experts	Create a working group to learn from and engage with our WRES Experts, providing feedback to the inclusion steering group, in partnership with the Board.	May 2023
	Ensure Board and Executive lead by example and effectively champion inclusion.	Provide development and coaching on inclusion for the Board and Executive members, including senior leaders.	June 2023
	Continued engagement and support of the organisations approach to inclusion through effective communication and visible commitment form the senior leadership team.	Executive Team to share their personal commitments and actions for inclusion. Share examples of the Executive Group role-modelling our 'fixing the system' approach to inclusion.	Ongoing

Outcome	Objective	Action	Completion date
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality Impact Assessments to be meaningful, valuable, and sustainable. EIAs to influence policy development and review.	Revamp the Equality Impact Assessment process making it more impactful and user friendly.	May 2023
	Improve the quality of workforce and patient diversity data	Undertake a detailed thematic analysis of our staff survey, gender pay gap, the WRES and WDES data (including recruitment, pipeline, progression, remuneration, and turnover data) to identify strategic priorities and themes.	December 2023
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	Effectively monitor progress over time, identify specific areas for action and ensure our actions are evidence based and systemic.	Implementation of Inclusion Roadmap.	December 2023