# #NHS Equality Delivery System

# EDS Reporting Template

# GHC April 2024

# Contents

# Equality Delivery System for the NHS

***The EDS Reporting Template***

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

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

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

# NHS Equality Delivery System (EDS)

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

| EDS Lead | EDI Lead | At what level has this been completed? |  |
|---|---|---|---|
|  |  |  | *List organisations |
| EDS engagement date(s) | Oct 2023 – April 2024 | Individual organisation | GHC (Services, staff side, Employee Networks, Boards/Committees) |
|  | 11th April 2024 | Partnership* (two or more organisations) | GHC / Gloucestershire Hospitals NHS Foundation Trust |
|  | 29th Feb 2024 | Integrated Care System-wide* | One Gloucestershire |

| Date completed | March 2024 | Month and year published | April 2024 |
|---|---|---|---|
| Date authorised | Execs 16th April 2024 GPTWC 25th April 2024 | Revision date | N/a |

| Completed actions from previous year | |
|---|---|
| **Action/activity** | **Related equality objectives** |
| The GHC Annual Equalities Report contains GHC Trust Objectives | See objectives Play here - <u>Sway (cloud.microsoft)</u> |
| GHC EDI Action Plan | EDI Action Plan " " 2023-24 to Publish - I |
| GCH Anti Racism Programme 2024 | AI-05.0 Anti-Racism " " Programme 27 Febru |
| Board EDI Development Session objectives | " " To follow (pending session) |
| | |
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# EDS Rating and Score Card

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

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

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

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

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

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

## Domain 1: Commissioned or provided services – for 2024

**(1)** **Perinatal Services** (2023/24 - D1 Rating has been subject to stakeholder engagement with GHC and system via the "Working With People & Advisory Group")

**(2)** **Cancer Services and (2) Translation & Interpretation Services** (see 2023/23)

| Domain | Outcome | Evidence – Service – Perinatal Services | Rating | Owner (Dept/Lead/Named Contact) |
|---|---|---|---|---|
| *Domain 1: Commissioned or provided services* | 1A: Patients (service users) have required levels of access to the service | 1. All information and communication is documented in RIO (our electronic system) and we provide a copy of the letters to all service users<br>2. Recording of personal information, demographics and communication needs obtained before and during initial assessments and documented in core assessment.<br>3. We use leaflets written in different languages available in Royal college website when necessary and translate our patient information leaflet into appropriate language as needed.<br>4. We offer groups in venues which are easily accessible through public transport and the Team base is centrally located close to the train and bus stations.<br>5. We have disabled access at the clinic site or offer home visit based on the service user needs.<br>6. We use interpreters when appropriate and consider the communication need when booking the appointment.<br>7. Options for appointments include Face to Face, virtual (via Attend Anywhere) or telephone is available, and we give service users the options to choose. We avoid remote appointments when English is not the service user's first language.<br>8. Carers/partners are invited to attend appointments, with consent from the service user.<br>9. The team is involved in a QI project to look at improving access to perinatal service for Southeast Asian women with a view to applying learning from this project to improve access for people from all communities. | 2 | **Kim Tiffney** – Specialist Perinatal Community Mental Health Nurse |

| | 1B: Individual patients (service users) health needs are met | 1. We offer individual initial assessments to service users and make a person-centred care plan based on individual needs and work collaboratively with them.<br>2. Each service user is allocated a lead HCP when accepted by perinatal team and the lead HCP is responsible for care plan.<br>3. We have started using the DIALOG TOOL to identify individual needs and this is included in formulating a care plan and will be embedding this for all.<br>4. We discuss service users in MDT meeting, caseload review meetings with lead HCP's, reflective sessions, and safeguarding supervision sessions.<br>5. All clinicians are expected to have specific training related to the speciality and have regular teaching sessions by different professionals, clinical supervision, and reflective sessions.<br>6. Clinicians work closely with other agencies/voluntary sectors and maintain good communication to ensure that safe and good quality of care is provided and to maintain the continuity of care.<br>7. We try and make reasonable adjustments when necessary to meet individual needs which includes having support, giving choices regarding the timing of the appointments/ virtual or face to face or home visits etc.<br>8. The Operational Manager for the Perinatal Service is fully engaged with the Gloucestershire Perinatal and Infant Mental Health Network. This network meets bi-monthly and membership includes VCSE organisations, statutory mental health services and ICB colleagues.<br>9. The Operational Manager meets monthly with other Perinatal Systems in the Southwest Region to share learning and good practice.<br>10. There are regular interface meetings between health visiting, the Parent and Infant Mental Health Team and Perinatal MH Team.<br>11. In Gloucestershire the Maternal Mental Health Service offering assessment for Birth Anxiety, Trauma and Loss is fully embedded in the Perinatal Mental Team. This ensures seamless transfer between these two services in line with the priority need.<br>12. The team has an annual review by the Royal College of Psychiatrists to ensure that College Centre for Quality Improvement (CCQI) | 3 | **Kim Tiffney** – Specialist Perinatal Community Mental Health Nurse |

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| | | standards are being met and we have applied to become an accredited service. <br> 13. The team hold an Annual Meeting to Evaluate the service, reviewing patient feedback, KPI compliance and to plan objectives for the next year.  The team are always striving to improve and all feedback is welcomed. | | |
| | 1C: When patients (service users) use the service, they are free from harm | 1. Clinicians go through checks prior to employment. <br> 2. Informed consent to share and treatment obtained from service users. <br> 3. Staff attend mandatory training which includes risk assessment and management. <br> 4. Monthly safeguarding supervision sessions offered with minimum attendance of 4 per year <br> 5. Staff encouraged to attend reflective practice sessions at least monthly as a save space to consider challenges and difficulties and to share good practice. <br> 6. Seek advice, when necessary, from safeguarding team <br> 7. Risks assessments carried out prior to appointments and expected to update regularly and whenever there is a change in presentation or risks. <br> 8. Follow Trust policies including information governance and trust incident reporting. <br> 9. Complaints and Serious incidents are recorded and analysed. <br> 10. All the senior leadership team within Perinatal have attended training on Creating Psychological Safety and there is a strong focus on nurturing a culture of compassion focused care.   Staff are encouraged to report incidents and near misses and consideration is given to any themes to promote improvements in care. | 3 | **Kim Tiffney** – Specialist Perinatal Community Mental Health Nurse |
| | 1D: Patients (service users) report positive experiences of the service | 1. Friends and family test feedback has been very positive. <br> 2. Feedback for group interventions is sought and evaluated. <br> 3. Core 10 Outcome measures are used. (Likely changing to Dialogue in line with Transformation of wider mental health services in the Trust. <br> 4. Positive feedback to clinicians is reported on Datix compliments. <br> 5. The service runs an Experts by Experience Meeting bi-monthly to seek opinions from those who have used/are using the service | 2 | **Kim Tiffney** – Specialist Perinatal Community Mental Health Nurse |

| | | 6. The team developed a survey with the ICB and VCSE Organisations to seek feedback from people who had accessed various services across the perinatal and infant mental health pathway. | | |
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| **Domain 1: Commissioned or provided services overall rating** | | | **10** | |

| Domain 2:<br>Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | All colleagues are supported by our Health & Wellbeing (HWB) Strategic Framework which focuses on culture, environment, mental & physical health & lifestyle. In addition, we also have policies & guidance to support:<br><br>• Fitness for work – assessments to ensure all staff are medically fit for their role and advice on adjustments required to support anyone with underlying health conditions<br>• Stress risk assessments – guidance for managers, individual checklist & assessment to establish the route of the stress and supportive actions<br>• Supervision & 121's – regular staff support, including the option to talk about their health & wellbeing<br>• Appraisals – dedicated section for HWB, both physical and mental<br>• Flexible working – fair treatment with regards to requests for flexible working/compassionate leave/medical appointments<br>• Menopause – the provision of information & available support<br><br>The Health & Wellbeing Strategy Group oversees the Framework & maintains the dedicated pages of the Trust's intranet.  The Group also supports the 'HWB Champion' network who support colleagues & share information & ideas about how we can all look after ourselves.  Our colleagues also have access to the following:<br><br>• Occupational Health – Line managers can access specialist advice & guidance regarding an individual's fitness for work.  Staff can also self-refer to the team for advice about their wellbeing.<br>• Staff Counselling Service – a professional therapeutic service which provides emotional support using a variety of methods.<br>• Employee Assistance Programme – 24/7 confidential support and resources.<br>• The Wellbeing Line – support for individuals & teams on a wide range of mental health issues, including psychological safety & how to manage & lead compassionately<br>• Training – a range of training on HWB is available e.g. how to conduct a health & wellbeing conversation, emotional eating.<br>• A range of staff networks - Women's Leadership Network, Disability, Race, Culture & LGBTQI+ groups, where resources, signposting & ideas for HWB can be discussed openly. NHS health food standards are incorporated into all relevant external tender exercises for machines supplying food for colleagues | 1 | **Anis Ghanti**<br><br>Head of Organisational Development and Leadership |

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| | | <ul><li>Fresh drinking water available across all Trust premises</li><li>Staff Physiotherapy Support – rapid access to treatment provided on a self-referral basis</li><li>Employee Assistance Programme - Salary sacrifice schemes for cycles & discounted services on gym membership. Financial education & advice provided on subjects such as the cost-of-living crisis, loans, mortgages & savings.</li></ul>The Trust monitors & evaluates the support provided by reviewing the annual staff survey results, quarterly pulse surveys & regular audits & feedback from networks. In 2023 the Trust achieved higher than peer-group average scores in many HWB related questions in the annual staff survey.  All employees are made aware of the range of health & wellbeing support available to them via our corporate induction & provided with a brochure to remind them of the support available<br><br>We have introduced the Purple Passport, which is a health passport for colleagues with a long-term health condition which can be shared by the individual as they move between teams and which outlines measures and adjustments which support their ability to thrive at work.<br><br>The Wellbeing Line has recently launched a neurodiversity programme which is available to all colleagues | | |

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | We have a range of HR Policies designed to ensure our staff are free from abuse, harassment, bullying and physical violence from any source, including:<br><br>• Freedom to Speak Up Policy<br>• Diversity and Inclusion Policy<br>• Resolution Policy<br><br>We have produced a "Roadmap", resources and workshops outlining the Trust's approach to dealing with abuse against any protected characteristic. It is not a new procedure, but simplifies what a colleague can and should do in the event they experience or witness abuse.<br><br>We provide induction training on our Trust values and also THRIVE management training about living our values and expected behaviours.<br><br>We provide conflict resolution as part of preventative training which helps enable staff to identify and deal with conflict and prevent escalation.<br><br>We have an active Freedom to Speak up guardian and Equality, Diversity and Inclusion lead who link in to our Health and Wellbeing project. We also have active meeting networks for disability, race and culture and Rainbow Network (LGBTQI+ colleagues).<br><br>Staff may also raise issues with their Line manager and/or staff side representatives, HR or Staff Forums.<br><br>Our Chief Executive runs a "Direct To Douglas" platform for raising abuse which is a completely confidential way for staff to tell our Chief Executive Douglas Blair about issues they think he should be aware of or ask for a response to something they are concerned about.<br><br>Staff can also access our Health and Wellbeing Helpline, an Employee Assistance Programme as part of our staff benefits offer via Vivup, Working | 3 | **Anis Ghanti**<br><br>Head of Organisational Development and Leadership |

| | | Well OH service to discuss concerns and a broad variety of information is held on our intranet.

Our Chief Executive and Executive team role-model our values and the no-blame behaviour we expect everyone to demonstrate.

2023 Staff Survey (H&WB) - There have been a number of new / different questions in the survey, however, nearly two thirds of the scores are lower than 2022.  We will identify themes and hot spots across our services areas / teams, and take targeted action. | | |

| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Our staff have access to a broad array of independent health and wellbeing support and advice with comprehensive information available via our intranet, this covers advice for stress management, abuse, bullying, harassment and physical violence. We also provide (and host) The Wellbeing Line which is an independent ICS wide service accessible to all staff including bank. The Gloucestershire Let's Talk service is also accessible, we have an Employee Assistance program as part of Vivup (staff benefits provision) Additionally staff can access occupational health services through line management referral.<br><br>Staff may also raise issues with their Line manager and/or staff side representatives, HR or Staff Forums and use the newly launched anti-abuse "Roadmap".<br><br>Our HR policies on Diversity and Inclusion Policy and Resolution (Grievance) Policy outline the HR processes staff can follow to address concerns.<br><br>We support an active network of Wellbeing Champions whose role is to raise the profile of health and wellbeing and where / how to access support within their teams, Champions can direct colleagues to specific health and wellbeing resources depending on their issue of concern.<br><br>Staff also have access to a Freedom to Speak Up Guardian, EDI lead and a variety of staff forums and professional networks where they can seek further advice and signposting to support.<br><br>Launched our 2024 Anti-Racist Programme outlining the Roadmap. | 2 | **Anis Ghanti**<br><br>Head of Organisational Development and Leadership |
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with you, for you

| | 2D: Staff recommend the organisation as a place to work and receive treatment | National Data is not available<br><br>Pulse survey is carried out 3 times per year and offers results of the survey in the following month. The response rate for this is low.<br><br>The latest **Pulse survey** ran for the whole of January 2024.<br><br>***Where staff recommend the organisation as a place to work and receive treatment, our survey results say:***<br><br>Jan 2024 – 309 responses of which 62.2% of colleagues recommend GHC as a place to work and 70.5% would be happy with the standard of care for a friend or relative.<br><br>Results for Staff recommending my organisation as a place to work:<br><br>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation — 70.5% 20.8% 8.7%<br><br>I would recommend my organisation as a place to work — 62.2% 24.7% 13.2%<br><br>**Legend:** ● Positive ● Neutral ● Negative<br><br>**Staff Survey** results response rate of 58.5% (an increase of 3%) says:<br><br>73.3% would recommend the organisation as a place to work from (69.6%)<br><br>76.7% would be happy with the standard of care for a friend or relative from (73.8%) | 1 | **Anis Ghanti**<br><br>Head of Organisational Development and Leadership |
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| **Domain 2: Workforce health and well-being overall rating** | | | **7** | |

| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | 1. Board EDI Development session scheduled for 18th April will include cultural competence, privilege and bias exercises alongside setting outstanding individual Board member's EDI objectives.<br><br>2. Board support for the development of the freshly launched Anti-Racism Programme, road map, resource and workshops.<br><br>3. Attendance at South West regional WRES and WDES presentations. Demonstrated by attendance at cultural or religious celebrations that are not part of the leader's cultural heritage include attendance at the 'Through the Lens' and 'Gloucester's Glory' event celebrating the history of the Gloucestershire Muslim community.<br><br>4. Board members involved in the second system wide Reciprocal Mentoring Programme.<br><br>5. Director of Nursing, Quality and Therapies (NQT) executive sponsorship of updated multi-faith Spiritual Care Team Operational Policy and monthly multi-faith Spiritual Care Bulletins.<br><br>6. Engagement and attendance at educational events on equality and health inequalities; Board directors' involvement in "Better Health" events.<br><br>7. All Executive Directors take turns to present at the fortnightly Corporate Induction which includes equalities information to ensure new colleagues understand the values and ways in which we want them to act, and that others will be expected to act towards them.<br><br>8. Speeches or talks given; Directors regularly tweet and re-tweet EDI related posts with comment on Twitter and LinkedIn and video blogs to support campaigns and links to tackling health inequalities. | 2.5 | **Neil Savage**<br><br>(Dir. Of HR and OD) |
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| | 9. Other examples of active involvement in EDS; the CEO is the ICS executive lead for health inequalities. The Trust is supporting partners with the countywide roll out of training.<br><br>10. A Non-Executive Director chairs the Diversity Network with the support of the Director of HR & OD and the EDI Lead.<br><br>11. Senior Management support of IEN Council discussions and Staff Survey Discussions on discrimination and resultant Trust actions.<br><br>12. The relaunched system wide Reciprocal Mentoring Programme (Dec 2023) resulted in 17 pairs as part of the programme to enhance participation and understanding for senior leaders. | |

| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 1. GHC directors have supported and sponsored range of leadership development programmes within EDI and inclusive leadership content (e.g. Thrive, Leading Better Care Together) alongside provision of a new Safer Recruitment training package provided by the Learning and Development Team on the "Care to Learn" Platform, supporting training on biases to support more inclusive recruitment practices. Additional training sessions have been run for Governors and Directors in Q3 2023/24 in advance of Board interviews.<br><br>2. Introduction of the national e-learning for healthcare Cultural Competence training modules which have been made available to all staff through Care To Learn.<br><br>3. GHC Director and other senior colleagues participate in the annual ICS People Committee reviews of the WRES and WDES. GHC has renewed and republished its commitment and subscription to Mindful Employer which supports WDES.<br><br>4. Maintaining Level 3 Disability Confident Leader status (2022-25) under the WDES heading.<br><br>5. Diversity Networks ToR identify committees and associated partners and the committee ToR link with EDI.<br><br>6. Board Development Session on Health Inequalities planned for Q1 2024/25.<br><br>7. Annual Board and Great Place To Work Committee monitoring of the Gender Pay Gap Report to 2023 followed by new tripartite Gender, Disability and Ethnicity Pay Gap reporting to commence in Q1 2024/25.<br><br>8. Patient and Carer Race Equality Framework (PCREF) implementation plan, sponsored by the Director of Nursing, Quality and Therapies.<br><br>9. CEO and ICS colleagues have developed and presented new framework approach to managing health inequalities to February 2024 ICB.<br><br>10. Executive Committee discussions and approvals of the Anti-Racism Programme. | 2 | **Neil Savage**<br><br>(Dir. Of HR and OD) |
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| 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 | 1. Oversight of the introduction of a new Equalities Impact Assessment process linked to the Quality Impact Assessment which ensure this is given due consideration at the development stage of any new service proposal of process and CIPS.<br><br>2. Active involvement in Workforce Racial Equality Standards and Workforce Disability Standards discussions examples include the Trust Board Committee responsible for workforce matters – the Great Place To Work Committee (GPTWC) - schedules updates and approval of the annual WDES/WRES plans and activities.<br><br>3. Support to staff networks include a Non-Executive Director Chairs the Diversity Network, supported by a Director deputy chairing. Leaders frequently attend the staff Network, WLN Chaired by Director of Finance, Chairs are invited to Senior Leads Team Meeting.<br><br>4. Board members continue to support the promotion of Network initiated campaigns (#MyNameIs, Rainbow Lanyards, Pronoun campaign).<br><br>5. New ICS Health Inequalities Framework will introduce key performance measures into the Integrated Performance Report in 2024. | 2 | **Neil Savage**<br><br>(Dir. Of HR and OD) |
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| **Domain 3: Inclusive leadership overall rating** | | **6.5** | |
| **Third-party involvement in Domain 3 rating and review** | | | |
| **Independent Evaluator(s)/Peer Reviewer(s):**<br>Gloucestershire Hospitals NHS Foundation Trust (11th April 2024) | | | |

| EDS Sponsor<br>Neil Savage – Director of HR & OD | Authorisation date(s)<br><br>16th April 2024 – Execs<br><br>25th April 2024 – GPTWC |
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# EDS Action Plan

| EDS Lead<br><br>Tania Hamilton<br><br>(Contributors: Neil Savage, Anis Ghanti, Alison James, Kim Tiffney, Latha Guravaiah, Emily Duckett, Justine Hill) | Year(s) active<br><br>2023/24 |
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| Domain | Outcome | Objective – Perinatal Services (1) | Action | Completion date |
|---|---|---|---|---|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | 1. To have all information for perinatal services is accessible formats and places | • Enable multiple channels to access. | On-going (BAU) |
| | | | • Use Easy Read where practical to do so. | On-going (BAU) |
| | | | • Continue to access the Interpreter Service. | On-going (BAU |
| | | | • Review and check our clinic sites are accessible. | On-going (BAU) |
| | | | • Continue with the recording of personal information, demographics and communication needs obtained before and during initial assessments and documented in core assessment. | On-going (BAU) |
| | | | • Review the QI project which looks at improving access to perinatal service for Southeast Asian women with a view to applying learning from this project to improve access for people from all communities. | End of QI Project |

| 1B: Individual patients (service users) health needs are met | 1. To upskill workforce to deliver inclusive, caring services | • Ensure person-centred care plans are based on individual needs and continue to work collaboratively with them. | On-going (BAU) |
| | | • Ensure EDI training and support to the allocated lead HCP who is responsible for care plan. | On-going (Annual PDRs and 1:1's) |
| | | • Evaluate the DIALOG TOOL to identify individual needs. | By end 2024 |
| | | • Ensure all clinicians receive the specific training related to the speciality. | By end 2024 |
| | | • Support Clinicians to continue to work closely with other agencies/voluntary sectors and maintain good communication to ensure that safe and good quality of care is provided and to maintain the continuity of care. | On-going (BAU) |
| | | • Review the effectiveness of our reasonable adjustments when necessary to meet individual needs, including giving choices regarding the timing of the appointments/ virtual or face to face or home visits etc. | On-going (BAU) |
| | | • Continue to engage with the Operational Manager for the Perinatal Service and monitor the learning from the monthly network meeting with other Perinatal Systems in the Southwest Region. | On-going (BAU) |
| | | • Continue to Evaluate feedback on the service, reviewing patient feedback, KPI compliance and to plan objectives for the next year to improve and all feedback is welcomed. | On-going (BAU) |

| Domain | Outcome | Objective – Perinatal Services (1) | Action | Completion date |
|---|---|---|---|---|
| | 1C: When patients (service users) use the service, they are free from harm | 1. To safety proof our services by creating safe spaces for patients and those delivering the care | • Review colleague mandatory training which includes risk assessment and management to ensure fit for purpose. | Annual |
| | | | • Continue to encourage colleagues to attend reflective practice sessions at least monthly as a save space to consider challenges and difficulties and to share good practice. | On-going (BAU) |
| | | | • Ensure our complaints process is non-discriminatory and inclusive. | On-going (BAU) |
| | | | • Review the senior leadership team within Perinatal who have attended training on Creating Psychological Safety. | On-going (BAU) |
| | 1D: Patients (service users) report positive experiences of the service | 1. Capture outcome measures obtained for physical and mental health and wellbeing. | • Review Core 10 Outcome measures and the potential change to Dialogue in line with Transformation of wider mental health services in the Trust. | By end 2024 |
| | | | • Evaluate feedback to clinicians that is reported on Datix. | By end 2024 |
| | | | • Monitor the Experts by Experience Meeting bi-monthly when seeking opinions. | On-going (BAU) |
| | | | • Evaluate the results of the survey with the ICB and VCSE Organisations re the feedback from people who had accessed various services across the perinatal and infant mental health pathway. | By end 2024 |

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| **Domain 2: Workforce health and well-being** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Further develop pro- active Wellbeing support from start of employment | Review trial and further develop process to connect with all new starters and try and ensure ongoing connection throughout career (via Wellbeing Implementation plan). | July 2024 |
| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Improve on data from most recent staff survey where results illustrate an increase in the number of incidents staff (including Bank Colleagues) are subjected to from patients & families and staff. | Review data and identify action plan to ensure improvements. Integrate into 2022 – 2027 5 year HWB Plan.<br><br>Harassment and violence at Work – Campaign starting that helps to illustrate a road map for colleagues in responding to such incidents and the support available and better understand the difference in experience between substantive and bank colleagues. | Dec 2024<br><br>Sept 2024 |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Improve communications regarding support available. | Via comms plan and increase in numbers of wellbeing champions (part of wellbeing implementation plan). | On-going |

| | 2D: Staff recommend the organisation as a place to work and receive treatment | Increase from 2.5% to 4% - continue to "always improving" on this metric. | An increase of over 4% of respondents recommending the Trust to work, nearly three quarters of our workforce. | On-going |
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| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | 1.To continue to raise the Trust profile and engagement with health inequalities across the system and region to enhance inclusion and understanding.<br><br><br>2.To drive engagement and attendance at educational events on equality and health inequalities. | • Continue attendance at national Health Inequalities Improvement Forums, SW region and national events.<br><br>• Promote and participate in Cohort 2 of the relaunched Reciprocal Mentoring Programme (Dec 2023 - 2024).<br><br>• Collaborate and lead initiatives across the system. | On-going<br><br><br><br>June 2024<br><br><br><br>On-going |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and | 1.To keep the profile of EDS raised on the committee and training agendas and mitigate risks. | • Ensure the EDI is on committee agendas.<br><br>• Lead by example on and sponsor leadership development programmes within EDI and inclusive leadership content. | On-going<br><br><br>On-going |

| Domain | Outcome | Objective | Action | Completion date |
|---|---|---|---|---|
| | how they will be mitigated and managed | | • Monitor EDI risks at GPTWC Risk Register. | Bi-monthly |
| | | | • Continue to blog and share relevant items aligned to the Trust values. | On-going |
| | | | • Proactive involvement in Workforce Racial Equality Standards and Workforce Disability Standards discussions examples include the Trust Board Committee responsible for workforce matters – the Great Place To Work Committee (GPTWC). | On-going |
| | | | • Review GPGR and assess risks and benefits in considering Race and Disability pay gap reporting (not statutory). | 2023-24 |
| | 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 | 1. To continue to raise the profile of EDI at Board Level | • Spotlight EDI through the relevant committees. | Monthly |
| | | | • Invite staff stories and work through case studies. | As required |
| | | 2. To support and/or lead the Trust's 5 Staff Networks | • Support, chair and attend staff networks include a Non-Executive Director Chairs the Diversity Network, supported by a Director deputy chairing. | On-going |

| Domain | Outcome | Objective | Action | Completion date |
|--------|---------|-----------|--------|-----------------|
|        |         |           | • Endorse campaigns initiated by the Networks. |  |