

REPORT TO THE HOSPITAL MANAGEMENT BOARD		
Date		
Title	Equality Delivery System (EDS 2022) 2024 Submission	
Author & Exec lead	Lois Arcari HR EDI Advisor, James Dudley Head of Patient Experience and Sophie Slater Patient Engagement and Experience Facilitator on behalf of Paul Jones Chief People Officer and Rachel Cocker Interim Chief Nurse	
Purpose	For Approval/Discussion	
Relevant Strategic Objective	<ul style="list-style-type: none"> - Our Patients - Our NNUH Team - Our Partners 	
Are there any quality, operational, workforce or financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Q	Yes
	O	No✓
	W	Yes✓
	F	No✓

1. **Background/Context**

The main purpose of the Equality Delivery System (EDS) was, and remains, to help local NHS systems and organizations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. Following a review of EDS2 by NHS England, to incorporate system changes and take account of the new system architecture EDS 2022 became live for testing for 2022/23. Whilst NHS England recommends that each Trust publishes their EDS report each February, the NNUH agreed at board level that our version of the EDS 2023 report will be published by 1st April 2024, in order for us to collate up to date evidence.

The 2023 Staff Survey has included the opportunity for staff to self-identify as non-binary for the first time. This means there are no comparable indicators for the results for non-binary staff. The demographic options are nationally set by NHS England but we recognize that there may also be other gender identities, ethnicities, and sexual orientations which may face discrimination or otherwise be impacted in the ways outlined in the report.

Patient demographic data remains limited by the options available via PAS systems.

EDS 2022 implementation by NHS provider organizations is mandatory in the [NHS Standard Contract](#). EDS 2022 implementation will continue to be a key requirement for all NHS commissioners.

The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership.

2. **Conclusions/Outcome/Next steps**

The EDS2022 report has helped us to recognize specific areas where there is room for improvement but also has identified areas where we should celebrate our progress. In line with the reporting procedures, this report will be presented to our Hospital Management Board for review and reflection. Following this we aim to submit this publication by the submission deadline which is the 31st March 2024.

To address the areas for improvement our new Diversity, Inclusion and Belonging strategy has been capturing direct actions which will be progressed over the next five years. The strategy launched in October 2023 and is led by a number of senior leaders and stakeholders to ensure EDI is everyone's responsibility.

Recommendation:

The Board is recommended to:

- Consider and note the findings and continue to monitor the progress of the relevant actions identified within the People and Culture and Diversity, Inclusion and Belonging strategies to improve the EDS2022 submission.

Equality Delivery System 2022 Evidence- Full report

The Equality Delivery System (EDS) is a system that helps NHS organizations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. EDS 2023 is a generic system designed for both NHS commissioners and NHS providers. As different systems apply EDS 2022 outcomes to their performance, NHS organizations should do so with regard to their specific roles and responsibilities.

The Patient and Engagement and Experience Team have researched and evidenced examples of equality, diversity and inclusion throughout the Trust's services and graded accordingly. This evidence was collated via:

- Local Equality and Diversity Groups (LEDGes)
- Listening to examples of good practice and needs for improvement in various meetings
- Carers Forum
- Patient Panel
- Patient Survey which included questions that directly correlated with the EDS2022
- Friends and Family Tests
- Compliments
- Cancer Survey Results
- NHS Adult Inpatient Survey Results

A limitation is that most of the answers from our FFT data are people who are white, heterosexual, cisgender and not disabled. This does not mean that these patients do not experience health inequalities, but we are aware that further engagement and outreach is needed to hear from patients who are likely to experience health inequalities more often. It is however expected that a higher portion of our patients are white as this is in line with the population of Norfolk and Waveney.

Due to the tight timeframe of the EDS evidencing, along with additional pressures of additional beds in bays and various striking measures the Patient Engagement and Experiencing team are aware that the evidence collected provides a sample of the equality, diversity and inclusion work that happens across the Trust's services. There will be examples of best practice missing from this report.

As the domains that were chosen this year are not service-specific, but patient-specific, it has been a challenge to collate the required evidence.

As agreed with ICB colleagues the focus has been on CYP, LD&A and Mental Health provision. This means that whilst there are discreet aspects related to each area - evidenced by the work of the Women & Children Division and the Complex Health Team - children, young people, those with a Learning Disability & Autism and those with Mental Health issues will potentially be present and use many of our services.

For Domains 2 and 3, the HR Team have collated its evidence from the following sources:

- NHS Staff Survey
- NHS Pulse Survey
- WRES/ WDES
- Gender Pay Gap
- Qualitative feedback from staff networks
- Feedback from the Trust’s Equality and Diversity steering group and divisional Equality and Diversity steering groups.

The purpose of the EDS is for it to be used as an educational and developmental tool.

Equality Delivery System 2022 Evidence Report – Scoring

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

For Domain 1's submission we have scored each objective as follows:

	Outcome	Scoring Total
1A	Patients (service users) have required levels of access to the service	Developing / achieving
1B	Individual patients (service users) health needs are met	Developing / achieving
1C	When patients (service users) use the service, they are free from harm	Developing / achieving
1D	Patients (service users) report positive experiences of the service	Developing / achieving

Though it is clear that every area and service within the Trust is performing to a high standard with equality, diversity and inclusion we have chosen to score at 'developing/achieving' level due to the criteria which NHSE asks us to score against.

To be considered 'achieving' there must be 'data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service.' We do not currently have adequate evidence to show that 100% of patients with protected characteristics have adequate access to the service, though we have evidence for 'some protected characteristics (50%) have adequate access to the service' – developing/achieving.

For Domain 2's submission we have scored each objective as follows:

	Outcome	Scoring Total
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Achieving
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Developing
2C	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Achieving
2D	Staff recommend the organization as a place to work	Underdeveloped

	and receive treatment	
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Referring to the EDS2022 scoring guidance it is felt that there are areas where we are achieving but also areas where we are needing to develop and improve.

While staff are provided with a variety of wellbeing initiatives, our staff survey findings show that 52.1% of staff feel that the Trust takes positive action on health and wellbeing. Whilst this is a 4.2% increase from the number of staff who said the same in last year’s survey, this is a more modest improvement than we would like to see.

We also know that a number of staff have experienced bullying, abuse and harassment in the last 12 months but more predominantly from patients.

For Domain 3’s submission we have scored each objective as follows:

	Outcome	Scoring Total
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	Developing
3B	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Developing
3C	Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Achieving

Although it is felt our Board members demonstrate the importance of Equality, Diversity and Inclusion this is not always role modelled by all our leaders. Equality and health inequalities are discussed on a regular basis in board and committee meetings and board members are in attendance to our staff network groups and events however, education and awareness is required for equality impact assessments in every proposal/ policy put forward.

Domain 1 – Trust Wide Evidence

#	Evidence
1A	<ul style="list-style-type: none"> • The Patient Engagement and Experience Team have collaborated with other teams to write and facilitate the Accessible Information Standards Policy. With access to this, divisions, teams and wards will be able to create thorough assessments of the care for patients who are directly impacted by Accessible Information Standards. • The Experience of Care Health Inequalities Project during 2023 focused on maternity care for those in deprived areas – specifically those who struggle to access face-to-face care. This has informed the ongoing collaborative work with the MNVP and the development of the Maternity Strategy due to be launched in May 2024. • The Carers Forum at NNUH is attended by unpaid Carers, staff and members of local Care organisations. This group meets every two months. • NNUH have formed a Military Community Working Group which meets every two months. Membership includes staff and patients who have served in the military, and members of local military and veteran organisations. • The Patient Panel has members from different backgrounds and characteristics working in partnership with the Trust to improve all experiences of care. • The INTRAN service is used throughout the Trust, with the Interpreting and Translations Policy under review. • The CardMedic app is used throughout the Trust. • The Health Inequalities Working Group has merged into the EDGE with an extended remit to include how health inequalities impact our patients and how to combat these. There is a specific focus on the inequalities listed in the CORE20PLUS5, for both adults and children. • There is a weekly patient experience meeting held across the ICS working collaboratively ensuring patient experience is achieved and best practice is shared. • We have a continued collaboration with the Maternity Voice Partnership,

	<p>collaborating on engagement projects to combat health inequalities.</p> <ul style="list-style-type: none"> • We have a successful volunteer team who regularly engage with patients, helping them with queries, guiding them where needed and also undertaking patient engagement telephone calls. • Our PALS and Complaints team work directly with our patients to overcome and concerns and ensure that the relevant actions are undertaken for better patient care in the future. • We have a Macmillan booth on site where patients and their loved ones can talk about cancer care. • The Macmillan staff also run a support group for anyone from the LGBTQIA+ community affected by cancer. This occurs monthly. • The Patient Engagement and Experience team engage with and listen to the voices of patients, especially those with protected characteristics and from seldom heard groups. The information that the team gather from patients is then acted on accordingly, the team working with other members of staff to overcome any barriers to healthcare that these patients may be experiencing. • For each rehab bedspace within the Critical Care Complex there is a rehab board where patients likes, dislikes, todays nurse. This board also has a section for each patient to display photos of families, friends and pets as they wish. These work as communication aids for the patient and staff. • The Critical Care Complex provide a follow up clinic (FUC) for all patients who meet a certain criteria (usually related to length of stay) where a Critical Care Complex trained nurse will have a tele-clinic appointment with the patient. • Hearing loops are set up across the Trust. • We can provide communication trolleys to those who require them. • Equality Impact Assessments are used throughout the Trust to address the effects of services and policies have on different patients, staff and communities. They are used to make sure that no community or staff group is disadvantaged. • The Trust uses the AccessAble service, which gives patients detailed information about the accessibility of buildings and their facilities. • In cardiology outpatients we have introduced an intercom at reception so
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	<p>patients can more easily hear the receptionist through the plastic screen, and vice versa. We too have a dropped area of the reception desk for wheelchair access.</p> <ul style="list-style-type: none"> • Cardiology outpatients have ordered new seating with arms on chairs to aid those with mobility issues and have ordered an additional bariatric chair, and are in the process, as a medical outpatients level 3 floor plan joint venture, purchasing a Sara Steady stand aid for those with mobility issues. • Screening Breast Care nurse attended a local learning disabilities group meeting to chat to them about breast awareness in Dec 2023. More sessions have been planned for the future. • Breast Care Team are making attempts to connect with Gypsy Traveller and Roma communities through health promotion activities which have unfortunately not come to fruition because we are still unsure of how to overcome trust and attendance barriers for this minority group.
	Achieving
1B	<ul style="list-style-type: none"> • The Emergency & Obstetric Theatres department cared for a pregnant transgender man who required an elective caesarean-section (c-section) due to high levels of anxiety in pregnancy. Initially the patient was not able to be booked on to the elective c-section list due to gender listing on trust systems– theatre team liaised with theatre IT team to change the system and remove this block, not just for this patient, but for future patients. • The NNUH utilises both the Norfolk and Waveney Carers Identity Passport and NNUH Carers Passport. The former ensures that Carers are recognised throughout the Trust and that they are included in the relevant conversations of the cared-for patient. The latter entitles Carers to discounts for food and free parking as a thank you to the Carer for their assistance while in the hospital. • The Carer Partnership Agreement ensures that the Carer and cared-for patient are both involved in all of the care and treatment of the patient while at the Trust. • Our Patient Panel hold the hospital accountable and review SOPs, policies and other papers and projects, which is another way for us to make sure the patient voice is always heard, considered and listened to.

	<ul style="list-style-type: none"> • The various projects the Patient Panel have been involved in <ul style="list-style-type: none"> ○ The Carers Forum – Carers, staff and reps from local organisations consult on projects and policies relating to Carers. ○ Patient Complaints Redesign – improved complaints processes for patients. ○ Consent Policy – one policy across all three acutes in Norfolk to improve patient safety. ○ Cromer Link – patients living in Cromer and surrounds can access care closer to home. ○ Digital Transformation – moving to digital platforms enables people to access care in a way that suits them. ○ Clinical Support Services – patients and clinicians working together to meet patient needs. ○ Working with Medicine Division – to improve patient access to services. ○ PRIDE Awards – recognising staff who have gone above and beyond for patients and families. ○ Corporate Strategy – Caring with PRIDE. ○ Caring with PRIDE - imbedding a culture of patient-focused care for all staff from first day of appointment to the trust. • NNUH provides care through the Rainbow Suite, a dedicated antenatal service for pregnant women who have previously experienced baby loss. • We have the Skylark Team, specialist midwives who support the maternity team with advice, guidance and training on the coordination and planning of care for women with perinatal mental health needs and complex social factors. • The Meadow Suite is a bereavement suite for families experiencing baby loss. • Our Learning Disabilities team work to ensure that all patients have the care they need, and work with other teams to make sure all aspects of the Trust are accessible. • The learning Disabilities team and the Patient Engagement and Experience Team and developing work for an accessible version of PLACE.
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	<ul style="list-style-type: none"> • There is now a safe space bed in paediatrics for those with complex needs or those who may be overwhelmed on the ward. • Maternity provides cuddle cots for bereaved families. • HR and the Patient Engagement and Experience team are coproducing a Diversity, Inclusion and Belonging strategy which will directly impact and benefit patient healthcare and their individual needs. • We provide holistic assessments for Palliative Care patients. • Our volunteer team includes Butterfly Volunteers for End of Life patients. • Our Dementia Support team supports patients and their families. • What was the Chaplaincy has been renamed to Spiritual Health to provide a safe space for patients and their visitors, no matter what their faith or if they have no faith. • Each clinical division has their own Local Equality and Diversity Group (LEDGe), where staff discuss the equality, diversity and inclusion needs of both staff and patients and how to create a better environment for both. • LEDGes report into the Equality and Diversity Group (EDGe) which brings together a diverse group of staff who can further discuss and facilitate the needs of our patients in a strategic way incorporating Health Inequalities also. • Our Family Liaison Officers help to support patients and their families and friends with needs such as communication from the ward to home e.g. helping with technological communication through the use of Trust provided iPhones and iPads.
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	<ul style="list-style-type: none"> • A working group has been formed to address functional issues within our Patient Administration System when identifying transgender patients. This will assist in overcoming any health inequalities, discrimination and possible misgendering. Policy is under review with wide stakeholder engagement in process. • Red2Green helps staff to identify patients who may have additional care needs when they leave hospital. Utilising Red2Green means that patients who need additional support when they are discharged will get the help they need with their discharge plan. • Update from children’s board on the work done on Play In Hospital, Little Journey (an app for virtual tours of the pathways) longer term work will be focusing on all of NICU and Paediatric pathways. Gynaecology- national cancer patient survey had positive results with areas of improvements and action taken on RN post for personalised Gynae Oncology care appointed to support the work. • Collaborative working with MVP on identified improvements via FFT feedback has seen returning to overnight visiting on antenatal wards, induction of labour leaflet made more user friendly and BRAIN poster with service user involvement. • NICU awarded gold accreditation in Aug 2022, reaccreditation due in Aug 2025- maintaining the work happening around family centred care in the neonatal and parent unit will lead us to achieving the platinum award. • A Dementia-friendly garden is in early planning stages, to be located in the courtyard between friendly garden is in early planning stages, to be located in the courtyard between Elsing and Dunston wards.
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	<ul style="list-style-type: none"> • Pets as Therapy dogs regularly visit wards across the Trust to improve the morale of patients. • The Complex Health Hub is working with local prison services to ensure that prisoners have the best care possible while in our Trust. This has been outlined in our Care of Prisoners Policy.
	Achieving
1C	<ul style="list-style-type: none"> • The pregnant transgender patient mentioned in 1B was very anxious during pregnancy and before procedure and was concerned about negative judgement – at the list check meeting the theatre team asked if there was any way in which they could support the patient and they had previously mentioned that if there were any transgender colleagues, they would feel more comfortable if they were present. A transgender colleague (a Senior Theatre Practitioner) came in to shift extra to support the patient. • Responses from patients are captured within patient surveys. Actions are then taken to highlight any potential causes of harm and the put a stop to them. These can be physical, mental and/or emotional. • The Complex Health Hub works with other teams to address and support the health needs of patients with complex social needs and mental health needs. • Staff are trained to report patient harm incidents, actions in place to prevent future occurrence • Security personnel on site to support with incidents. • Our ESR provides multiple training packages to assist staff and volunteers with their learning around seldom heard groups, patients with protected characteristics and vulnerable patients. Learning assists with staff and volunteer’s understanding and empathy and reduces discrimination against patients. • All instances of discrimination or incidences of harm are reported on Datix, and are then reviewed, analysed and investigated to identify themes, action where necessary, and enable learning.

	Achieving
1D	<ul style="list-style-type: none"> • The pregnant transgender patient mentioned in 1B/1C verbally passed on thanks to the theatre team for their care and non-judgemental attitude, particularly praising our transgender colleague who came in to support them. • We hear about patient experience and their reports of positive experiences through our Friends and Family Tests (FFTs), Patient Advice and Liaison Service (PALS) and our Family Liaison Officers (FLOs) – Compliments are recorded specifically via the FFT/Envoy system. • We are also active across social media, specifically Facebook and Twitter. • Critical Care Ward collates all their feedback and displays this in a 'You Said, We Did' format. • Patients have the opportunity to take part in Experience of Care stories to report their feedback. This is then reported back to the relevant boards and made accessible to the public. • We utilise the feedback reported to us from patients via Healthwatch Norfolk and CareOpinion. • 'You Said, We Did' examples are on ward boards across the Trust to let patients know that we listen and take action on all feedback.
	Achieving

Domain 1 Evidence – Children & Young People's Services

#	Evidence
1A	<ul style="list-style-type: none"> • Children who present at the hospital with mental health needs are picked up by the Paediatric Mental health Service (PaMHS) via a number of different routes: ward round, ward referrals, outpatient referrals or by pre-planned admissions. • Cardiology has an SOP for transition of young people to Adult Congenital Heart Disease (ACHD) patients. Trust docs 11811.

	<ul style="list-style-type: none"> • Driven by senior nurses in respiratory department, a patient satisfaction form for young people age 25 and under was created. Through undertaking this patient satisfaction questionnaire, a special area for young people has been organised and charity money was used to buy furniture for this area. • The Children & Young People's (CYP) Department are located on the ground floor and offer afternoon and evening clinics. They have a nurse-led patient advice line and department email address available to patients and their families. • CYP Department have access and care planning from LD Team if patients require to support access to environments also support from play teams. • Patients/Parents/Guardians have access to a CNS telephone answer machine between 9-5 Monday- Friday and 24 hours a day telephone advice/Open access to Childrens Assessment Unit for all specialities. • Transition clinic four times a year in Big C for oncology patients, starts after school time to allow for higher attendance. • Families with no transport have an alert with ambulance service showing they're an oncology patient and high risk of sepsis. • There is a Youth Worker employed who is leading on developing the CYP 'Voice' via a CYP Forum.
	Developing
1B	<ul style="list-style-type: none"> • The PaMHS clinicians commence co-produced care plans within 72 hours of the service's first contact with the child and their family. This explores the patient's needs and asking for their preferred name and pronouns. • Cardiology transition clinics for young people always run with a paediatrician in attendance. • CYP Department use PAS alerts for specific patient needs e.g., if interpretation services are needed. • Open access to CAU arranged dependant on clinic picture and mediation risk. • Rapid access to Consultant/Nurse review when concerns are identified by family. • All Paediatric Oncology Patients have individualised Crib sheets, with relevant

	<p>information including diagnosis, treatment, if translator required, allergies.</p> <ul style="list-style-type: none"> • School/Nursery meetings coordinated by CNS' to allow patients to be in school. • CNS' see patient/ family when on the ward/day ward to ensure all needs are being met. • Use an alert system on PAS showing if someone is an oncology patient. • There is a Youth Worker employed who is leading on developing the CYP 'Voice' via a CYP Forum which will inform and ensure CYP health needs are met.
	Developing
1C	<ul style="list-style-type: none"> • The PaMHS team are currently running a pilot of a risk reviewing process. It is a document that identifies current risks of harm to self or others and then methodically works through a series of questions to identify the patient's risk presentation over the last 24 hours. • Cardiology: ACHD nurses and consultants are trained to level 3 safeguarding. See trust docs SOP 11811. • Open access to CAU arranged dependant on clinic picture and mediation risk. • Chaperones are available and are used regularly. • Cambridge/Calgary consultation method used. • Letters sent to family to confirm progress and plan of care. • Weekly MDT meetings to discuss care and concerns regarding patients. • Regular use of play team to minimise trauma of invasive procedures. • Regular audit of service in a variety of areas to ensure consistent level of safe care achieved. • When attending Paediatric Oncology Clinic, a separate corridor is used in Jenny Lind Outpatients, this is to help protect from potential unknown infections. • Patients are always cared for in a side room.
	Achieving

1D

The Tops & Pants Survey collected patient feedback from patients in the NNUH Childrens Emergency Department from June – November, 2023. The 58 patients surveyed (with support from parents/guardians) were aged between 1 and 16 years old. 53 of the 58 patients reported positive experiences. Below are a selection of some of the positive experiences:

‘Staff are very friendly and willing to answer any questions. My son is very stubborn and staff were able to play games with him to encourage him to let them do obs.’

‘Everyone was lovely, kind, helpful and did everything they could to help. Thank you.’

The Paediatrics team also received numerous compliments which can be viewed on Envoy. Here are a few examples:

‘The nurse was very reassuring for my son, who was nervous before attending the appointment.’

‘We were seen very quickly by a doctor who put us at ease. My daughter was provided with lunch and colouring equipment.’

‘The service from your department is the best around. It’s massively appreciated.’

‘I just wanted to take a moment to thank you and the team for your kindness and patience I this afternoon. I felt that every member of staff (receptionist, HCAs, play specialist, consultant, specialist nurse) really did everything you could for us today, so thank you.’

‘Thank you for all your care and support for You have been a reassuring pair of hands. We will make sure Grows up knowing that he had amazing nurses such as yourselves.’

	The CYP department regularly receive pictures drawn by patients to say thank you as well as homemade presents from patients who have completed their treatment.
	Developing

Domain 1 Evidence – Learning Disability And Autism (LD&A) Services

#	Learning Disability And Autism (LD&A) Services Evidence
1A	<ul style="list-style-type: none"> • Service criteria for the Learning Disability & Autism (LDA) Specialist Nursing Team has been carefully considered to ensure that those most at risk of experiencing health inequalities are able to access support. This includes people who do not have a formal diagnosis, as it is recognised that lack of diagnosis in itself may be as a result of health inequalities experienced across the life cycle. • The LDA team has worked to ensure that many of the systems within the Trust promote referral to the service, and that flagging/automatic notification is embedded to ensure the team’s awareness of people accessing the Trust, either as an inpatient or an outpatient. • The flagging/alert system also notes reasonable adjustments that may be required, such as communication or access needs. In the Emergency Department, the alerts prompt the team to review the person’s Emergency Admission Plan if they have one in place. • The LDA team’s service criteria and clinical prioritisation ensures that focus can be given to facilitating access that has historically been indirectly limited to people with learning disabilities and other neurodiverse needs. More recently, this has included close working with cancer screening and respiratory departments to develop protocols and pathways to be more inclusive, in particular promoting that ‘equal access’ does not always equate to ‘equitable access’. • Cardiology has an SOP for caring for patients with LD and autism; such patients are predominantly found in our ACHD (GUCH) service but can be found in all

	clinics; Trust docs 15578.
	Developing
1B	<ul style="list-style-type: none"> • The service provided to individual patients is, by design, person-centred. Interaction from the team involves individualised assessment and implementation of person-specific care, including recommendation of individual adjustments. Emergency Admission Plans (EAPs) do not follow a specific template but are, instead, developed according to individual circumstances, meaning that there is flexibility in the service provided to patients. • Engagement from the team is tailored around a person's needs. Whilst many patients are met in the clinical environment, some engagements take place in non-clinical settings as required, for example; meeting patients in coffee shops or play areas, working with patients at their pace and preparing for clinical intervention. Interventions are paced according to individual confidence and ability, and where this is impacted by clinical urgency the team works with patients and their significant contacts to develop a tailored plan. • The team focuses primarily on ensuring equitable access, which includes considering the impact of indirect discrimination associated with 'typical' service provision and adjusting this, working with, and educating, other professionals and adapting environments accordingly. • Person-specific accessible information is routinely developed following assessment of individual communication and understanding. The team has developed, for example, social stories based around a patient's favourite Disney character, videos showing a patient's favourite toys accessing healthcare, individualised 'checklists' of care provision, clinical 'role play' and safe provision of equipment with which to practice outside of a hospital setting. • Cardiology have a departmental link nurse for people with learning disabilities.
	Developing
1C	<ul style="list-style-type: none"> • A patient survey sent to recently admitted patients with LDA identified that 84%

	<p>felt safe whilst in the care of the NNUH. This survey was from 2022, with the more recent year's results pending.</p> <ul style="list-style-type: none"> • The LDA team conduct, upon meeting a new patient, or reassessing a known patient, a review of a number of different factors, including but not limited to; vulnerability to direct and indirect discrimination, the risk of diagnostic overshadowing, impact upon health of any psychosocial circumstances. These factors are continually assessed throughout an individual's admission. • Cardiology patients may be given extended clinic slots if needed. Carers can attend to support if needed. Staff are aware of "this is me" and "carers passports". Staff are up to date with mandatory training and are aware of steps required to assess mental capacity and to deliver associated care. Adjustments made in clinics where required; best interests discussions.
	Developing
<p>1D</p>	<p>People with learning disabilities/Autism/ADHD reported positives experiences with the hospital across multiple departments. Some of those comments are listed below:</p> <p>'The clinicians were so friendly and empathetic but professional, I felt comfortable enough to express how pain has impacted my life. I have ADHD so can have involuntary tics and talk too much in these environments, I usually try to mask in these situations so the people don't feel uncomfortable and I don't feel self conscious, this felt like such a safe space where I could truly be myself. I was offered advice, support and encouragement. Thank you.'</p> <p>'I'd been dreading going to the clinic as, being autistic, "eyes" are a major phobia to me. Blindness seemed like a happier option... I then saw Dr P. What a lovely man! He was understanding, kind, concerned and explained everything and the goal was achieved to my surprise.'</p> <p>We have also received some negative feedback from patients with learning disabilities/Autism/ADHD. One patient told us that their needs were not met, 'Was there (ED) 12 hrs. They were told and aware that I'm on the autistic spectrum but there was</p>

	<p>no support and lack of understanding of my needs. Even when trying to explain I was over simulated and having sensory overload and I was trying to hold off a meltdown I was just shrugged off.'</p> <p>Another patient said that they weren't given clear directions, which impacted their care, 'The doctor was not clear. I had a concussion and an autistic, they said go sit by the window - I went and sat by the window looking outside, not the window the register. This communication difficulty left me confused and sitting in the wrong place for 20 minutes with no one correcting me.'</p>
	Developing

Domain Evidence 1 – Mental Health Services

#	Mental Health Services Evidence
1A	<ul style="list-style-type: none"> • The Cardiology department have a departmental psychologist on staff who is available for cardiac patients with mental health needs. They also run separate occupational health clinics for patients needing additional support. • The Tracheostomy Care Team recently had a patient who required an operation to remove cancer but suffered from anxiety and depression following significant childhood abuse, which caused them great concern when receiving a general anaesthetic and Post-Traumatic Stress Disorder PTSD symptoms induced by the feeling of being smothered. There was concern that the patient's PTSD could potentially cause them to be aggressive when awaking from a general anaesthetic with an oxygen mask on their face, thus possibly causing injury and distress to

	<p>themselves and staff members in theatre and the Post-Anaesthesia Care Unit (PACU.)</p> <ul style="list-style-type: none"> • The Radiography department provide named radiographers to patients who may have mental health needs. Within our patient management system (ARIA) we can highlight additional needs and patient alerts may be added to ensure the appropriate team members are available. We have recently introduced a Mental Health Link Radiographer; this radiographer has received Mental Health First Responder Training and we are looking to expand the training to an additional radiographer in the next year. This role will support patients and staff by signposting to the relevant services and raising awareness amongst the team. This is a new role within the team but we intend to expand the support and information to staff and service users. Our radiographer led information and support service have a library of resources and can refer patients to mental health services. • Acute Medical Unit: All the patients admitted with self-harm or intentional overdoses to the acute medical unit have mental health input and assessment in addition to providing them the medical treatment. To help them receiving continued care and facilitate the discharge, these patients tend to be kept under the acute medical team.
	Developing
1B	<ul style="list-style-type: none"> • The Cardiology department offer appointment types that fit the needs and wellbeing of individual patients. They can access virtual cardiac rehab, telephone, video or face-to-face appointments, depending on their level of need. • The Tracheostomy patient referenced in 1A successfully received their cancer operation. The patient's team formalised a plan to bring them in before the operation to meet ward staff and to see the room they would be in and a staff board with pictures and roles was created for their room pin board. • Mental Health training is being rolled out to staff in Radiology and an electronic library of support is being created by our Mental Health Link Radiographer. Learning Disability and Autism buddy will be involved in discussing patient needs

	<p>at referral stage (highlighted by referral vetting team). There are daily safety meetings where patient needs are discussed, patients who require additional support are highlighted. Within the Radiotherapy Treatment Management system, we can assign alerts to patients.</p> <ul style="list-style-type: none"> • Acute Medical Unit: Depending on the patients' need i.e. informal mental health bed or fit mentally to be discharged is normally assessed and decided by the mental health team. Hence, this appears to take the patients' needs into account when delivering services to them.
	Developing
1C	<ul style="list-style-type: none"> • Cardiac Rehab staff have undergone specific training in counselling awareness. Heart manual facilitators are trained to assess and deliver basic wellbeing care to patients. Multiple Cardiology patients reported that they were “offered a chaperone if needed,” during their appointments. • For the Tracheostomy patient referenced in 1A/B the team did a theatre handover to the staff identifying the agreed patient plan including how to wake them up as per their requests, and how to hold the mask to avoid a PTSD response to previous smothering as a child. A nurse from the team accompanied the patient and stayed with the patient whilst they were placed under anaesthetic and were around for the patient's recovery period. • In Radiology, all techniques and immobilisation are risk assessed considering diverse patient needs. The use of restrictive interventions has been reviewed along with how to adapt the treatment processes to ensure individual patients are free from harm. An intercom system is used to speak to patients while delivering radiotherapy and allows carers to also use the intercom system to support the patient while they are alone in the treatment room. • Acute Medical Unit: When patients are under the care of the acute medical team, they are monitored closely and provided one to one care to ensure their safety in special circumstances e.g. the patient's repeated attempts of ongoing self-harm while in hospital.
	Developing

1D	<ul style="list-style-type: none"> • FFT data from the Cardiology department is very positive. One patient remarked on being treated like an individual, "It's nice to feel you are being treated as a person & not just a married lady in a wheelchair." • FFT data from patients with mental health issues was somewhat positive. One patient told us, "Staff on the mental health section were lovely and supported me once my friend had to leave me there." Another patient said, "I was treated quickly and looked after well. Mental health gave me time and made me have hope." • Some patients were critical of the length of time they had to wait for care linked to their mental health, "I waited for about five hours to be seen which when you are in a mental health crises is way too long to have to wait." Another ED patient said, "waited 4 hours the mental health lady was rude and unpleasant and didn't give advice or write anything I could hand over to other support I was discharged and waited 4 hrs for a taxi home." • the Tracheostomy patient referenced in 1A/B/C wrote to the CEO and Chief Nurse to express their gratitude and that without this system they would not have been able to have their cancer surgery. They felt that for the first time they had both their psychological and physical needs met. • The following feedback was received by the Radiology department, "I have just completed on 8th November my four week course of Radiotherapy treatment for Prostate Cancer. From the beginning earlier this year when my doctor referred me to you because my PSA level had been rising for some time, to the completion of my treatment, I have been looked after and cared for by everybody concerned with the utmost care and consideration that anyone could wish for. I have severe anxiety and depression, with OCD and am a terrible worrier. I am truly grateful to the wonderful radiographer staff, nurses, reception, my transport drivers and the doctors for their kindness."
	Developing

Domain 1 – Evidence from Healthwatch Norfolk/Patient Survey data results

There were 47 responses to the ‘Are We Meeting Your Needs?’ patient survey. Respondent demographics can be found within appendix A.

In the period January – December, 2023 Healthwatch Norfolk collected 97 reviews from patients about their care and experiences at our hospital. Healthwatch asked the patients to rate their experiences out of 5 stars, with 5 being the best score. The hospital received an average score of 4.2 out of 5 stars.

#	Evidence
1A	<ul style="list-style-type: none"> • Comments about accessibility to our services were mixed. One patient reported being “very happy” and another said “the nurses and support staff are incredible.” There were also some negative comments such as “excessive wait times.” • A few patients mentioned issues with accessible parking in their reviews via Healthwatch Norfolk: “The parking though is really bad for disabled and lesser abled - it is inadequate.” “Car parking is not as good. I can't walk from the big new car park it is too far for me.”
1B	<ul style="list-style-type: none"> • A patient reported “It can be a fight to get support, and the wait for even a routine appointment is intensely long.” • One patient said that the “Lack of bed capacity meant that post tonsillectomy I was put on to a car of the elderly ward which was not really fit for my age demographic and quite distressing.” • Another patient told us “Cancer care is excellent.”
1C	<ul style="list-style-type: none"> • From 37 response received via FFT survey response, 17 agreed and 12 strongly agreed . • 13 either disagreed for strongly disagreed.

	<ul style="list-style-type: none"> PALS complaints indicate that more is needed to protect from harm including, quite spaces with waiting areas. More specialised equipment and provision of more complex health needs to protect dignity.
1D	<ul style="list-style-type: none"> Patients were very complimentary about the care they received from staff at the Norfolk & Norwich Kidney Centre, “They go out of their way to look after you and make you feel really supported,” and “Staff are all brilliant and caring, always friendly and helpful.” A Radiology patient reported the following to Healthwatch Norfolk, “I am here with my support worker today. I am a bit scared I am having my picture taken. I watched a video before I came that we found online so I know what is coming. They are good they tell me what is going on.”

Domain 2: Workforce Health & Wellbeing Evidence

#	Outcome	Evidence
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Any staff member referred to Occupational Health will have a full assessment and will be offered information / signposting to services that can support their physical and mental health.</p> <p>An Employee Assistance Program platform is in place called Vivup which all staff can access. A physical health check and other resources can be recommended to staff on this platform.</p> <p>We have also introduced the NHS Local Leaders Wellbeing training for line managers and team leads which runs quarterly. This training enables line managers and leads to support the health and wellbeing needs of themselves and their staff.</p> <p>The Trust encourages managers to have wellbeing conversations with their staff on a regular basis including in appraisal where there is specific staff wellbeing discussion. Within return-to-work meetings</p>

		<p>managers are encouraged to refer to our Health and Wellbeing Passport which enables both staff and manager to talk about their health and wellbeing and explore whether reasonable adjustments would benefit and can be accommodated for their staff.</p> <p>The Trust provides support to staff who have protected characteristics for all mentioned conditions. The organization promotes work-life balance and healthy lifestyles. The Trust signposts to national and VSCE support.</p> <p>Some examples of our initiatives are set out below:</p> <ul style="list-style-type: none"> • Dance classes are hosted on site for staff on an ad-hoc basis along with other wellbeing initiatives such as rest and restore days. Such classes/initiatives are aimed to support both physical and mental health. • A Cycle scheme is in place to encourage physical activity and sustainable travel to work. • An NNUH Run Club takes place every Thursday where all staff can participate, and they have been funded use of the UEA running track over the winter 2023 period. • A Directory of Physical Activity Services in Norwich and Norfolk is available for staff, which includes information about NHS gym discounts, runs, swimming, yoga and Pilates. • Our Employee Assistance Programme Vivup also provide a range of information for all aspects of health and wellbeing. Staff can access this either via their computers or mobile device. <p>A new question was included in the 2023 Staff Survey of “I can eat nutritious and affordable food while I am working.”</p> <p>49.5% of staff answered that they often or always agreed with this statement. This was consistent across all protected characteristics except for staff with long term health conditions of whom 41.8% agreed with this statement. This suggests that we might need to consider whether we provide enough</p>
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		<p>options for dietary concerns for specific health conditions, such as allergies, intolerances, or digestive conditions.</p> <p>Our Staff survey 2023 findings shows a mix of improvements and declines in how staff feel about the Trust supports their health and wellbeing.</p>
	Score	Achieving
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Access to independent support regarding bullying, harassment, etc. is available through the Employee Assistance Programme. Other options for support include one to one sessions with a health and wellbeing practitioner, and our Professional Advocates.</p> <p>In our Staff Survey 2023 results 14.7% of staff said they had experienced any frequency of physical violence from patients, service users, or the public in the last 12 months. This is a 2.9% improvement from 2022. Previously BAME staff were the most likely to experience physical violence from patients, but this improved by 6.2% this year overall. In the 2023 Staff Survey non -binary staff were the most likely to face physical violence from patients, with 33.3% saying they experienced this in the last 12 months. This statistic was also higher for LGBT staff.</p> <p>Staff were also asked whether they had experienced physical violence from managers or colleagues. In both cases the numbers of those who had experienced this were generally low although, 16.7% of non-binary staff said they had faced physical violence from colleagues. The majority of staff who had experienced physical violence said this had been reported by either themselves or a colleague.</p> <p>6% fewer staff in general reported experiencing harassment, bullying or abuse from the public than the previous year, although a high percentage of our disabled, LGBT and BAME staff still reported this. The demographic most likely to experience this was non-binary staff at 33.3%.</p> <p>12.1% of staff members said that they had experienced harassment, bullying or abuse from their managers which is a 2.3% improvement from 2022 results although 25% of non-binary staff said they experienced this from their managers.</p>

		<p>In the 2023 staff survey, 22.1% of our staff declared that they had experienced harassment, bullying or abuse from colleagues, which is an improvement from 2022. Disabled, LGBT, religious and non-binary staff members were the most likely to experience this.</p> <p>Just under half of the staff who had experienced harassment at work had this reported by either themselves or a colleague, a slight increase from the previous staff survey results.</p> <p>Actions to address the disproportionate levels of bullying, harassment, and abuse in relation to disabled and BME staff members experiences can be found within our WDES and WRES Action Plans.</p> <p>While our EDS report is designed to report higher level data, we have also found some granular statistics that suggest within the BME protected characteristic, Asian, Mixed-race, and Black staff are variously more likely to experience certain poor behaviours. The same is true of bisexual staff members within the LGBT umbrella. We have kept the relevant statistics on these subgroups and will share these to the relevant staff networks.</p> <p>The frequency with which non-binary staff reported poor behaviors in the 2023 Staff Survey suggests we may need to create specific interventions for trans and non-binary staff members within our action plans.</p> <p>The 2023 Staff Survey also asked new questions about whether staff had ever experienced unwanted sexual behaviours. On average 10.3% of staff said that they had been the target of this from patients, with this figure rising to 25% of non-binary staff as well as 16–20-year-old staff also experienced this more frequently. 5% of staff responded that they had been the target of this type of behaviour from other staff, which was roughly consistent across all protected characteristics other than for non-binary staff at 25% and disabled staff members.</p> <p>The Trust is taking action to improve staff experience having committed to this in multiple strategies such as the People and Culture strategy 2022 and Diversity, Inclusion and Belonging Strategy which was launched in late 2023.</p> <p>The reverse mentoring program, where executives and senior leaders are mentored by diverse</p>
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		<p>colleagues more junior to them, has been ongoing since 2022.</p> <p>Alongside this programme the Trust has been promoting the ICS Norfolk and Waveney microaggression portal. With this data, the EDI HR Advisor provides bespoke 'call it out' workshops to areas where there are reports of staff experiencing or witnessing microaggressions. The workshops enable colleagues to learn about microaggressions – what they are and how to be an active bystander.</p> <p>As part of the Diversity, Inclusion and Belonging Strategy, we have been delivering active bystander training in the form of our “Call it Out” presentations. These presentations share examples and resources to help trainees understand the importance of allyship, the impacts of microaggressions and how to challenge microaggressions in the workplace. Since launching this training in July 2023, we have had 9 division teams attend the program, with staff finding the resources available within the package very informative.</p> <p>Also as part of the Diversity, Inclusion and Belonging Strategy, we’ve also expanded the support and resources available to staff under our “No Excuse for Abuse” campaign including a new video, posters and cards.</p> <p>A new Civility and Respect policy and supporting guidance has replaced the previous Dignity at Work policy. This was developed in partnership with staff networks, trade unions and the staff council, and line managers have been trained in the new policy. We have also signed up to the NHS England sexual safety in healthcare organisational charter and will continue to liaise with our staff networks to ensure appropriate actions are in place.</p> <p>The Trust has implemented the role of EDI Allies, which allows staff to reach out to trained allies who can signpost them to relevant resources and contacts for support. The program is currently rolled out program in its surgical and clinical support divisions. Each business unit within the clinical support division has brought on EDI leads to support the allies, in the implementation of initiatives and driving change, and to meet CQC requirements of safe, effective, well led services.</p> <p>Our staff networks also provide support for staff who feel they have been affected by harassment,</p>
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		<p>bullying or physical violence etc. The representative Chairs may be contacted for peer support, or staff may wish to share their experiences to a wider audience within the bimonthly Staff network meetings. Our Freedom to Speak Up service and speak up in confidence platform is also available to utilise. This enables staff to speak up about any patient or workforce concern with someone in person or discuss something anonymously if they prefer. Trained Guardians are available in each division and a network of Champions across the organisation assist with signposting staff towards appropriate support.</p> <p>Whilst there are some improvements in the overall survey results regarding staff experiencing bullying/ harassment or abuse from any source we acknowledge there is still more to do and are looking to address this as part of our cultural change work.</p>
	Score	Developing
2C	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<p>Staff have access to an Employee Assistance Programme that is independent of the organisation. We opened the Wellbeing Hub in the East Atrium in 2023 to offer confidential drop-in sessions and signposting to support and advocacy services.</p> <p>If staff are experiencing work related low-moderate stress, anxiety and/or depression, our Health and Wellbeing Practitioners offer 1:1 support sessions.</p> <p>Up to six virtual sessions are available where the team uses counselling and cognitive behavioural support skills, motivational interviewing, empowerment and mindfulness techniques.</p> <p>The Workplace Health and Wellbeing team also deliver mental health training, including sessions on how to know colleagues' mental health, resilience in the workplace and reflective support sessions.</p> <p>Vivup (our EAP) provides an evidenced based route for psychological support for all staff which includes guided CBT self help (in line with NICE guidance). The service includes:</p> <ul style="list-style-type: none"> • 24/7 telephone support • 6 sessions telephone counselling • Guided self help CBT

		<p>The Trust also has a ‘speak in confidence’ portal whereby staff can raise a concern anonymously to a senior lead, executive or the Freedom to Speak Up Guardian. This is promoted within the Speak Up Policy.</p> <p>The Trust has four staff networks whereby staff are encouraged to share their experiences in a safe environment and obtain peer support. All four networks are chaired by staff representatives who have up to 12 hours a month protected time to support the network and its members.</p> <p>The neurodiversity peer support group was also established 2023. This runs monthly and provides all staff with a forum to discuss and support one another on neurodiversity issues from both an individual and parent/carer perspective.</p>
	Score	Achieving
2D	Staff recommend the organization as a place to work and receive treatment	<p>Our staff survey 2023 results show that 49.4% of respondents would recommend the NNUH as a place to work. This is an 8.8% improvement from the previous year’s results. This was similar across all protected characteristics except for 41-50- and 51–65-year-old staff. Mixed race and white staff were also less likely to recommend us at 39.4% and 47.4% respectively.</p> <p>53.9% would be happy for their friend or relative to receive treatment at the Trust. This is both 7.1% higher than last year and above 50% which was the benchmark to a higher score. 75.2% of black staff members were happy for their friend or relative to receive treatment but white staff members were slightly less likely than average to recommend this at 52.2%.</p> <p>53.2% of our staff would say that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. However 51-65 year old, 66+ year old, and BAME staff members were less likely to say this.</p> <p>In the 2023 Staff Survey 76.4% of respondents said that the Trust has made reasonable adjustment(s) to enable them to carry out their work. This is a 2.4% improvement from 2022 but has not been reflected equally across all ethnicities.</p> <p>The Trust collates and compares the experiences of BAME, LGBT+ and Disabled staff against other</p>

		staff members on a regular basis and these are shared within the relevant staff networks for them to discuss and suggest actions to address experiences that require improvement.
	Score	Developing

Domain 3: Inclusive Leadership – Evidence

#	Evidence
3A	<p>Both equality and health inequalities are standing agenda items and discussed in board and committee meetings.</p> <p>Our Chief People Officer regularly attends our staff network meetings where he listens to feedback but also shares workforce updates to consult and share learning. Each of our four staff networks are championed by a Non-Executive Director however there is an aim for each of the networks to have their own Board Sponsor by the end of 2024. Julian Forster was appointed as the board sponsor of the LGBT Staff network towards the end of 2023.</p> <p>Board members and senior leaders engage in religious, cultural or local events and/or celebrations. In July 2023 our non-executive director and newly appointed EDI champion Jo Hannam attended the Norfolk and Norwich Hospital Trust stand at the Norwich pride rally and attended several staff network meetings throughout the year.</p> <p>Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.</p> <p>The principle of 'Know Your Staff' framework continues to guide our leadership and</p>

	<p>embraces equality, diversity and inclusive practices.</p> <p>Line managers are encouraged to attend the License to Lead training workshop which enables development of skills and knowledge to support our staff to develop inclusive leadership strategies. 295 employees completed the training between the 1st of January and 31st of December 2023. All staff including managers are also welcome to attend their divisional equality and diversity group to support with embedding local actions to improve staff experiences.</p> <p>Currently it is felt that the gap in understanding of equality and health inequalities sits with line managers and so we are developing our focus in this area.</p>
3B	<p>Developing</p> <p>The Trust recognizes that awareness and learning of Equality Impact Assessments must be increased to ensure these are undertaken for all service proposals, policies, protocols and procedures. The Trust has revised its EIA tool and guidance and consideration will also be made for EIA training.</p> <p>All HR policies require an EIA to be submitted to our Pay and Conditions committee for review and approval.</p> <p>All EDI standards which are assessed on behalf of the NNUH e.g., WRES, WDES, Gender Pay Gap, follow a governance process which means that they are considered by WESB and Hospital Management Board. JSCC which invites our staff network chairs are consulted on significant factors impacting the workforce.</p> <p>As part of achieving its Inclusive Leadership aims outlined in the Diversity, Inclusion and Belonging strategy, the Trust published its first ethnicity pay gap audit and improvement plan. This is in addition to the existing annual women's pay gap audit and improvement plan and gives additional context to staff inequalities.</p>

	<p>At the end of 2023 the EDGE group decided that in order to meet their Diversity, Inclusion and Belonging strategy, quarterly EDI papers would have to be created and presented to the hospital management board, the first of which is due to be published in January 2024.</p> <p>Currently it is felt that the Trust's Equality Impact Assessment is not being fully utilized particularly in respect of patient/service functions or developments and this area is still developing in accordance with last year's EDS report. Whilst certain departments – such as HR - within the Trust are showing increased confidence in using the Equality Impact Assessment framework as often as desired, we need to ensure that other departments follow this.</p>
	Developing
<p>3C</p>	<p>Regular papers are presented to Board and Sub-Board meetings to demonstrate our progress towards the Public Sector Equality Duty requirements. The Diversity, Inclusion and Belonging strategy also captures objectives with regard to the EDS which aligns to the Public Sector Equality Duty. A tracker of the Diversity, Inclusion and Belonging Strategy is presented to the Trust's Equality and Diversity Group monthly to monitor and evaluate progress with senior leads.</p> <p>The Trust's overarching Equality and Diversity group TOR have been revised and now includes key stakeholders who represent the work on addressing health inequalities and the CORE20PLUS5 actions. The agendas are now structured to include topics impacting both staff and patient experiences and will be expected to report improvements and progress to our Hospital Management Board on a quarterly basis.</p> <p>Each equality standard such as WRES, WDES, Gender Pay Gap is reported to our Hospital Management Board and People and Culture Committee. Data is also broken down for the likelihood of recruitment by each protected characteristic on a quarterly basis and reported to our Board.</p>

	<p>Action plans are drafted with the support of our staff networks and Board members and goals are monitored through a clear governance process e.g., our Equality and Diversity Group, Workforce Education Sub-Board, Patient Panel and Hospital Management Board.</p> <p>Board members regularly invite staff to attend board meetings for them to share their own lived experiences to enable reflection and learning. This may also include presentations from staff networks who wish to propose a new initiative or policy.</p>
	Achieving

Appendix A – Patient Survey Demographics

There were 47 responses to the ‘Are We Meeting Your Needs?’ patient survey. What follows is a breakdown of respondent demographics.



