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# NHS Equality Delivery System 2022 EDS Reporting East & North Herts NHS Trust March 2024

Version 1, 16 February 2024

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# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

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

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

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

# Equality Delivery System – The ENHT Team

Trust Declaration Statement (Steve Andrews, Associate Director for Leadership, Culture, Engagement and Inclusion)

This report is submitted incomplete. Due to multiple factors including vacancies, timings and management changes the time left to complete domain 1 is insufficient to do the area justice. The work of data collection and action planning would not be completed to the standard we would wish in such conditions. Access to all knowledgeable partners and the voices of staff and patients would not be present and neither would a fully coherent or collaborative plan for a way forward. We have selected the three clinical areas for domain 1 and have begun the work with the intention of rolling the data and action plan into 2024/25 submission. In order to ensure that the work is complete, comprehensive, inclusive and collaborative, we have assembled a Trust wide group to focus on the EDS and the different domains working and contributing to the reporting and action plans from the feedback sessions. We believe this approach will bring ownership and increased awareness which will give time for real change to be made in the areas selected.

## Teams and roles responsible for EDS Completion & Delivery

EDI Lead to facilitate and co-ordinate the meeting of these groups.

<b>Overall Core Group</b>	<b>Domain 1 – Health inequalities</b>	<b>Domain 2 – Health &amp; Wellbeing</b>	<b>Domain 3 – Board/Inclusive Leadership</b>
<ul style="list-style-type: none"> <li>• Associate Director Leadership, Culture, Engagement</li> <li>• Deputy Chief People Officer</li> <li>• Senior Planning Manager</li> <li>• Head of/Snr People Business Partner</li> <li>• Chief People Officer</li> <li>• Keizan Director</li> <li>• Head of Corporate Governance</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Director/Lead on Health Inequalities</li> <li>• Patient Experience Lead</li> <li>• Deputy Chief Nurse</li> <li>• Director of Quality</li> <li>• Clinical and Divisional lead for the 3 chosen areas and 3 previous areas reviewed</li> <li>• Keizan Specialist/s</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Health &amp; Wellbeing</li> <li>• Head of Employee Relations, Policies and Projects</li> <li>• Medical Programme Director</li> <li>• Director of Quality</li> <li>• Head of Resourcing</li> <li>• Associate Director of People Operations</li> <li>• Divisional Director</li> </ul>	<ul style="list-style-type: none"> <li>Staff Engagement/Staff networks</li> <li>Talent &amp; Culture Lead</li> <li>Staff Engagement Lead (Communications)</li> <li>Head of Learning &amp; Development</li> <li>Learning &amp; Development Lead</li> <li>Facilitator</li> <li>Chief People Officer/Deputy Chief People Officer</li> </ul>

<ul style="list-style-type: none"> <li>• Head of Communications</li> <li>• Chief Operating Officer</li> <li>• Chief Nurse</li> </ul>		<p>(Maternity)</p> <ul style="list-style-type: none"> <li>• Director of Midwifery</li> <li>• Freedom to Speak Up Guardian (FTSUP)</li> <li>• Staff Engagement Lead</li> <li>• Staff Network co-chairs</li> <li>• Talent &amp; Culture Lead</li> <li>• Staff Engagement Lead (Communications)</li> <li>• Head of Learning and Development</li> <li>• Learning &amp; Development Lead Facilitator</li> <li>• Head of People Partnering</li> <li>• Deputy Chief Nurse</li> <li>• Divisional Leads &amp; Clinical Leads</li> <li>• Adult Safeguarding Lead</li> <li>• Children's Safeguarding Lead</li> </ul>	<p>Associate Director People Capability  Head of Corporate Governance  Divisional Leads</p>
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## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	East and North Hertfordshire NHS Trust	<b>Organisation Board Sponsor/Lead</b>		
		Tom Pounds Chief People Officer		
<b>Name of Integrated Care System</b>	Herts & West Essex ICB			

<b>EDS Lead</b>	Rumbidzayi Chakahwata	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	Domain 2: 22 May 2024 Doman 3: 11 June 2024	<b>Individual organisation</b>	East & North Herts NHS Trust	
		<b>Partnership* (two or more organisations)</b>	<ul style="list-style-type: none"> <li>• Peterborough City Hospital</li> <li>• Unison Eastern Region Further Education Lead</li> </ul>	
		<b>Integrated Care System-wide*</b>	Herts and West Essex ICB	

<b>Date completed</b>	February 16 <sup>th</sup> 2024	<b>Month and year published</b>	2024
<b>Date authorised</b>		<b>Revision date</b>	June 2024

Completed actions from previous year	
Action/activity	Related equality objectives
<p><b>22_23.01</b>            EDI Policy/<u>EDI Strategy</u> and Delivery plan have a range of actions underway and being planned over the next 3 years). This has been designed to align with the NHS EDI Improvement Plan and the 6 high impact areas.  <b>EVIDENCE</b> – EDI Policy, EDI Strategy and EDI Strategy Delivery Plan and expectation over the next 3 years 24/25 to 26/27</p>	Domain 2 & 3
<p><b>22_23.02</b>            Additional <u>Staff Networks</u> and refresh of existing ones – Two new networks have been started – Men’s and Admin Network. All existing Staff Networks have been refreshed. All Networks now have an executive sponsor. ‘Network on a Page’ and Network plan details with clarity, expectations and chair commitments.  <b>Evidence</b> – Executive Sponsor list, Network on a page, details for existing networks and Network plan with network expansion beyond protected characteristics. Engagement and Staff Network strategy to be ready in June 2024.</p>	Domain 2 & 3
<p><b>22_23.03</b>  <u>Reciprocal Mentoring</u> – pilot group linking Trust board and senior leadership with colleagues from multi-disciplines across the Trust sharing personal and professional lived experiences with the aim of improving the environment at ENHT. Post evaluation further role out will be considered.  <b>Evidence</b> – Reciprocal Mentoring - 18 pairs are on this pilot group, supported with reviews and open discussions to promote a more inclusive compassionate culture across the Trust. Programme detail in the Evidence file - Domain 3- Reciprocal Mentoring</p>	Domain 3
<p><b>22_23.04</b>  <u>FTSU Champions</u> – In 22/23 the Trust employed a full time <u>FTSU Guardian</u>. The role has developed and now a series of FTSU champions exist throughout the</p>	Domain 2

<p>organisation.  <b>Evidence</b>– The recruitment of named FTSU Champions per division/department is on-going and the FTSU report in the Evidence file – Domain 2 - FTSU.</p>	
<p><b>22_23.05</b>  <u>Inclusion Ambassadors</u> are now in their second year and initial evaluation results are to increase the pool of IAs, and IAs to be engaged early, from the job advertising stage all the way to interview stage with a view to post interview support for internal applicants. Benchmark against best practice for IAs.  <b>Evidence</b> – 34 Inclusion Ambassadors, recruitment is on-going with supportive training and IAs shared experience meetings regularly.</p>	Domain 2 & 3
<p><b>22_23.06</b>  <u>Staff Voices</u> – Voice of our people initiative - a Staff Network member attends Board and Shares their lived experience of working at ENHT with the aim of improving all other members’ experience.  <b>Evidence</b> – Voice of are people within the Network / Engagement Strategy and People Committee papers in the Evidence file – Domain 3 – People Committee.</p>	Domain 3
<p><b>22_23.07</b>  <u>ENH Academy Programmes</u> – The ENH Academy has now been established as the Trusts Learning and Development Portal for accessing all our developmental programmes. Online training covering mandatory and non-mandatory training such as understanding neurodiversity, bias, disability, human factors now available to all.  <b>Evidence</b> – Relevant listing of non-Mandatory programmes and opportunities – save in the Evidence file – domain 3 – Non-Mandatory training.</p>	Domain 1, 2 and 3
<p><b>22_23.08</b>  <u>Staff Events</u> – Throughout the year the Trust organised specific events focussed on celebrating cultural diversity in our workforce together with health and wellbeing events. – for example; Black History Month, Iftar, Onam celebratory events.  <b>Evidence</b> – listing of events, The Healthy Culture Team Annual Report, Wellbeing</p>	Domain 2 & 3



Report	
<p><b>22_23.09</b>  <u>Weekly Wellbeing Update</u> – The Wellbeing team produce a weekly update of accessible and available activities all ENHT colleagues. These are also communicated ) through the Trust wide Newsletter as Staff Network updates.  <b>Evidence</b> – Example of a weekly Wellbeing Newsletter, Trust Newsletter</p>	Domain 2 & 3
<p><b>22_23.10</b>  <u>Just &amp; Restorative Culture</u> – Members of the Trust have attended the development programme and will be introducing more elements of the programme over the coming years. Very strongly linked to PSIRF (Patient Safety Incident Response Framework).  <b>Evidence</b> - Curriculum of the external training programme and implementation plan</p>	Domain 1,2 & 3
<p><b>22_23.11</b>  <u>Healthy Culture Network</u> – Bringing together the many elements of activity in the Trust that are linked to improving the experience of people at work which is conversely linked to the quality of care experienced by our patients and service users.  <b>Evidence</b> – The Healthy Culture Network update</p>	Domain 1,2 & 3
<p><b>22_23.12</b>  <u>Maternity EDI Plan</u> – Through the FTSU, surveys, listening events and confidential complaint process a local version of the EDI strategy is being developed within Maternity Services  <b>Evidence</b> Draft Maternity EDI response and working group</p>	Domain 1 & 2
<p><b>22_23.13</b>  <u>Healthy Teams</u> – A series of evidence-based interventions that are organisationally consistent with local bespoke design. The interventions cover leadership, behaviours, civility, development, EDI  <b>Evidence</b> Healthy Teams Framework</p>	Domain 2

<p><b>22_23.14</b>  <u>Healthy Leadership Rhythm</u> – Making the ideas and concepts of healthy leadership a daily rhythm rather than leadership being isolated from the work environment rhythm  <b>Evidence</b> - Evaluation and Report</p>	<p>Domain 2 &amp; 3</p>
<p><b>22_23.15</b>  <u>Here For You &amp; EAP (Employee Assist Programme)</u> – Programmes colleagues can be referred to or access independently to receive advice and support, ranging from mental health services to financial support.  <b>Evidence</b> - Here For You / EAP Posters has been promoted via the networks</p>	<p>Domain 2 &amp; 3</p>
<p><b>22_23.16</b>  <u>Staff Survey, Pulse Survey and Friend &amp; Family</u> – The Trust uses a wide range of formats to receive information on the experience of the workforce. A pilot is underway to produce a combined and continuous experience improvement programme rather than individual actions plans for each report.  <b>Evidence</b> Staff Survey Data &amp; Team Talks</p>	<p>Domain 2 &amp; 3</p>
<p><b>22_23.17</b>  <u>Care Support Pyramid</u> – Four evidence-based dimensions in which feedback on staff experience is being gathered to align and respond. (1) Hygiene Factors (2) Healthy Leadership (3) Self-Care (4) Referral &amp; Intervention – link to staff survey team talks  <b>Evidence</b> Care Support Pyramid overview and example of the Trusts 2023 work</p>	<p>Domain 2 &amp; 3</p>
<p><b>22_23.18</b>  <u>Grow Together</u> – Updating of the online continuous performance review – includes ‘About Me’, What Matters To You, Work life balance, flexible working and wellbeing 1:1 conversations throughout the year. Training and refresher support available for</p>	<p>Domain 2 &amp; 3</p>

<p>line managers. Additional resources on the learning portal ENH Academy.</p> <p><b>Evidence</b> Grow Together Blank Example</p>	
<p><b>22_23.19</b>  <u>Pay Gap, WRES, WDES</u> - Workforce Race Equality Standard, Workforce Disability Equality Standard and Pay Gap reports action plans in place.  <b>Evidence</b> Data on the Trust website with Action Plan Reports.</p>	Domain 2 & 3
<p><b>22_23.20</b>  <u>People Committee</u> – Trust committee chaired by a NED reviewing the organisation activity, procedures and actions that impact on workforce  <b>Evidence</b> Terms of Reference for the Committee</p>	Domain 2 & 3
<p><b>22_23.21</b>  <u>Trust Partnership</u> – NED and Executive level forum that brings together the representatives of staff-side groups to discuss issues impacting workforce from Staff-side’s view and feedback to Exec team.  <b>Evidence</b> Terms of Reference for the Partnership</p>	Domain 2 & 3
<p><b>22/23.22</b>  <u>Values Charter</u> – The Trust values were refreshed in 2022 and from that the practice of Team Charters was deployed across teams as they create their own behavioural charter. The charter is an accountability pledge to their own agreed behaviours.  <b>Evidence</b> Example Values Charters</p>	Domain 2 & 3
<p><b>22_23.23</b>  <u>Civility &amp; Kindness</u> – Based on the Civility Saves Lives campaign - workshops across the organisation with a video featuring Trust colleagues highlighting the importance of civility and kindness on their experience of work.  <b>Evidence</b> Training package and link to video</p>	Domain 2 & 3

<p><b>22_23.24</b>  <u>Ask Adam</u> – a facility to directly contact the CEO Adam Sewell Jones.  <b>Evidence</b> – Ask Adam invitation in weekly Trust Newsletter</p>	<p>Domain 2 &amp; 3</p>
<p><b>22_23.25</b>  <u>Reward and Recognition events and values-based staff award platform</u>  <b>Evidence</b> - Comms article on Staff awards and Comms piece on 'Thank you week', Easter plans, Festive plans etc</p>	<p>Domain 2</p>
<p><b>22_23.26</b>  <u>Highlighting Staff carers</u> ESR toolkit for staff carers to enable them to update their Carers status.  <b>Evidence</b> – ESR toolkit</p>	<p>Domain 2</p>
<p><b>22_23.27</b>  <u>Basic Sign Language (BSL) and Makaton Training for staff</u> hybrid offer - online learning portal platform or face to face session  <b>Evidence</b> - Certificate of training and link to course</p>	<p>Domain 1 and 2</p>
<p><b>22_23.28</b>  <u>Spiritual care team that provide multi faith support services for staff and service users</u> across the sites with celebratory events across sites, for Festive season, Staff Iftar/Ramadan etc.  <b>Evidence</b> Events plan</p>	<p>Domain 2</p>
<p><b>22_23.29</b>  Carers forum – regular drop in events for carers and service users ran across the local area to ensure support for carers and take on feedback to improve are services  <b>Evidence</b> - poster for the forum meeting</p>	<p>Domain 2</p>

## EDS Rating and Score Card

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>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</p> <p>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</p>				
<p><b>Undeveloped activity</b> – organisations score out of 0 for each outcome</p>		<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p>		
<p><b>Developing activity</b> – organisations score out of 1 for each outcome</p>		<p>Those who score <b>between 8 and 21</b>, adding all outcome scores in all domains, are rated <b>Developing</b></p>		
<p><b>Achieving activity</b> – organisations score out of 2 for each outcome</p>		<p>Those who score <b>between 22 and 32</b>, adding all outcome scores in all domains, are rated <b>Achieving</b></p>		
<p><b>Excelling activity</b> – organisations score out of 3 for each outcome</p>		<p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p>		

# Scores breakdown

## Domain 2 scores

Domain	Underdeveloped Score - 0	Developing Score - 1	Achieving Score - 2	Excelling Score - 3	Final score per section
<b>Domain 2 A</b>					<b>2 - Achieving</b>
Workforce scores		7	8	3	
Peer reviewer scores			1		
Staff side scores			1		
<b>Domain 2 B</b>					<b>1 – Developing</b>
Workforce scores	1	14	1		
Peer reviewer scores		1			
Staff side scores		1			
<b>Domain 2 C</b>					<b>2 – Achieving</b>
Workforce scores		4	15	1	
Peer reviewer scores			1		
Staff side scores			1		
<b>Domain 2 D</b>					<b>1– Developing</b>
Workforce scores		10	6		
Peer reviewer scores		1			
Staff side scores		1			
					<b>6 - Undeveloped</b>
	<b>1</b>	<b>35</b>	<b>30</b>	<b>4</b>	

# Domain 3 Scores

Domain	Underdeveloped Score - 0	Developing Score - 1	Achieving Score - 2	Excelling Score - 3	Final scores per section
<b>Domain 3 A</b>					<b>2 - Achieving</b>
Workforce scores		4	9	0	
Peer reviewer scores			2		
Staff side scores			2		
<b>Domain 3 B</b>					<b>1 - Developing</b>
Workforce scores		8	2	0	
Peer reviewer scores		1			
Staff side scores		1			
<b>Domain 3 C</b>					<b>2 - Achieving</b>
Workforce scores		3	7	0	
Peer reviewer scores			1		
Staff side scores			1		
<b>Domain 3 final score</b>					<b>5 - Undeveloped</b>

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Assessment and scoring reflects the team’s feedback that there is need for wider awareness at all levels of the various H@W resources available to support teams.</p> <ul style="list-style-type: none"> <li>• There is low quality data on gender and age of Occupational Health referrals. It is also not possible to share information on conditions that colleagues are referred for such as diabetes, asthma, COPD etc. As these conditions are chronic, they are usually managed in primary care with very little input from Occupational Health/Health at Work (H@W).</li> <li>• Health promotion information, webinars, apps and support services are promoted by a network of Wellbeing Champions. H@W Wellbeing Co-ordinators share information on the Trust Intranet and Trust wide via the Weekly Wellbeing update communications emailed to H@W champions across all teams.</li> <li>• Free self-care and support apps such as headspace, Unmind and Bright Sky are promoted, information about national helplines and support services such as Practitioner Health, Cruise, The Samaritans are publicised in the Weekly Wellbeing Newsletter.</li> <li>• There are monthly staff support groups available for health conditions such as diabetes, menopause and cancer. Each support group is facilitated by Occupational Health, providing opportunities for sharing knowledge, experience and peer support. Knowledgeable guest speakers are invited from a range of clinical backgrounds such as psychologists, dietitians, complementary therapists and pharmacists provide information to advise on best management support/practises.</li> <li>• Staff have access to self-referral H@W advice via booked appointments which can be virtual or face to face. This can be a self-referral or line manager referral.</li> </ul>	<b>2 - Achieving</b>



		<ul style="list-style-type: none"> <li>• Staff have access to 'Here For You' – a co-ordinated mental health support service across Herts and West Essex ICB. Our mental Health hub 'Here for You' provides priority access to mental health assessment and access to a range of therapies. 'Here for you' also facilitate onsite team reflection and debriefing sessions.</li> <li>• EAP (Employee Assist Programme) also available for self-directed or manager referrals. Confidential telephone support and self-help materials are available 24/7 from the Employee Assistance Programme with telephone counselling available, if required, can be arranged.</li> <li>• The advice and support available to promote mental wellbeing is collated into a mental wellbeing toolkit to help improve access to support.</li> <li>• Trust Spiritual and Pastoral care team offer onsite support – contact details available on the Trust intranet site.</li> <li>• Advice is offered on self-care and adjustments at work and at home so staff are better able to manage chronic health conditions.</li> </ul> <p>Staff survey –(2022)</p> <ul style="list-style-type: none"> <li>• <b>Q.30(b)</b> <i>Trust responses of 71.5% is closely matched the average of 71.7% on making reasonable adjustments to enable colleagues to work.</i></li> <li>• Occupational physiotherapy referrals are offered for staff experiencing musculoskeletal issues impacting on their work performance.</li> <li>• Trained Mental Health First Aiders (MHFA) are available to support across the Trust and in individual teams. Recommendation is for all teams to have at least one trained MHFA.</li> <li>• We have a mental health hub supporting staff, funded to March 2025. Plans are underway to identify cost effective alternatives particularly for</li> </ul>	
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		onsite reflection and debrief.	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Overall assessment and scoring group expressed a lack of resolution awareness on reported cases of bullying, harassment and violence at work from all the different groups. There is need to complete the loop between those that address the issues and colleagues that report issues to ensure information, knowledge and learning is shared across all teams. Divisional leads and Quality Managers attend the Violence and Aggression Committee where all cases are reviewed and actions mapped out. Lead and Quality Managers to share information with first line managers and colleagues.</p> <p>Our Health, Safety and Security Lead provides digital feedback on all digitally reported cases of violence at work from patients/service users, their relatives, other members of the public. These are then taken to the Violence and Aggression Committee for senior leadership awareness and Trust strategic planning. We need to improve the sharing of this feedback with clinical teams and the affected staff members.</p> <ul style="list-style-type: none"> <li>• <u>DRAW (Dignity Respect at Work) Policy</u>. This, along with other procedures has been set up to protect staff from bullying, harassment, discrimination and any form of abuse at work.</li> <li>• <u>Equality Impact Assessments</u> – policy authors and team leads are responsible for making sure EIA are discussed and completed for any policy changes or care delivery methods. Senior leaders within teams senior leaders are accountable or the EIA for their area. Advice and further discussions are held with EDI team/lead as required.</li> <li>• <u>Freedom To Speak Up (FTSU)</u> – FTSU Guardian is in post and regularly reports to the Trust Board and the Guardian’s Office on the activities and</li> </ul>	<b>1 - Developing</b>

		<p>follow up actions in the Trust.</p> <ul style="list-style-type: none"> <li>• <u>Staff Survey (2022)</u>– Data on bullying, harassment and violence at work is shared through ‘Team Talks’ and actions plans created by local teams supported by HRBPs.</li> <li>• Q13(a – c) <b>on the frequency our workforce personally experience physical violence at work from patients/service users, their relatives, other members of the public, from managers or colleagues.</b> The scores on all three questions are about 1.5% worse than the previous year and negatively higher than the benchmark on all three questions.</li> <li>• (Q14a – b) – <b>focuses on frequency of harassment, bullying and abuse at work from patients/service users, their relatives, other members of the public and (b) also from managers.</b> There is a 1% improvement from 2021 data. However, this is more than 10% higher compared to the best organisations.</li> <li>• Q14c <b>is on the frequency our workforce experience harassment, bullying and abuse at work from other colleagues.</b> This has not improved since 2020 and has a consistent 10% higher incidences gap in comparison to the benchmark.</li> <li>• <u>Workforce Disability Equality Standards (WDES) 2022 data on harassment, bullying and abuse from colleagues</u> - has been increasing/worsening since 2020 albeit with a marginal 0.2 worsening increase from 2021 to 2022. The gap against the average score on abuse from colleagues for <b>‘Staff with a Long-Term Condition (LTC) or illness: Average’</b> remains constant at about 5%. However, compared to those <b>‘without a LTC or illness: Average</b> – those with a LTC suffer 10% more harassment, bullying and abuse from colleagues.</li> <li>• <u>Workforce Race Equality Standard (WRES) 2022</u> – indicator 5 &amp; 6, - on <b>percentage of BME staff experiencing harassment, bullying and abuse at work from;</b></li> <li>• <b>patients/service users, their relatives, other members of the public</b> ↑4% - negative impact</li> </ul>	
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		<ul style="list-style-type: none"> <li>• <b>and from other staff</b> – has a 1% year on year improvement since 2020/21.</li> <li>• <u>Healthy Leadership Rhythm (HLR)</u> – The HLR is a leadership development programme and includes wellbeing, managing conflict and creating psychological safety within teams.</li> </ul>	
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p><u>FTSU</u> – There is now a FTSU Guardian in post now and reports regularly on the ‘speak up’ cases with action plans to the Trust Board and the FTSUP Guardian’s office. This appointment is beginning to show positive impact.</p> <ul style="list-style-type: none"> <li>• Staff Survey results 2022 Q14(d) asks <b>if the last time staff or colleagues experienced of bullying, harassment, or abuse at work, did they or a colleague report it?</b> This has been improving since 2020 and is now at 47.3% which still sits negatively lower than benchmark, which is at 57%. It is well acknowledged that reporting of bullying, harassment or abuse at work is under-reported. Therefore an increase in these reports is a positive step in workforce feeling safe-enough to speak up and trusting that there is a process to address this. WDES score on the same question is also improving, now at 49.7% and is also better than the average for staff without a LTC or illness which is 47.1%.</li> <li>• Q19(a) &amp; (b) – <b>asks if staff feel secure to raise concerns of unsafe clinical practice</b> -↓68.7%, and (b) - <b>if staff feel confident that the organisation would address these concerns</b> – ↓51.9%, both scores on a negatively decreasing trajectory, from 2021. On both Q 19(a) &amp; (b) the Trust is negatively scoring below the benchmark averages of 70.8% and 55.7% respectively. Regular sharing of learning from near misses and incidents within teams and with the wider organisation will help increase awareness, learning and confidence in the process.</li> <li>• Q23(e) and (f) <b>focus on psychological safety in raising any concerns</b> - scores continue trending down (negatively) since 2020, currently at 57.3%, which is &gt;15% lower than the benchmark score of 73.6%.</li> </ul>	<p><b>2 - Achieving</b></p>

		<ul style="list-style-type: none"> <li>• <b>On whether the organisation would address these concerns</b> – there is a 1% to 43.7% (positive improvement) between 2021/22. More evidence-based, effective work is required to improve psychological safety in the Trust and the process of addressing and reporting back on raised concerns. This is crucial for safe quality care delivery. All workforce should feel safe to raise awareness of unsafe clinical practice or any other concerns and be confident that these will be addressed without repercussions. More work is required on improving psychological safety, embed a just and restorative culture with transparency of the process and sharing of outcomes on any issues raised. This will build trust and faith in the system and links-in well with People Promise elements.</li> <li>• Q18(d) <b>asking if there is regular feedback about changes made in response to reported errors, near misses and incidents.</b> Trust score is below average at 55.7%, striving for the best benchmarked score of about 69.1%. Research has shown that the best organisations learn from mistakes and share learning regularly. Clinical divisional leads share these at the fortnightly Quality Huddles. Creative thinking on effective ways of sharing within teams and with all members of the workforce during team huddles to ensure all team members are kept updated.</li> <li>• <u>Here For You</u> – an external helpline for all staff and online App and platform run by VIVUP - new employee Assistance programme.</li> </ul>	
	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> <li>• <u>Friends and Family / Staff Survey</u> – The Trust seeks the feedback from numerous sources to help plan actions and intervention to improve patient and staff experience.</li> <li>• Staff Survey triangulation – Q23(a) (c) &amp; (d) <b>is on prioritisation of patient/service user care and acting on concerns they raise; to recommending the organisation as a place to work or for friends and family to receive treatment.</b></li> </ul>	<b>1 - Developing</b>

		<ul style="list-style-type: none"> <li>• The score is worsening by about 5% and is now scoring below average on all three questions.</li> <li>• Q22 (a) – (c) <b>is on staff having opportunities to develop, improve knowledge and skills with work that offers the right challenge.</b> There is an improvement on all three questions. However, the Trust is still scoring slightly below the benchmarked averages. This question is important as it impact on colleagues' experience at ENHT and the likelihood to recommending ENHT as a place to work, therefore affecting talent attraction and potentially, may also impact retention.</li> </ul>	
<b>Domain 2: Workforce health and well-being overall rating - Undeveloped</b>			<b>Total score 6</b>

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>The Board/Committee papers identify equality and health inequalities related impacts and risks and how they will be mitigated and managed on three levels:</p> <ol style="list-style-type: none"> <li>1) Structures</li> <li>2) Strategy</li> <li>3) Processes</li> </ol> <p><b>Structures and clarity of responsibility for different elements of EDI</b></p> <p>The Trust established an Equality &amp; Inclusion Committee in May 2021 to signal and ensure real focus and dedicated time on equality, diversity and inclusion (EDI).</p> <p>In 2022, the Board identified the need for a People Committee and the Board agreed that the work of the Equality &amp; Inclusion Committee should fall within People Committee for staff EDI and health inequalities better sat within Quality &amp; Safety Committee to address any inequality of access for our patients. The People Committee's first meeting was in May 2022.</p> <p>Significant thought and focus has gone into structuring where EDI is best overseen and robustly considered by the Board and its committees.</p> <ul style="list-style-type: none"> <li>• <b>Process-wise</b></li> </ul> <p>The template coversheet that is required to be completed for any Board or Committee paper, includes an impact section that explicitly highlights EDI to be considered. Authors use this section to highlight key benefits/disbenefits for key areas such as EDI and financial impact.</p>	<b>2 - Achieving</b>

Revised Board and Committee coversheet that introduced a new section in 2022 to complete relating to Impact, including equality impact attached:



New Brand Meeting  
Report Coversheet Au

- The annual cycles for People Committee and Quality and Safety Committees ensure that staff EDI and public health inequalities are considered as part of the annual cycles by the respective lead committees.



5 People Committee  
Annual Cycle 2023-24

- The Equality Team vet Equality Impact Assessments (EQIA) where an EQIA is relevant
- EDI Strategy At the Trust's December 2022 Board Seminar, the Board identified that it would be beneficial to produce a separate EDI Strategy. An EDI Strategy is going to March 24 for Board for approval. It was developed with input from across the Trust and Board Seminar in December 2023. The EDI Strategy aligns with the NHSE EDI Improvement Plan – 6 high impact areas.

[EDI Strategy 2024 V10](#)


- Reciprocal Mentoring – pilot group linking Trust board and senior leadership with colleagues from multi-disciplines across the Trust sharing personal and professional lived experiences with the aim of improving the environment at ENHT. Post evaluation and further role out will be considered.



		<ul style="list-style-type: none"> <li>• <u>Cultural Intelligence</u> – The Board have undergone Cultural Intelligence awareness training.</li> <li>• <b>Staff Voice</b> is part of the People Committee cycle and will be presented intermittently at Board linked with culture work. Two members of staff joined the Board in 2023 as part of the newly introduced ‘Staff Story’, they shared on the racism they had experienced from patients.</li> <li>• <u>Inclusion Ambassador</u> initiative for 8A+ roles – to improve transparency and fairness in our recruitments and selection. The focus initially was focusing on ensuring fairness for minority ethnic colleagues with the aim of increasing representation at senior leadership roles.</li> <li>• The Trust now has two minority ethnic Non-Executive Directors appointed to Trust Board.</li> <li>• <u>ENH Production System</u> – The Trust has just committed to a 3-year culture and care delivery improvement journey with Virginia Mason Institute. Improvement principles aligned to Trust values INCLUDE, RESPECT, IMPROVE)</li> <li>• <u>Network Sponsors</u> – Board members submitted Expressions of Interest to actively partner and support existing and new staff networks within the Trust. All networks now have active Exec sponsors.</li> <li>• <u>Staff Council and Shadow Board</u> – these will be explored and piloted in 24/25 (as part of our EDI Strategy). These initiatives will be evaluated for effectiveness.</li> <li>• <u>Senior Leadership Walkaround</u> (GEMBA) These will develop further in 2024 as part of the ENH Production System aligned with our values and ambition and central in their deployment.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• <u>EDI Strategy</u> - The other 5 domains cover the senior leadership and wider – recruitment &amp; onboarding, pay gaps, inclusive talent management, healthy inequalities and creating inclusion and equity. There is a wide range of actions connected to the delivery of the strategy over the next 3 years. <a href="#">EDI Strategy 2024 V10</a> <u>Senior Leaders</u> – Joining team meeting across the Trust as learners and supporters to promote positive experience for all at ENHT e.g Deputy Chief Exec/Chief Financial Officer supporting International Recruits bi-monthly meetings.</li> <li>• Trust board acknowledging junior talent development by attending and supporting the Royal College of Nursing and Midwives and other healthcare professionals Clinical Leadership programmes and celebrations. Senior leaders supporting and sharing upcoming leaders on their journey and how to succeed.</li> <li>• Other inclusive leadership initiatives that are on-going/part of our EDI Strategy delivery plan or to be explored; Inclusive Language on adverts to attract diverse talent. Values based recruitment – (Include, Respect, Improve). Diversity in shortlisted candidates. Inclusion Ambassadors for the recruitment process. Comprehensive onboarding. Diversity and cultural awareness programmes. Talent management and career pathways accessible to all. Access to career coaching. Leadership development rooted in Inclusive, Compassionate and Coaching approaches. Mentoring programmes. Pay gap data and improvement plans reported to board on a regular basis. Implement robust approaches to reducing abuse and harassment linked to ill health.</li> </ul>	
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		<p>Understand and improve wellbeing in relation to work.  Address bullying, discrimination with clear processes for raising concerns – FTSU &amp; Just Culture.  Embed the Civility Saves Lives programme.  Active and effective psychological support for victims who report bullying, discrimination, violence.  A more diverse Board in line with NHS expectations of workforce or community.  Values Charters as behavioural standard setting owned by local teams.  Greater Network promotion.  Staff Experience (staff survey) joined up response and action plan.  Wellbeing 1:1 on a regular basis – role modelled by Board.  Healthy Teams interventions.  Healthy Culture Network.  Healthy Leadership Rhythm.</p> <ul style="list-style-type: none"> <li>• <u>Relationship with ICB</u> – The Trust has a clear and functional relationship the EDI processes of the ICB and is represented at the appropriate meetings and contributes to training and action plans.</li> </ul>	
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> <li>• <u>People Committee</u> – Chaired by a NED have a rolling agenda of network members sharing lived experience of working at ENHT.  Jan 2024 - 73% of the papers covered, Our People.</li> <li>• Risk 5 – Culture and leadership - EDI Strategy FTSUP and staff engagement progressing well.</li> <li>• Equality and diversity training for <b>medical staff</b>, moving and handling and resuscitation courses are still three main areas showing low compliance.</li> </ul>	<p><b>1 - Developing</b></p>

		<ul style="list-style-type: none"> <li>• BAME network renamed Race Equity and Cultural Heritage network.</li> <li>• The annual cycles for People Committee and Quality and Safety Committees ensure that staff EDI and public health inequalities are considered as part of the annual cycles by the respective lead committees.</li> </ul>  <p>5 People Committee Annual Cycle 2023-24</p> <p>The Equality Team vet Equality Impact Assessments (EQIA) where an EQIA is relevant</p> <ul style="list-style-type: none"> <li>• <u>Equality Impact Assessment</u> – a cover sheet required for all policies and proposals ensuring that teams have given due consideration to EIA as per the Equality Act 2010.</li> </ul>	
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> <li>• <u>Trust Partnership</u> – which include Staff-side representatives have been involved in the EDI Strategy.</li> <li>• <u>Grow Together Review (GTR)</u> – annual appraisal conversation aligned to the NHS fiscal year and the Trust’s goal setting cycle starting with the CEO cascading throughout all teams. Whole workforce GTR to be completed by September 2024. Compliance data shared with all teams and relevant Execs for awareness and support.</li> <li>• <u>Inclusion Ambassadors</u> – for posts at band 8A and above. First evaluation of initiative – to be re reported to Board. Relunched with evaluation action plans along with Values Based Recruitment and Onboarding.</li> </ul>	<p><b>2 - Achieving</b></p>

		<ul style="list-style-type: none"> <li><u>People Committee</u> – now has the governance of EDI and the work emerging from the EDI Strategy Delivery Plan will be reported to the committee on a regular basis.</li> </ul>	
<b>Domain 3: Inclusive leadership overall rating - Undeveloped</b>			<b>Total score 5</b>
<b>Third-party involvement in Domain 3 rating and review</b>			
<b>Trade Union Rep(s): Undeveloped</b>		<b>Independent Evaluator(s)/Peer Reviewer(s): Undeveloped</b>	

EDS Organisation Rating (overall rating):

Organisation name(s):

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**

<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Rumbi Chakahwata – EDI Lead, Jennifer West Head of Health at Work, Steve Andrews (domain 2 and 3) Justin Daniels – Medical Director (domain 1)	2024 / 2025
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Tom Pounds – Chief People Officer	TBC

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			

	1D: Patients (service users) report positive experiences of the service			
<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions		Future initiative to improve staff health – physical and mental.	TBC
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p><u>DRAW</u> – Dignity and Respect at Work Policy – and others. To be reviewed in line with EDI Strategy and Just Culture programme</p> <p><u>EDI Strategy Delivery Plan</u> – To implement the actions under each of the 6 high impact actions.</p>	<p>Continue to promote Civility Saves Lives and the importance of reporting any abuse, harassment, bullying and physical violence from any source by ensuring reporting by from all sources is encouraged and supported with clarity on update timelines.</p> <p>By April 2024 to have a 3-year delivery plan with measurable timed deliverables that respond to the expectations of the EDI Strategy. New pilot events to produce impactful and innovative work.</p>	TBC



	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Cultural awareness, training and support for line managers.</p> <p>Management competencies for line managers.</p> <p>Psychological support for those that report any abuse, stress, bullying and physical violence.</p>	<p>Cultural transformation awareness training programmes for line managers.</p> <p>Line management competencies with Action Life Sets with subject matter experts to support launching before June 2024.</p> <p>Future plans for readily available staff health – physical and mental support.</p>	<p>EDI/Capability team</p> <p>H@W / People Team/ Security Team/</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p><u>Continuous Improvement of Staff Experience</u> – combining all the data points of staff experience – staff survey, CQC, complaints, pulse survey, WRES, WDES and Friend and family.</p>	<p>In Spring 2024 there will be an offer through ‘Team Talks’ to allow local teams to pull all the data points together and combine as a cohesive single staff experience improvement plan that is continuously updated – see Healthy Teams.</p> <p>Continue embedding Talent Rhythm aligned to organisational objectives, quarterly 121s and annual Grow Together Reviews for everyone.</p> <p>Leadership development is coordinated and aligned to our organisation objectives and values.</p>	<p>HRBPs/Engagement and Project Officer</p>
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Domain	Outcome	Objective	Action	Completion date
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>The successful implementation of the ENHT EDI Strategy over the next 3 years – 2024 / 2027</p> <p>Annual EDS report on health inequalities and the follow up action plans.</p> <p>To continue building on the already in place actions.</p>	<p>Review the EDI Strategy 3-year Delivery Plan.</p> <p>Board Assurance Framework to monitor executive objectives through annual Grow Together Review (performance review)</p> <p>Evaluate the cultural intelligence sessions and promote more senior team engagement across divisions.</p> <p>Develop inclusive leadership in line with the Improvement partner - improvement process (ENH PRODUCTION SYSEM) which has a leadership element contained within.</p> <p>Leadership development monitoring for all senior leadership programmes and align with the EDI Strategy in terms of leadership and improvement projects. (Healthy Teams)</p> <p>Evaluate the Inclusion Ambassador programme and implement improvements.</p>	EDI Lead/ Chief People Officer/ TBC

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>The EDI programmes are represented and discussed at the senior committee forums as part of the Trust governance process.</p>	<p>To ensure every other People Committee meeting continues to have 'Voice of our people' agenda item.</p> <p>Through People Committee ensure Executives and Board embed the EDI programmes review into 'business as usual' are updated and shortfalls followed up.</p> <p>Secure a regular session on Trust Partnership.</p>	<p>TP – Chief People Officer/ TBC</p>
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Exemplary senior leadership engagement, delivery and role model inclusive leadership by design through great communication. Regular reporting to the Board processes of progress on the EDI Strategy and EDS action plan delivery.</p> <p>Ensure the EDI process is well represented in the new emerging ENH Production System.</p> <p>Develop leadership development oversight – aligned to inclusive,</p>	<p>Organisational values alignment and embedding of INCLUDE, RESPECT, IMPROVE.</p> <p>Ownership of team best practice regarding recruitment and onboarding is in place.</p> <p>Senior team lead and support their teams in the work of embedding Trust values within their services.</p>	<p>Medical Director/ Chief People Officer/EDI Lead</p>

		compassionate leadership with a coaching style that reflects ENHT values.		
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NHS England and NHS Improvement  
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