

Mar
2025



East and North
Hertfordshire
NHS Trust

Equality Delivery System March 2025





East and North Hertfordshire

NHS Trust



NHS Equality Delivery System Reporting

East & North Herts NHS Trust

March 2025

Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a system that helps NHS organisations 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.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS Rating and Score Card

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 30 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score 3 for most outcomes	Those who score 31 and above , adding all outcome scores in all domains, are rated Excelling

Equality Delivery System at East and North Hertfordshire 2024/25



This report has been submitted complete and self-assessed. As part of our commitment to be an inclusive place to work and to be treated, we intend to review and update this document with the feedback from stakeholder focus groups. These groups will listen to the voices of staff, patients and other organisations to ensure that our feedback is inclusive and that actions are well informed and measurable.

It should be noted that the 2023/24 EDS report was incomplete as a result of resourcing issues, timing and management changes. Despite these ongoing issues, we have collated a report that can be used as a basis for further exploration.

As directed by NHS Hertfordshire and West Essex ICB, three clinical services were selected to be reviewed for Domain 1, with 2024/25 updates provided by Maternity and Diabetes.

Report collated by Susan Emina, Interim Equality Diversity Inclusion Programme Manager, 02/2025

		Role	Name
Senior Leadership		Chief People Officer	Thomas Pounds
		Deputy Chief People Officer	Amanda Harcus
		Human Resources Business Partners (HRBP) lead	Ade Shokunbi
		Medical Director	Justin Daniels
		Associate Director for Culture, Inclusion, Leadership & Engagement	Steve Andrews
Domain	Area	Role	Name
1	Smoking Cessation	Medical Programme Director	Bridget Saunders
	Sickle Cell Anaemia	Medical Director	Justin Daniels
	Ophthalmology	Service Manager – Planned Care – Ophthalmology & Breast Services	David Lamming
	Maternity	Maternity Quality and Safety Manager	Alessandro Sironi
	Diabetes	Lead Nurse for Diabetes and Endocrinology	Anne Currie
2	Workforce Health and Wellbeing	Head of Health & Wellbeing Freedom to Speak Up (FTSU) Guardian Staff Experience	Jennifer West Sylvia Gomes Sean McGeever
3	Board Leadership	Head of Learning & Development Deputy Chief People Officer Chief People Officer	Rumbi Chakahwata Amanda Harcus

Domain 1: Provided services - Smoking Cessation

Domain	Outcome	Evidence	Self Assessment Score	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Smoke Free Sites Policy in development, (evidence – draft policy) to support smoking cessation for patients Increased referrals to smoking cessation service (evidence - recent audit in pre-operative assessment) “Swop to stop” campaign run at Lister Hospital as part of Stoptober awareness raising (evidence – campaign data). Tobacco replacement therapy available for inpatients (evidence - drugs formulary)	1	Senior Leadership and Smoke Free Working Group
	1B: Individual patients (service users) health needs are met	Training for staff to discuss smoking cessation with patients is in development (evidence – draft training plan)	1	Senior Leadership and Smoke Free Working Group
	1C: When patients (service users) use the service, they are free from harm	On-going work being undertaken to understand our health inequality challenges, including prevalence of smoking (evidence – Trust health inequalities data)	1	Senior Leadership and Smoke Free Working Group
	1D: Patients (service users) report positive experiences of the service	Regular review of patient and carer survey results and complaint's themes to identify positive experiences	1	Senior Leadership and Smoke Free Working Group
Domain 1: Commissioned or provided services overall rating			4	

Domain	Outcome	Evidence	Self Assessment Score	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	There is a dedicated adult and paediatric clinic. There is a dedicated adult clinical nurse specialist. There is access to tertiary opinions at UCL / NMUH. The paediatric team have extensive experience in initiating and monitoring hydroxycarbamide. Haematology has recently moved into our cancer division, enabling more support for the speciality. ENHT has recently recruited two new haematology consultants to allow for daily haematology ward rounds.	2	Justin Daniels
	1B: Individual patients (service users) health needs are met	We have not yet started to involve patients in feedback or service development. We are working towards admitting all patients with sickle cell crises to a dedicated ward to facilitate patient controlled analgesia.	1	Justin Daniels
	1C: When patients (service users) use the service, they are free from harm	We have had an incident where analgesia was delayed and are working to prevent further incidents.	1	Justin Daniels
	1D: Patients (service users) report positive experiences of the service	We do not yet have clear patient feedback on the service.	0	Justin Daniels
Domain 1: Commissioned or provided services overall rating			4	

Domain	Outcome	Evidence	Self Assessment Score	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Open access to services through normal referral pathways. Urgent access available through referral from GP or Optom - Walk in or ED referral pathway available through Urgent Eye Pathway open to all patients – priority given to LD patients as standard. Monday – Friday 09:00-20:00, Saturday 09:00-12:00pm **Cecilia to update SOP triage.</p> <p>Reasonable adjustments made to accommodate in all cases (e.g. carer present / additional time for appointment where required). Liaison nurses also will be booked as per LD policy as standard practise. **Cecilia to send updated Booking priorities: All LD flags checked for pathway update twice monthly for both RTT and Non-RTT pathways. Included in Service Coordinators usual workload and reported through Trust Access. Progress updated through monthly senior management team meetings to highlight average wait times or discuss incidents.</p>	3	David Lamming
	1B: Individual patients (service users) health needs are met	<p>Purple Pledge certified department – specialist delivery of LD patient care. *certificate needed for evidence*</p> <p>Reasonable adjustments made for LD patients. All patient health needs are met through specialist team in Ophthalmology. All staff trained and competency assessed as appropriate to their role. Mandatory training required for all staff in department, including Olivier McGowan – reviewed through monthly Ophthalmology performance reviews and staff appraisals.</p>	2	David Lamming
	1C: When patients (service users) use the service, they are free from harm	Incidents relating to LD patients are reviewed as per local policy and reported learning through DIRM (divisional incident review meeting) Rolling half day training used to learn from previous incidents – see audit agenda*	2	David Lamming
	1D: Patients (service users) report positive experiences of the service	New process to be implemented to gain additional feedback from patients / carers of specifically LD patients. Targeted feedback review and to be reviewed through departmental senior management team meeting. Ophthalmology Matron leading working team to embed feedback process. Learning gathered from previous incident through purple star team.	1	David Lamming
Domain 1: Commissioned or provided services overall rating			8	

Maternity - Completed Activities From Previous Year EDS Report 2023 and Ongoing Activity	
Action/Activity	Related equality objectives
<p>Domain 1 Commissioned or provided services</p> <p>1A</p>	<p>Improved on monitoring of equity of access and reporting to mitigate existing disparities through the establishment of the Maternity EDI Board. All protected characteristics have required access to the maternity service although limited data collection on all protected characteristics.</p> <p>2024: K2 allows for demographic collection, but data collection is still perfecting as it is a new system.</p> <p>New EPR system could be used for collecting more data on protected characteristics such as LGBTQ+IAA being implemented. 2024: This is not currently on K2 EPR; it is difficult to predict future recording potential as supplier is a third party organisation.</p> <p>100% of all services users have a personalised care plan created based on their individual needs. 2024: Ongoing with K2 Domain 1: Commissioned or provided services.</p> <p>We work closely with our maternity voices partnership to ensure we gain feedback that women have good access.</p> <p>Update 2024: After implementation of K2, we should be able to collect demographic information on protected characteristics and demonstrate personalised care Initially Trust has been piloting individualised care plans for pregnant women with autistic needs.</p>
1B	<p>Fully implemented personalised care plans, digital reporting shows 100% of service users have one. Any individual that needs extra support is offered senior input (ward manager / matron), meeting to understand their needs, undertake relevant risk assessment and implement a plan of care. 2024 Update; This is still ongoing.</p> <p>All staff in maternity have cultural competency training in line with the national work on reducing ethnic inequalities in maternity.</p> <p>Ongoing work through maternity equity strategy to reach out to engage with marginalised groups: 2024 Update: Close and ongoing collaboration with Maternity and Neonatal Voices Partnership (MNVP) to work with marginalised groups</p> <p>Feeding guidance updated in line with protected characteristics for example ensuring same sex couple partner has access to breastfeed the baby and reference to some people referring to it as chest feeding. Learning disabilities working group working in partnership with all specialities across the Trust has been making some improvements for patients with learning disabilities. - 2024 Update: Autism clinic is still ongoing</p>

Maternity - Completed Activities From Previous Year EDS Report 2023 and Ongoing Activity	
Action/Activity	Related equality objectives
Domain 1 Commissioned or provided services 1C	Risk assessments and a personalised care plan to ensure care given is safe and in line with needs: 2024 Update: This is still ongoing.
	Health and safety risk assessments for all the areas, maternity staff trained and encouraged to report any incidents and near misses: 2024 Update: Still ongoing – initiated Daily patient safety MDT oversight group.
	Ethnicity data is reviewed in complaints where available, serious incidents etc. to identify any themes.
	Service user group (MNVP) can escalate maternity safety concerns through our risk management. 2024 Update: MNVP Lead attends risk management meetings at varying levels.
	Focused support on reducing health inequalities for minority ethnic women and staff in response to national reports and covid four actions.
	2024 Update: The MNVP currently works alongside women’s experience and engagement lead, consultant midwives and Head of Midwifery and contribute to and monitor women's experience improvement plans identifying themes from National CQC Survey, Regional service user survey and local feedback captured from complaints/Pals/Incidents etc.
	Improvement plan monitored through the Trust Women’s and Neonatal Safety and Quality Committee (TWNSQC) which includes representation from safety champions, and Local Maternity and Neonatal System (LMNS) Programme Board which includes representation from System wide MNVP Lead. Working with Trust patient safety lead to gain access to free text data for National CQC women's survey.

Maternity - Completed Activities From Previous Year EDS Report 2023 and Ongoing Activity	
Action/Activity	Related equality objectives
1D	<p>Five-year maternity equity plan has been agreed to address EDI requirements and ensure ability for required data collection to take place and embed digital records.</p> <p>We have good process in place to gain feedback from all service for example 16% feedback from ethnic minority communities. However, this does not collect data on all protected characteristics particularly gender reassignment. 2024: No further update</p> <p>Feedback is reviewed quarterly from enhance survey, MNVP gathered feedback, LMNS surveys (reducing inequality and personalised care) and themes from complaints and birth afterthoughts are reviewed for trends and any concerns identified are taken as actions and escalated as appropriate.</p> <p>UPDATE for 2024:</p> <ol style="list-style-type: none">1. Consultant Midwife and Lead Women's experience midwife track feedback (FFT), complaints, birth afterthoughts amongst others in terms of ethnicity to look for themes. MIS safety action 7 folder has evidence of reaching out to hear voices of harder to reach groups with MNVP including minority ethnic same sex couples and others.2. Suggestion boxes implemented to gain insight across maternity staff3. Planned Joy-in-Work sessions or 2025 to identify amongst staff a quality improvement approach to improving staff experience, enabling job satisfaction, psychological safety, autonomy and fair treatment — to share principles and techniques that enable the workforce to truly thrive, not just persevere.4. As principle we as a team support these networks and are active in providing and supporting staff in attending these events. <p>Trust encourages to attend freedom to speak up, staff networks, REACH, LGBTQ+, ABLE Network.</p> <p>Recruitment and Retention collaboration with Maternity:</p> <ol style="list-style-type: none">1. The IEM Support Group provides internationally educated midwives with a safe space for peer support, professional development, and cultural integration, fostering inclusivity.2. The Perinatal EDI Board ensures equitable care and workplace policies by addressing systemic inequalities and amplifying diverse voices in maternity services.3. The 'My Name is Worth Pronouncing' Initiative promotes inclusion and respect by encouraging staff to add phonetic spellings to email signatures, ensuring names are pronounced correctly.4. The Empowerment & Self-Advocacy Training for IEMs equips midwives with assertive communication skills, confidence in setting boundaries, and knowledge of trust values, promoting an inclusive and respectful workplace.

Maternity - Completed Activities From Previous Year EDS Report 2023 and Ongoing Activity	
Action/Activity	Related equality objectives
1D	<p>5. The Kindness & Civility Training reinforces positive workplace behaviours, looks at Microaggressions and Allyship and improving team dynamics, psychological safety, and retention.</p> <p>6. The Suggestion Boxes encourage staff to anonymously share concerns and ideas, driving leadership-led improvements in maternity culture.</p> <p>7. The Stay Interviews provide valuable insights into staff experiences, enabling targeted actions to enhance retention, job satisfaction, and inclusivity.</p> <p>8. Together, these initiatives have significantly transformed maternity culture, fostering equity, respect, and belonging for all staff.</p>

Completed actions from previous year	
Action/activity	Related equality objectives
Closer MDT working with HCP / Social Workers / GP's	1C
Collaboration with MH Services / IAPT / Eating disorders service	1C
Adapting appointments based on clinical need and other factors such as learning disabilities.	1B

Domain	Outcome	Evidence	Self Assessment Score	Owner(Dept/Lead)
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	<p>Staff are supported to manage obesity, diabetes, asthma, COPD, and mental health conditions through occupational health consultations, available via self-referral or manager referrals. A mental wellbeing toolkit on the intranet offers resources for prevention and management of health conditions. Mental health support is available 24/7 through the Employee Assistance Programme, with onsite Mental Health First Aiders and the Spiritual Care Team providing additional support. Self-care materials and support groups for specific conditions are also available. Monthly wellbeing events and staff wellbeing champions promote resources. Quarterly data on referrals is reviewed for trends.</p> <p>Staff are supported with reasonable adjustments to their working environment and role through advice and support from Health at Work, their line manager and Employee Relations team.</p> <p>ENH-Able network an independent support for staff to contact for advice and help in managing their disabilities at work</p>	2	Head of Occupational Health and Wellbeing
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>The Trust's values of 'Inclusion, Respect, Improve' guide its commitment to preventing abuse, harassment, and violence. The Dignity and Respect policy addresses these issues, and survey data shows high percentages of staff reporting no experience of abuse, bullying, or violence from patients, colleagues, or managers. Staff receive de-escalation training, and a security lead advises on security protocols. FTSU Guardian is available to provide confidential advice and support to staff who are reporting concerns and how to manage these.</p>	2	Head of Occupational Health and Wellbeing
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<p>The Trust's policy provides staff with access to independent support for stress, abuse, bullying, and violence. The Health at Work Service offers confidential advice through self-referrals and manager referrals. Staff can also contact the Freedom to Speak Up Guardian or use the "Speak in Confidence" service. 24/7 support is available through the Employee Assistance Programme, and referrals for talking therapies are offered by the Health at Work Service.</p> <p>Our 2023 staff survey data tells us that 85.1% have never experienced physical violence at work from patients / service users, their relatives or other members of the public. A breakdown of this data by protected characteristics, comparisons is available in the full dataset.</p> <p>Any staff being investigated or as witnesses to concerns are offered Pastoral support that is independent from the line management and investigation process which ensures that staff have an individual who makes regular contact checking on their wellbeing and offering signposting to additional support, as necessary.</p>	2	Head of Occupational Health and Wellbeing

Domain	Outcome	Evidence	Self Assessment Score	Owner(Dept/Lead)
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff can influence improvements in patient care and staff experience through involvement in 8 networks: REACH, Staff Carers, ENH Able, LGBTQ+, Admin, Men's, Women's, and Armed Forces. According to the 2023 staff survey, 53.6% recommend the organisation as a place to work, and 60.5% recommend it for treatment.	2	Head of Occupational Health and Wellbeing
Domain 2: Workforce health and well-being overall rating			8	

Domain	Outcome	Evidence	Self Assessment Score	Owner (Dept/Lead)
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	<p>The People Committee was renamed to People and Culture in 2024. It now includes divisional reports on internal equity disparity data, national reports such as Staff Survey, and their action plans that address these issues. An EDI sub-group was created in early 2025 for in-depth analysis and accountability on EDI matters. Health inequalities are regularly reviewed at the Quality & Safety Committee.</p> <p>A mandatory equality impact section was added to all Board and Committee papers. All other Equality Impact Assessments are completed within teams by subject matter experts and then reviewed by the Inclusion, Diversity and Equality Managers for and EDI perspective.</p> <p>The EDI Strategy, approved in May 2024, aligns with NHSE's EDI Improvement Plan. The strategy is monitored through bi-monthly EDI sub-committee meetings.</p> <p>Initiatives like Reciprocal Mentoring, ENHPS (continuous improvement philosophy), and leadership training (ENHPS for Leaders) are in place. Regular training ensures engagement with EDI principles.</p> <p>Senior leaders engage in programs like Positive Leader Rounds, and Senior Leader walkabouts are becoming regular to promote a healthy organisational culture. Executive leaders also sponsor staff networks.</p> <p>Continuous improvements are being made in recruitment processes, focusing on inclusive language, diversity, and accessibility for diverse talent.</p> <p>Ongoing efforts to reduce harassment and bullying with clear reporting processes (e.g., FTSU, Just Culture) and mediation training is taking place to crate a mediation pool. Wellbeing newsletters and resources are part of regular engagement.</p>	2	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>A rolling agenda item on staff feedback related to EDI issues is part of the annual reporting cycle. EDI and health inequalities are discussed regularly in Board/Committee meetings.</p> <p>Health inequalities remain a top priority, with the Medical Director leading efforts. Cultural, leadership, and engagement issues are being addressed through the Management Competencies Framework.</p> <p>The Board requires EQIAs for policies and proposals. These assessments are reviewed and tracked for consistency and effectiveness.</p>	2	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive Leadership	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>Monthly meetings with trade unions foster collaboration. The annual appraisal process (Grow Together Review) encourages growth, skills gap analysis and redress to achieve organisational goals and achieving the 90% mandated compliance. The Inclusion Ambassador program evaluates leadership diversity.</p> <p>Board members oversee WRES, WDES, Gender Pay Gap, and other EDI initiatives. EDI objectives are incorporated into executive appraisals and tracked for progress.</p> <p>Reports on diversity gaps (e.g., minority and gender-based underrepresentation in senior roles, declaration of disability on ESR) are compiled and reviewed. PALS and patient experience data are also analyzed for further insights.</p>	2	
Domain 3: Inclusive Leadership overall rating			6	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Establish availability of PCA on ward 10a	Training of nursing team	Early 2025
	1B: Individual patients (service users) health needs are met	Look at feasibility of offering elective exchange transfusions working with the team from CUH	Work with commissioning team	Late 2025
	1C: When patients (service users) use the service, they are free from harm	Bring together sickle cell teams from across the trust	Establish working group	Nov 2024
	1D: Patients (service users) report positive experiences of the service	Survey patients and obtain objective feedback	Establish patient group	Late 2025

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Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Establish availability of PCA on ward 10a	Training of nursing team	Early 2025
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	1D: Patients (service users) report positive experiences of the service	Survey patients and obtain objective feedback	Establish patient group	Late 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Review existing offer for LD patients.	<p>Arrange for safeguarding team to attend next clinical governance meeting regarding LD</p> <p>Completion of Oliver McGowan tier 2 for all nursing team</p> <p>LD nurses arranging for someone with personal experience of LD for walk around</p>	<p>Attended rolling half day 20/02/2025</p> <p>100% for online E learning – Tier 2 training ongoing – Completion Date: June 2025</p> <p>Attended rolling half day 20/02/2025</p>
	1B: Individual patients (service users) health needs are met	Review existing offer for LD patients.	Complete purple pledge for LD patients	In process.
	1C: When patients (service users) use the service, they are free from harm	Continued engagement with clinical governance and to evidence learning from incidents.	Continue to report any incidents relating to LD patients. To be reviewed through internal governance process and continue to demonstrate learning from any themes, incidents or complaints, through divisional incident review meetings (DIRM).	March 2025 and Ongoing reporting and reviews in place
	1D: Patients (service users) report positive experiences of the service	Develop a method for recording positive experiences.	Matron leading working team to embed feedback process.	Process to be started in March 2025 and fully embedded and included in performance reviews from May 2025

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	<ol style="list-style-type: none"> 1. Provide data on access to occupational health services 2. Enable rapid access to investigations and treatment. 	<ol style="list-style-type: none"> 1. Provision of data on occupational health referral by: Gender, Age, Ethnicity - Primary health issue (this will specify numbers of referrals due to COPD, Asthma, Obesity, Diabetes and Mental Health and other health issues) 2. Development of rapid access to clinical services policy and procedure 3. Development and Implementation of the reasonable adjustment passport so staff are clear on support available and what is transferable when they move role / location 	<p>April 2025</p> <p>April 2025</p> <p>Summer 2025</p>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure that staff are safe in the workplace and are aware of policies and procedures e.g. 'Here For You'.	<ol style="list-style-type: none"> 1. Use 'When We Do Harm Paper' Healthcare People Management Association (HPMA) to underpin policies to help individuals and not cause undue stress. 2. Continue to build on the success of the Management competencies using bitesize sessions via ENH Talent Platform. 3. 6 additional mediators are being to ensure access to informal resolution in preference to adversarial grievance process. Aiming to improve understanding and reaching solution rather than focusing on who is right / wrong and any punishment/sanctions. 4. Development and implementation of reasonable adjustment passport for staff to ensure they have support and understanding of underlying conditions to enable them to remain at work and be the most effective they can be 	<p>Summer 2025</p> <p>Summer 2025</p> <p>March 2025</p> <p>Summer 2025</p>

Domain	Outcome	Objective	Action	Completion date
	2B Contd. When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure that staff are safe in the workplace and are aware of policies and procedures e.g. 'Here For You'.	Continue working with Employee Relation team to oversee Case Management. Also continue to implement intervention strategies before cases go to disciplinary. Development of mediation service to ensure early resolution to cases and concerns. 6 in March 2025, additional funding being sought for cohort 2 in Autumn 2025	March 2025 Autumn 2025
Domain 2: Workforce health and well-being	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure staff are aware of the channels available to get support, receive advice and report any incidents.	Continue holding mediation and facilitated conversations in the workplace 6 mediators are being trained in March 2025 12 additional mediators to be trained in Autumn 2025 (subject to funding) Development of facilitated conversations and mediation service to support staff with CPD and supervision for mediators.	Ongoing March 2025 Autumn 2025 Ongoing
	2D: Staff recommend the organisation as a place to work and receive treatment	Ensure staff experience is continuously improving so staff feel able to recommend the trust as a place to work and received treatment.	Continue to work with • Civility Matters with an emphasis on team working. • Do no harm initiative	Ongoing

Self Assessment Summary

Key Findings

Domain 1: Commissioned or Provided Services

- Smoking Cessation: Evidence of policies and campaigns that support smoking cessation, with ongoing staff training.
- Sickle Cell: Evidence of dedicated clinics and specialists, with plans to improve patient care.
- Ophthalmology: Evidence of open access, specialist care for learning disability patients, and incident review processes.
- Maternity: Evidence of monitoring equity of access, personalized care plans, and cultural competency training.
- Diabetes: Evidence of collaboration with health services and adapting appointments based on clinical needs.

Domain 2: Workforce Health and Wellbeing

- There is support for Health Conditions through Occupational health consultations, mental health support, and wellbeing events.
- There are policies to prevent abuse, harassment, and violence. Staff also have access to confidential advice and support services.

Domain 3: Inclusive Leadership

- There is evidence of understanding and commitment from the leadership team through regular EDI discussions, engagement in initiatives, and sponsorship of staff networks.
- Impact of EDI data, monitoring of EDI issues and any potential risks are managed through EDI Steering Groups meetings.
- Evidence of annual appraisals focusing on inclusivity and diversity metrics.

Action Plans

- Domain 1: Improve access, health needs, safety, and patient experiences through targeted initiatives.
- Domain 2: Enhance occupational health access, develop rapid access policies, implement reasonable adjustment passports, and improve mediation services.
- Domain 3: Regular EDI discussions, embed a culture of inclusion, monitor EDI risks, and ensure inclusive appraisals.

Domain	Total
1	5
2	8
3	6
	19

The Trust is developing its ability to deliver equality, with a total self-assessment score of 19.