



NHS Equality Delivery System (EDS) 31/03/2023

Manchester University Foundation Trust EDS Reporting

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NHS Equality Delivery System (EDS)

Name of Organisation	Manchester University NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Miss Toli Onon Joint Group Medical Director		
Name of Integrated Care System	Manchester			

EDS Lead	Abdul Khan	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	30 March 2023	Individual organisation	Manchester University NHS Foundation Trust	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*		

Date completed	31 st March 2023	Month and year published	March 2023
Date authorised	31 st March 2023	Revision date	March 2024

Equality Delivery System - introduction

To support NHS organisations to perform well on equality, NHS England introduced a National Framework called “[Equality Delivery System](#)” (EDS). EDS is an equality assessment tool to improve patient care and staff treatment. The aim is to produce better outcomes for people using and working in the NHS.

The tool sets out three domains or goals relevant to patient care, staff treatment and leadership. Within the three goals, there are 11 standards or outcomes, against which we assess and grade our equality performance.

Manchester University NHS Foundation Trust (MFT) aims to deliver culturally sensitive, inclusive, and accessible services to achieve better outcomes for our patients, staff and the communities we serve. This report provides a summary of the Equality Delivery System (EDS) assessment across the following service areas:

- Domain 1, Patients: Saint Mary’s Hospital Managed Clinical Service (SMHMCS).
- Domain 2, Employee Health and Wellbeing Services.
- Domain 3, Inclusive Leadership, Leadership at Group Level.

The EDS assessment of the above services have been self-assessed / graded by the respective service leads in conjunction with the Group Equality and Diversity Lead. The grading was based on evidence from clinics and departments. The self-assessment / grading was verified by an external Equality and Diversity Practitioner.

The services / equality leads have collated the data / evidence against the EDS outcomes, in the form of narrative about existing processes, systems and procedures, and other information regarding the patient care and workforce functions by protected characteristics. The aim was to produce evidence demonstrating:

- Analysis of service delivery by protected groups.
- Evidence of engagement with the protected groups.
- Evidence of equality being included in the governance and business process.
- Evidence of action plans for the areas that require improvements.

Saint Mary's Hospital Managed Clinical Service (SMHMCS):

The Service employs over 2,000 staff across the following five Divisions and one directorate:

- The Genomics Division
- The Gynaecology Division
- The Newborn Intensive Care Services Division
- The Obstetrics Division
- The Sexual Assault Referral Centre Directorate

The grading was based on evidence from clinics and departments as mentioned above. The self-assessments and grading were verified by an external Equality and Diversity Practitioner.

EDS Rating and Score Card

Completed actions from previous year	
Action/activity	Related equality objectives
Being the first pilot of the current EDS (version 3), This is the first report produced.	<ul style="list-style-type: none"> • Improved patient access, safety and experience • A representative and supported workforce • Inclusive leadership

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

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



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

Domain 1: Patients

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1	1A: Patients (service users) have required levels of access to the service	<p>Please see below, evidence of where patients (service users) have the required levels of access to services provided by SMHMCS.</p> <p>Patient profiling data (service use) and DNA data analysis: Demographic data is collected during the patient admission process and includes Age, Religion, Race and Gender and Marital status. The recording of Pregnancy is high due to the presence of a maternity hospital within the MCS (Managed Clinical Service). The recording of various disabilities, such as Learning Disabilities, neuro-diverse conditions, and Dementia, is an improving picture and the implementation of HIVE, our new Electronic Patient Record, in 2022, will increase compliance significantly.</p> <p>HIVE requires our staff to ask service users about their Sexual Orientation and Gender Reassignment as part of treatment plans. Previously this information was not collected consistently.</p> <p>Sexual Orientation: Manchester has a percentage of gay and lesbian people that is higher than the English national average.</p>		

'The Trans Toolkit: Supporting Patients in Acute care' is a Trust wide policy document, which includes patient access. A localised plan for Gynaecology is in production.

Same sex couples: Pregnant individuals who are in a same sex relationship, are treated as primary patients and engage with partners, regardless of sexual orientation, or whether the pregnancy is because of donor insemination, co-parenting, adoption or surrogacy.

Risk and Incident data and analysis:

Saint Mary's Hospital has monthly Risk Management Committee meetings. Themes and trends are identified through this meeting, including patient access. 12 meetings took place in 2021-22.

Complaints management:

Weekly meetings are held to review all complaints and Serious Incidents, identify concerns related to process and compliance with timeframes, escalate as appropriate.

- Standard Operating Procedure (SOP) in place.
- Data captured on the Ulysses system linking with the whole Trust.
- Protected Characteristics data collected on local system.
- Identification of complaints linked to discrimination / ethnicity is 1.7% of formal complaints.
- 269 Informal complaints received in the Patient Advisory Liaison Service (PALS). 26.9% were identified as relating to appointment delays and cancellations for outpatient appointments. There were 8 complaints relating to cancellation of inpatient appointments.

- 19 formal complaints were received in the same period relating to cancellation of appointments.

Chaplaincy service referrals:

In 2020/21, 145 referrals to the chaplaincy were made. The MCS has two Bereavement teams, Maternity and neonatal; both work closely with the Chaplaincy in providing support and care for bereaved families, to ensure appropriate and adequate patient access.

Pregnancy & Maternity:

Obstetric services have designed several guidelines to manage bed management and escalation processes, to improve communication and Multidisciplinary Team working. The guidelines also enhance patient experience and reduce harm and inefficiencies in service delivery.

First 1000 days of a child's life

Manchester Health Scrutiny Committee, who review how the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents approached MFT to demonstrate how they are working collaboratively to address the wider health inequalities facing Manchester's Black, Asian and Minority Ethnic (BAME) service users and disadvantaged communities, who make up a significant proportion of our population in the city.

The Trust focused on the national initiative, **First 1000 days of a child's life.**

As part of the initiative, our specialist Midwife for Public Health undertook the 'Improving maternal and neonatal

outcomes for women from BAME groups'. The Local Maternity System and Maternity Voices Partnerships were used to prioritise and implement the 4 actions set out by the UK Chief Medical Officer to help address these issues.

Service Improvement post COVID

Changes to the location of Gynaecology Services, in response to the COVID-19 pandemic were necessary and have had a significant impact on the overall gynaecology service model. A Business case was presented to commissioners, supported by Quality and Equality Impact Assessments which included:

- Pregnancy loss/early pregnancy problems.
- Cancer services / Management of High Suspicion of cancer.
- Access to Abortion Clinic.
- Referrals to Urogynaecology services (Menopause, Endometriosis).

Accessible Information Standards & Interpretation Services.

English is the most spoken language in Greater Manchester at 92.1%, with 1.2% Urdu, 0.8% Polish, 0.7% Bengali and 0.6% Punjabi. Interpretation and translation can be arranged for Patients in 190 different languages / dialects.

Saint Mary's Hospital remains the largest user of the Big Word / Interpretation and Translation Service across the Trust.

Digital Access:

Patient Information Leaflets are available via QR codes. As part of the Chief Midwifery Officer 's 4 Equity Actions: Reaching out and reassuring pregnant Black, Asian and Minority Ethnic women with tailored communications. 11 translated languages available with QR code.

Patient Feedback related to access to services:

Monitoring compliance and effectiveness of the complaints process is achieved by weekly MCS meetings attended by the Senior Nursing & Midwifery team and the PALS team. A SOP is in place and demographic data captured on the Ulysses system.

Equality Impact Assessments:

Equality Impact Assessments are undertaken to help ensure decisions, practices and policies within organisations are fair and do not discriminate against anyone with Protected Characteristics. A limited number of individuals are trained to undertake EIAs within the organisation. Plans are underway to increase the number of assessors within each MCS in 2023/24.

Each division has a rolling plan for reviewing existing policies / guidelines / SOP's, within the agreed timeframe and the harmonisation of policies following the integration of services within the SMHMCS. This is monitored through the Quality and Safety committee.

		<p>April 2020-March 21 – 129 EIA’s registered April 2021 – March 22 – 174 EIA’s registered</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Please see below, evidence of where individual patient’s (service users) health needs is met in SMHMCS.</p> <p>Service Specifications Improvement Operational guidelines are in place to improve patient access to all services for people from protected characteristics and disadvantaged groups This ensures equality of patient access, admissions procedures and documentation to ensure health needs are met.</p> <p>Attend Anywhere Consultations: (Disability, ethnicity, age, religion) Manchester Centre for Geonomics Medicines (MCGM) reported very good feedback from service users, however 25% identified issues with digital access / interpretation problems. Outreach clinics in community have been set up, which has significantly improved the DNA rates and patient satisfaction and One Stop shops (MDT clinics) receive very positive feedback.</p> <p>Appointments across the MCS are rearranged when requested for religious reasons and clinics and call backs have been planned to improve access for patients to ensure their religious needs are met.</p> <p>Admission and Discharge Procedures and Guidelines Newborn Services:</p>		

Newborn Services have drawn up a range of Guidelines / SOP's to maintain safe levels of care across the 3 sites, to ensure the *admission process* is timely, safe and care plans are clearly documented.

There are a wide range of nursing and medical guidelines to support *care planning*, identifying the skills required to nurse infants of different ethnicity.

Discharge Guidelines includes discharge home for continued care in the community, transfer to the postnatal ward or transfer to another hospital (including Royal Manchester Children's Hospital) for on-going care and infants who are repatriated to their Local Neonatal Unit or transferred into another acute setting for further intensive care

Referral procedures for ROP treatment and surgical intervention

Bereavement care / palliative care in collaboration with the chaplaincy service:

The Newborn Services provide Neonatal *Outreach Services* and *Neonatal in-reach* services to maximise the efficiency of the service and safety of patients and preserving family bonding.

Age, (young adolescent – very elderly), Disabilities, sexual orientation & gender, ethnicity, pregnancy & maternity

Gynaecology:

Gynaecology has a range of policies, guidelines and SOP's to maintain good access to the services from the young adolescent being referred from Children ED to those requiring access to the Early Pregnancy loss / Emergency Gynaecology Unit, (for treatment for hyperemesis and sadly for care following a miscarriage), Whitworth Clinic (for TOP), women requiring treatment for cancers, endometriosis, menopause and urogynaecology disorders.

There are guidelines in place to support referrals to and from external units and across the MCS to provide a positive patient experience and safety.

Access to Cancer pathways continues to be triaged and improvement work ongoing during and post COVID-19 pandemic to meet the waiting times.

The transfer of the EGU to the WTWA site was managed in full engagement with the Clinical Commissioning Group.

The Department of Reproductive Medicine are required to provide services governed by HFEA specifications so there is an age limitation, however the service support a diverse range of families / partnerships, preservation of reproductive function and counselling.

Pregnancy and Maternity, age, disability, ethnicity, spiritual beliefs.

Maternity bed management guidelines: There is great variation across Greater Manchester and Eastern Cheshire with regards to the processes followed for maternity service escalation and diversion. This variation can impact upon effective communication and the safe transfer of pregnant women between maternity service providers. This has led to the development of a single Maternity Escalation Procedure leading to a Temporary Divert Policy across Greater Manchester and Eastern Cheshire on which this guideline is based. This will:

- improve communication and multi-disciplinary working relationships across sites
- enhance the experience for mothers and babies and reduce harm
- reduce avoidable harm and inefficiencies in service delivery

Mental Health in Pregnancy: Guidance on provision of care for Antenatal, Intrapartum and Postnatal Women with Mental Health Problems across both MFT sites led by the Perinatal Mental Health Team.

Young Parent Pregnancy care guideline and the Specialist Midwifery Team for Young parents work collaboratively with GP's / Social Services, Educational Services and the Obstetric consultants to provide care for young parents < 18 years of age.

Policies and a supporting team of Specialist Midwives are in place for the care of women presenting with FGM.

Guidance is in place now for the management and referral of foetal anomalies, the care of women who have suffered a neonatal or foetal death, women who misuse substances in pregnancy, women with raised BMI, those who refuse a blood transfusion for religious reasons, women with comorbidities such as cardiac disease, renal disease, diabetes with associated prevalence for ethnicity.

Guidelines in place to follow up women who Do Not Attend (DNA) their maternity appointments.

Safeguarding Operational Group in place which reports to Group Safeguarding Meeting. Specialist Midwives provide care for a wide range of vulnerable and at-risk pregnant individual. (Drug and Alcohol misuse / mental health concerns / Asylum Seekers / BAME / young parents / chronic and long-term health issues, Safeguarding issues / domestic abuse).

Learning Disability Standards: All areas support patients with vulnerabilities / learning Disability and / or Autism needs with individual care plans, use of the Patient Passports and link with the Trusts Learning Disability Nurse for additional support. Link nurses in place within Saint Mary's Hospital.

Gender / sexual orientation, disability, age, Sexual Assault Referral Centre take referrals from across the North West and work collaboratively with the Police, and social services.

		<p>Staff Training records are maintained at Trust level and at Divisional level for monitoring and action.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><u>Implementation of the National Framework for Patient and Public Involvement in Patient safety.</u> In January 2022 the MCS undertook a workshop reviewing how the MCS could increase patient engagement in improving patient safety. A T&F group was established, and each division submitted plans for their own specialty, work is ongoing to implement the plans.</p> <p><u>Service User forums in place:</u> to promote coproduction of policies and practices to improve the patient experience. Within Maternity, 3 Maternity Voices Partnership groups are in place, the Newborn Services has a Parents forum and a Parental Advisory Group in place, Genomic Medicine has a Manchester Genomic Patient/public Involvement and Engagement (MAGPIE) Group, and a Youth Forum and regularly undertook specialist conditions focused away days.</p> <p><u>St Mary's Hospital (SMHMCS) Safeguarding Operational Group</u> in place which reports to Group Safeguarding Meeting. Specialist Midwives provide care for a wide range of Vulnerable and at-risk pregnant women. (Drug and Alcohol misuse / mental health concerns / Asylum Seekers / BAME / young parents / chronic and long-term health issues, Safeguarding issues / domestic abuse).</p>		

MCS Mortality Review Process

Within the Hospital there are three Divisions where mortality occurs- Obstetrics, Neonatal and Gynaecology. The processes are different in each Directorate, although joint reviews of neonatal deaths occur in Obstetrics and Neonatology

Safe Systems and Pathways

There is a good culture of Incident reporting within the Managed Clinical Services, each Division reviewing and following up every incident reported, devising action plans and monitoring compliance. The compliance with the Duty of Candour requirement is monitored and reported back at the Quality and Safety Committee. Twice weekly meetings (panels) with the Corporate Governance lead scrutinise Level 3 incidents and above. The HILA forms completed by the investigating teams must include the patients' demographics to support the identification of trends

Audits:

Gynae Outpatient IQP Clinic Chaperone Audit:

The rationale for this audit and IQP project arose when a patient made a complaint that they did not have a nurse chaperone present when an intimate examination took place.

Age, Disability, Gender, Maternity & Pregnancy, ethnicity,

Harm free care.

Monthly meeting held with representatives of each division, Infection Control team and Sodexo representatives to review Safety Thermometer data, incidents and complaints related to:

- Falls, (elder women / comorbidities such as dementia and women who have had an epidural for pain relief).
- Baby falls on the post-natal wards.
- Pressure ulcers, (majority of incidents in NICU due to extreme prematurity and vulnerable nature of tissue) Neonatal Harm free care Report and Pressure Ulcer incident report; Maternal Pressure sore review.
- VTE.
- Sepsis action plan / MRSA / Puerperal sepsis.
- Catheter related Urinary Tract infections (CaUTI).
- Pain management. (Pain management on Maternity 'different' than post-operative pain, assessment, and documentation scores on QCR data and PET data changes undertaken by Gynaecology to improve pain relief).
- Patient environment. (QCR data and local action plans).
- Never Events.

Immunisation and Vaccination Screening programmes

New-born Screening: failsafe guidelines in place to prevent omission

Antenatal Screening Midwives: Antenatal Screening Guidelines in place and covers blood group and antibody screening, haemoglobinopathy and screening for infectious

diseases such as Hep B, Hep C, HIV and Syphilis.
Screening for Downs syndrome, Edwards syndrome and Patau's syndrome

Pregnancy and Maternity Action Plans

In line with the emerging findings from the Ockenden Report and Recommendations from the Independent Review of Maternity Services at the Shrewsbury & Telford Hospital NHS Trust; and action plans have drawn up and reviewed to provide assurance for the MFT board and regional maternity scrutiny groups

Maternity Incentive Scheme : Action plan drawn up and full compliance met within timeframe.

GMEC Equity and Equality Action plan in place with a focus on improving outcomes for BAME women

Disability:

Learning Disability and/ or Autism (LD/A) standards Delivery group has been in place and monitoring of compliance is reported. LD/A champions supporting staff to deliver personalised care plans with carers.

Midwifery Disability Advocate role in place to support development of proactive personalised care plans

	<p>Cancer pathways – planned surgical admission pathway in place, reasonable adjustments / carer support in place.</p> <p>Staff are made aware of Guidelines, Policies and SOPs relevant to ethnicity related disorders such as Haemoglobinopathy to provide safe practice guidance for care provision. Women are seen jointly in the clinic within the multi-disciplinary team, which consists of a team of haematologists, midwives and obstetricians.</p> <p>Religion and Belief Lead Policy in place for service users who decline blood products for religious reasons.</p> <p>Staff receive training on Chaplaincy services and cultural sensitivities</p> <p>Sexual Orientation: Saint Mary’s Hospital Sexual Assault and Referral Centre (SARC) have been working in various ways to support the local community and raise awareness of our services to support survivors of sexual violence. Service covers diver range of people from protected groups with all age groups including patients with learning Disabilities and inclusion health groups.</p> <p>Gender reassignment: Within SMHMCS, patients who attend Gynaecology for surgery are supported and nursed in an appropriate</p>	
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		<p>environment that offers privacy and dignity. Care pathway is identified prior to admission so the ward, and theatre staff provide shared and coordinated care The feedback from the patient has been positive.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Patient Feedback mechanism's</p> <p>Always Event Pilot Programme. The Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families, and carers and then co-design changes to improve the experience of care. The Maternity Post-natal ward shared their experience and learning via the Professional Forum, introducing Pain Management ward rounds as recommended by patients in a collaborative manner with the Maternity Voices partnership. The monthly QCR data demonstrated that 100% patients between April – June were satisfied with how their pain had been managed compared to 67% in February & March (Professional Forum Patient Experience feedback from the post-natal wards in August 21.</p> <p>Friends and Family Test: Patient Experience Tracker. Ward Managers undertake a monthly engagement with service users and submit data via CIVICA platform. This information provides the basis for the Ward Accreditation processes and actions to improve the patient experience. Wards share lessons learned at the MCS Professional forum and work together across the 3 sites to provide consistency of care and reduce variations in care outcomes.</p> <p>Risks, complaints, concerns and compliments.</p>		

		<ul style="list-style-type: none">• ED&I forms are sent to complainants, but returns / compliance is patchy, the implementation of HIVE will make identification of Protected characteristics easier, but this is still work in progress following the implementation of HIVE. Each complaint is managed on a 1-1 basis reviewing background of patient and service / care by Divisional teams.• Monitoring compliance and effectiveness of the complaints process is achieved by weekly MCS meeting attended by Senior Nursing and Midwifery team and the PALS team. SOP in place and data captured on Ulysses system• Each Division reviews their complaints, incidents and compliments monthly and reports back to the Quality and Safety Committee identifying themes and actions taken to mitigate concerns.• 4 out of 240 complaints were linked to discrimination against protected characteristic. (2 identified racial discrimination, 1 disability discrimination and 1 COVID related access)• 32.1% of Formal complaints are related to treatment and procedure concerns, whereas 27% of PALS concerns are related to Appointment cancellations / delays. the most common theme of complaints is poor communication (20% of Formals and 40.5% of PALS complaints) however these are not related to an identified protected characteristic. Incidents related to Interpretation and Translation services are shared with the corporate team for follow up to identify poor service providers and translators have been removed from the register where poor practice has been identified		
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Patient Opinions:

In 2022-23, the MCS received 23 Patient Opinions; Gynaecology received 4 positives, 3 negs and 1 mixed review. Compassionate care following pregnancy loss and cancer treatments, negative views related to length of delays in services.

Obstetrics received 7 positives and 1 negative (waiting times in AAU)

DRM received 5 negatives (4 poor communication/ no one answers phone and 1 poor staff attitude) and 1 positive for caring staff.

1 opinion was identified as belonging to the MCS but was not attributable to a department.

Gynaecology – Pregnancy loss.

Fantastic Caring Staff

I was recently admitted to the EGU/ward 16 for treatment following a miscarriage. The staff on this ward are amazing, incredibly supportive and compassionate and I am eternally grateful for the level of excellent care I received during my time on the ward. Despite being such a busy ward, the nursing team (and other staff on the ward) provided a great service and continually checked on my needs and wellbeing. They were also very supportive and welcoming to my partner during our difficult time. I cannot thank this department enough for the kind, compassionate and supportive care I received during my admission. Thank you for making an extremely difficult situation for myself and my partner less distressing.

Maternity: *Our beautiful (b-g - 4.3kg!) baby boy was born on 16th June and we wish to thank everyone involved in his care, my partner's care, and his delivery: the attentive, reassuring and kind Midwifery team, the incredibly skilled and informative Anaesthetists (we just got unlucky at first; these things happen) who ensured both my partner and our baby dropped off/came to at exactly the right time, the incredible Surgery team who have ensured that my partner will heal brilliantly, the prescribing doctor who ensured she came to without pain and will continue her recovery as pain-free as possible, the welcoming and knowledgeable Reception team and all other nurses, doctors and medical professionals involved in their care (sorry if I 'an't remember as it was a very hectic day!) Your combined teamwork and second-to-none care made a very scary and exciting and happy day only the latter two of those.'We'd like to make a donation to the garden outside the Maternity unit - please could you send on the details?*

Specialist Commissioner reports from The Manchester Centre for Genomic Medicine (MCGM) and Newborn Services; Purpose of papers are to provide the Specialist Commissioners with information in relation to Patient Experience in both areas. Comments include compliments provided to staff.

Patient Surveys: Maternity Inpatient Survey

Tell us Today: Service users can ask to speak to the ward manager or bleep holder to raise concerns.

Twitter and SMH Facebook page have been a repository for mums sharing good news and compliments for midwifery staff.

Maternity Voices Partnership a '15 Steps For Maternity' walk round was held at Oxford Road Campus (ORC). A group of service users, with representation from a diverse range of backgrounds and experience of maternity care toured our areas. They provided feedback on how what we were doing well to create a welcoming environment for all. They also provided ideas to improve inclusivity within our services-and plans are already underway!

Gynaecology Compliment to the Gynaecology Specialist Nurse for Recurrent miscarriage

I am writing to convey my gratitude to you for the amazing care and kindness you have given my daughter Katy and her husband Da' O'Brien in their journey to become parents.

I feel I know you personally from Katy telling me me how you were always there for them during the heartbreak of miscarriages. Throughout the last three years, you have been h"r "Go To Per"on", providing both practical and emotional support above and beyond the call of duty. We will be eternally grateful to you for the hope and encouragement you gave them both in K'ty's last pregnancy, resulting in our wee beautiful Rainbow Baby Boy Will.

Manchester Centre for Genomic Medicine; Praise from a patient regarding the virtual consultation process

“This was brilliant and created a lot less stress, this made the appointment have less of an impact mentally, being severely disabled and having to plan a journey out is very hard physically, emotionally and mentally. Creating less anxiety, this was actually a breath of fresh air. No horrible waiting rooms either, trying to find a disabled space, getting in and out of the car, getting up even earlier to get there in rush hour traffic. This is a fabulous idea and how I would like all future appointments for [redacted] and myself as her Carer/mum. I work full time so this helps so much. Thank you.”

Rainbow Service patient satisfaction Questionnaires

Sexual Assault Referral Centre feedback: SAFEPLACE
SARC: SAFE Place feedback

Newborn Services:

“We have been amazed with the hard work and dedication that we have seen from all the staff. We have always been welcome, and no question was too much. We have been really impressed with the service we have received and the support from staff.”

“Incredibly helpful and friendly staff, who went out the way many times to assist us and to help get our baby home as quickly and safely as possible.”

		<p><i>“Excellent care service according to the needs. Doctors and Care workers are amazing both in quality and care services.”</i></p>		
<p>Domain 1: overall rating</p>				

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>The role of the Employee Health and Wellbeing Service Programmes Team is to develop, coordinate, deliver and evaluate specialised programmes that embrace key employee health issues/risks and maximise employee engagement in line with Public Health Policy e.g. smoking cessation, healthy eating/obesity reduction, alcohol reduction, work related stress prevention. Our role is to raise awareness, promote healthy lifestyle behaviours and not specifically monitor or track the management of such behaviours.</p> <p>The team develops, plans and delivers preventative ill-health programmes and core training, whilst working with other health professionals to deliver effective referral care pathways for example into the Employee Assistance Programme or National Health and Wellbeing Programme.</p> <p>We work with key National and Regional partner organisations to ensure initiatives and support mechanisms are in place that will support the needs of our diverse workforce and those with protected characteristics.</p>		

Access to preventative interventions that encourage healthy lifestyles

Supportive Environment

- Comprehensive Health and Wellbeing Champion initiative:

Health and Wellbeing Champions are individuals who work at all levels of the Trust, from all demographics and roles, who promote, identify, and signpost colleagues to local and national health and wellbeing support offers. This role is intended to be delivered as an additional responsibility to the Champions day-to-day role and filled by colleagues, within a team, who have a particular interest in health and wellbeing and who are keen to support the wellbeing of their colleagues. To ensure a consistency of signposting, support and messaging, a mandatory requirement to become a champion is the attendance at a one-hour Employee Health and Wellbeing Service overview session. This session informs champions of the Trust wide health and wellbeing support available but also the regional and national support too.

- H&W Programmes initiatives and promotional campaigns:

		<p>It has been reported that just three lifestyle behaviours; Tobacco use, unhealthy diet and a sedentary lifestyle increase the risk of developing the four long-term conditions that are associated with the large majority of preventable deaths and health inequalities: cardiovascular disease (CVD), cancer, respiratory disease and diabetes. The H&W programmes initiatives and promotional campaigns help to target and improve these behaviours.</p> <ul style="list-style-type: none">• Fitness for work referrals when further advice needed around reasonable adjustments: <p>The service offers an opinion and/ or recommendations to support employees in cases where sickness absence or ill health may lead to frequent short-term absences, long-term absences and/ or the ability to perform work. Advice and/or recommendations may be offered regarding vocation rehabilitation, return to work, job modification, redeployment and early ill health retirement.</p> <ul style="list-style-type: none">• Managers undertake stress risk assessments with staff members when needed		
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MFT promotes the Management Standards approach to tackling work-related stress – a systematic approach to implementing procedures and checklists for managing work-related stress.

- Accessing national offers of support - Our NHS People (can access Headspace/ Unmind etc)

NHS England have a range of additional support offers in place for our NHS colleagues which suit a range of different health and wellbeing needs.

Staff Access to Interventions

- Engaging in EHW Programmes initiative and communication campaigns
- EHW Intranet pages

The EHW Service offers a range of services, they each have their own intranet pages containing information on how to access the service and helpful links to resources.

- Health and Wellbeing Champions - as above 'Supportive environment'.

- Mental Health First Aiders:

The role of a Mental Health First Aider (MFHA) is to provide initial support and sign-post guidance to any employee experiencing difficulties with their mental health whilst at work. In June 2022, EHW commissioned an in-house instructor programme, delivered by Mental Health First Aid England to increase the number of trainers from 2 to 10, who will support EHW's vision to train and maintain 1 MHFA for every 10 employees. The new cohort of MHFA course instructors are based across MFT hospitals and services, allowing for local delivery of regular MHFA courses. All instructors have been going through their competency sign off throughout the summer months and have already delivered an additional 7 courses as part of their competency sign off.

- Onsite Stop Smoking Specialist Service (CURE project) - all MFT staff can self-refer to the CURE Team
- 24/7 access to comprehensive Employee Assistance Programme resources including wellbeing guidance, 4-week plans, recipe and fitness zones

- Accessing national offers of support – including physical activity and digital weight management programme
- Colleagues have free access GM Health and Social care Partnership Working Together Events
- Learning opportunities through NHS Leadership Academy (Bitesize learning)

The NHS leadership academy is accessible to MFT staff through the Health and Wellbeing intranet page. The bitesize learning helps staff to develop new skills and discover new ways to improve their experience of work with short guides developed by experts.

- CURE Smoking Cessation Service:

This service is available to all staff and also has a CURE Smoking Cessation learning module on the Learning Hub.

- EHW Monthly HW Update - shared via Champions, twitter and MFT Time

A monthly update about all the H&W events and promotions is shared with our Champions and MHFAiders via team channels, this update is also shared on twitter and through the weekly MFT Time bulletin email which is sent to all staff

members with an email address. The update contains upcoming national awareness events, promotional campaigns, how to get involved, helpful signposting and the MFT and EHW support offers.

- Promotion of NHS Better Health campaigns
- MFT Menopause Support 80% of the MFT workforce is female with a significant percentage of those are aged between 45 and 55. Many of these women may be in senior roles, leading teams, colleagues with a huge amount of experience we don't want to lose from. This is a priority within MFT and we want to be supporting our workforce to have longer, happier careers – that are supportive, whether this means a little flexibility within our work spaces.

People upskilled to support and improve their own healthy lifestyle and that of others

Wellbeing and leading healthy lifestyles:

- Wellbeing Conversations Training

The NHS People Plan 2020-21 set out an ambition that from September 2020, every member of the NHS should have a health and wellbeing conversation and a personalised plan developed. These conversations may fit within an appraisal, job plan or one-to-one line management discussion and should be reviewed at least annually. As part of this health and wellbeing conversation, line managers are expected to discuss the individual's health and wellbeing and any flexible working requirements, as well as equality, diversity and inclusion. Health and wellbeing conversations are intended to be regular, supportive, coaching-style one to one conversations that focus on the wellbeing of our colleagues. By embedding wellbeing conversations across the system, this will help to create a culture where people feel heard, valued and in which diversity respected. This should, in turn, encourage us all to pass care and compassion on to each other, our patients and families.

Wellbeing conversations should consider the 'whole' wellbeing of an individual and identify areas where they may need support, signpost them to appropriate support and regularly monitor their wellbeing over time. Following the NHS People Plan ambitions 'Embed regular manager health and wellbeing conversations and personalised plans for staff' was created as

a EHW deliverable within the MFT People Plan in April 2021. Following discussions with NHS England, four members of MFT staff completed the 'Wellbeing Conversations Train the Trainer Course' in early 2022 (two staff from EHW and two from OD&T). A communications and engagement plan has been developed, and the first phase of the training commenced in May 2022 with the aim to evaluate and review in January 2023. A total of 8 sessions have been delivered (one face to face and 7 virtually) between May and January 2023, a total of 130 signed up for the course but only 72 members of staff attended. A further four Wellbeing Conversations Training sessions are planned until May 2023, with 78 members of staff already booked to attend.

- Health and Wellbeing Champions

To support the Health and Wellbeing Champions, the Employee Health and Wellbeing Service provide comprehensive monthly health and wellbeing updates, facilitate twice monthly support sessions, allow access to a bespoke MS Teams Channel and promote awareness and attendance to the monthly NHS England Health and Wellbeing Champion Development sessions.

- Mental Health First Aiders

All MHFAs are required to complete a refresher course every 3 years to ensure that they maintain their skills and knowledge to stay certified and are confident to perform their role safely and effectively within MFT. The refresher course is different to the typical MHFA course and as the programme was introduced 3 years ago at MFT a large number of MHFAs will now require access to a refresher course. EHW have put together a plan for delivery of refresher courses that utilises EHW trainers and allows the additional newly qualified instructors to maintain current delivery of MHFA courses in line with targets.

- Psychological Wellbeing and Mental Health Training

The Psychological Wellbeing and Mental Health Team deliver several courses, which aim to raise awareness of the importance of maintaining and managing psychological wellbeing and teach coping and management techniques. All courses are 1- 3 hours in length, and staff should be allocated time to attend courses as part of their self-development

- Learning opportunities through NHS Leadership Academy (Bitesize learning)

As per above 'Staff access to interventions', this can be accessed via the MFT intranet at any point for any staff member within the trust.

Training for Line Managers:

- Wellbeing conversations training

Through collaborative working with multiple key stakeholders across the Trust, the EHW team aim to highlight the importance of the training and encourage manager attendance. The Wellbeing Conversations training is available to book via Learning Hub, alongside all other EHW Training and Educational courses, to ensure ease of booking and help to reduce DNA's

- EHW Leadership Course

Managers across the Trust play an important part in supporting staff to maintain their health and wellbeing at work, which in turn reduces sickness absence and improves staff satisfaction and engagement. The EHW Leadership Course helps managers and leaders to create the essential building blocks of

		<p>a positive health and wellbeing culture for their team.</p> <ul style="list-style-type: none">• REACT Mental Health training – available to book via the learning hub <p>REACT provides staff with the skills and confidence to be able to hold supportive, effective conversations about Mental Health. The methods provided through the REACTMH approach will enable staff to confidently start conversations with colleagues who feel overwhelmed with work or home stressors.</p> <ul style="list-style-type: none">• Learning opportunities through NHS Leadership Academy (Bitesize learning) <p><i>Timely access to wellbeing and related support services</i> <i>Easy to access:</i></p> <ul style="list-style-type: none">• EAP – 24/7 / 365 days access via telephone, online chat through app, online portal• EHW Service - via email and phone line• Referrals submitted through Health Manager – triaged within 1 working day• Resilience hub - via phone or online form		
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- Physio self- referral - 48-hour turnaround. Sarah will send
- Courses on the Learning Hub - can view at own leisure
- H&W Programmes inbox - 5 working day turnaround
- Comprehensive information on EHW/Programmes Team Intranet page – for all MFT Staff and affiliates
- MFT Connect app to access when not on work site – explain app
- Support from local H&W Champions and MHFAs – info and access to can be found on intranet

Communications:

- HW Updates – platform to share updates on services/ initiatives
- MFT Time communications - email newsletter to all staff
- MFT Bitesize - Newsletter to senior leaders
- EHW Twitter
- Intranet pages

- Face to face - exhibition events/ bespoke session requests
- H&W Champions to share communications with own team

Timely Interventions:

- Self-referral to Physiotherapy service
- Absence support service for call backs for MSK related absences

The Absence Support Service was launched on 25th May 2022 and focused on providing timely clinical advice and treatment (if appropriate) for all MSK reported absences. When staff report a MSK absence via the absence reporting system a notification is sent to the EHW Service. The EHW Physiotherapist then contacts the staff member by telephone (between 1-3 working days of the absence being reported) to offer initial clinical advice, self-help guidance, and/or the option to fast track the employee into an in-person physiotherapy appointment, where clinically appropriate. This service enables the absent employee an easy and efficient process to have rapid access to MSK condition support at the point of reporting an MSK related absence.

- Fitness for work management referral
- Critical Incident Support and Debriefs
- EAP 24/7 instant support on the phone, online chat service, 6 x counselling sessions

Supporting our NHS people:

The national health and wellbeing programme, 'Supporting our NHS people', was set up to specifically support the wellbeing of our diverse NHS workforce. The programme is split into several key areas including –

- Having safe and effective wellbeing conversations
- Handling difficult situations with compassion
- Supporting colleagues affected by Long COVID
- Supporting colleagues affected by the menopause
- Financial wellbeing
- Physical health and wellbeing
- Digital weight management programme for NHS staff
- Substance misuse and gambling support
- Supporting our veterans
- Support for our diverse colleagues

There are also a range of national programmes that aim to support organisations and leaders to

look after the health and wellbeing of their colleagues –

- NHS health and wellbeing framework
- Wellbeing Guardians
- Health and Wellbeing Champions
- Wellbeing conversations
- Civility and Respect
- Violence prevention and safety

- **Greater Manchester Wellbeing Toolkit:** The Greater Manchester Wellbeing Toolkit is an interactive toolkit to help support our diverse health and care workforce to be at their best. It provides advice on keeping well physically, practically and psychologically, as well as guidance on how you can support those around you and find help for yourself or someone you know when it's needed. The toolkit is divided into three sections:

- ✓ **Looking after yourself** It is important that where possible we are pro-active about the ways we approach our wellbeing and build our physical and mental resilience to help us respond to the challenges of working in a pandemic.
- ✓ **Responding to need** It is vital that we recognise when we need to reach out for help. There is a broad range of support in Greater Manchester available at our

fingertips - both online and more personal, depending on what works best for you.

- ✓ **Supporting others** Whether you are a manager or a supportive colleague, there are lots of ways we can look after one another – through buddy systems, good conversations, introducing debriefing sessions and more.

Greater Manchester Integrated Care Partnership facilitate the delivery of several free to access wellbeing sessions (delivered remotely) that focus on the menopause, Burnout, Looking after yourself and your team, Sleep and Physical activity

- **NHS Employers**
Utilisation of their 'Calendar of National Campaigns' to access resources and communications materials to enable us to plan activities for the year ahead. Campaigns are themed and include–
 - Health and Wellbeing
 - Equality, Diversity and Inclusion
 - Education and Training
 - Armed Forces

		<p>EHW wellbeing referral data, comparison with workforce</p> <p>Staff survey- q9d, immediate manager takes a positive interest in my health and wellbeing</p> <p>Q11a Organisation takes positive action on health and well-being</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> <p>Reduce violence and aggression to all staff</p>	<p>Evidence from NHS National Staff Survey 2022 result:</p> <p>Q13 A, B and C (Violence and aggression): Staff who have responded the survey 13.0 % have experienced physical violence (PV) at work from patients / service users, their relatives; national average is 15.0%.</p> <p>0.8 have experienced PV from managers; national average is 0.8%.</p> <p>1.9% have experienced PV from other colleagues, national average is 1.8%</p> <p>Q14 A, B and C (Bullying and harassment): Staff who have responded, 26.1 % have experienced Bullying and Harassment (BH) at work from patients / service users, their relatives; national average is 28.1%.</p> <p>13.6 % have experienced BH from managers; national average is 11.6%.</p>		

		<p>20.0 % have experienced BH from other colleagues, national average is 20.0%</p> <p>Big Conversation The MFT Big Conversation has been created to enable staff to talk about a topic that matters together. We are already having these conversations, but by aligning them and having them together, we can use all that energy to have a lot more impact.</p> <p>MFT Big Conversation is supporting the Trust with taking immediate actions on the things that matter most to our people, therefore creating sustainable, effective, and relevant changes.</p> <p>With our new Engagement & Recognition Platform OpenDoor, we can take this further by creating short pulse surveys that give everyone the chance to get involved and share their views.</p> <p>Each MFT Big Conversation will be themed and will run over a one-month period. This gives all departments the opportunity to get involved.</p> <p>The themes include, Bullying and Harassment, Behaviours at work,</p>		
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		<p>The action plan, “Choose Kindness; zero tolerance to workplace harassment and bullying”, has been developed through conversations over the period of a year at Trust-wide groups and in hospitals and managed clinical services, and by looking at research literature and examples of what other organizations are doing. The plan includes actions to support staff who experience harassment and bullying and actions to help all team, including managers, to understand the behaviours to look out for and their response.</p> <p>MFT Workforce Race Equality Standard (WRES) And Workforce Disability Equality Standard action plan are in place</p>		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>EHW work with key National and Regional partner organisations to ensure initiatives and support mechanisms are in place that will support the needs of our diverse workforce and those with protected characteristics.</p> <p>Staff suffering from stress have a range of support to access both internally and externally, including:</p> <p>Health and Wellbeing Champions 400 H&W Champions across the footprint of the Trust, from a variety of roles and job bands.</p>		

Over 20 different ethnicities have been disclosed and 6% of the Champions have disclosed that they have a disability.

Mental health First Aiders (MHFAs):

MHFAs are based across MFT sites and are available to provide signposting information and support to any employee in need of mental health support, at any site.

MHFAs do not provide counselling or psychotherapy, but they can spot signs of emotional distress, and act as source of support to guide you to appropriate support. As well in a crisis, MHFAs are valuable in providing early intervention in the form of signposting to appropriate support. There are 341 members of staff trained to deliver MHFA of which 19% identify themselves as non-white. Additionally, a BAME specific MHFA Course for community staff is planned for 2023 as it is recognised as different backgrounds and ethnicities may experience different Mental Health issues.

The Employee Assistance Programme:

MFT offers an Employee Assistance Programme (EAP), provided by Health Assured, which offers confidential 24-hour support. EAP can be used for support regarding a range of emotional issues such as stress, anxiety and depression as well as practical issues such as

housing concerns, financial concerns, and alcohol issues.

Colleagues can access training from Psychological Wellbeing and Mental Health Service

A range of topics (Understanding Stress, CBT: Thinking Resiliently, Emotional Intelligence, Emotional Resilience, Managing Anxiety, Wellbeing Conversations)

Accessing national offers of support

Our NHS People (can access Headspace/ Unmind etc)

The below initiatives all work in reducing the stigma, providing working conditions to support good mental health, and giving all staff access to interventions:

Reducing the Stigma:

- Manager training: 'REACT Mental Health Conversation training'
- Manager training: EHW Leadership Course
- Manager training: Wellbeing Conversations
- Mental Health First Aiders – specific MHFA delivery scheduled in April 2023 for BAME staff members who work in

local communities. MHFAs also play a crucial role in destigmatising mental health problems in the workplace, through raising awareness and promoting national and local campaigns, with the support of the Employee Health and Wellbeing Service.

- Supporting HW Programmes initiatives and communications
- Colleagues supported to access Employee Assistance Programme through engagement and awareness sessions

Working Conditions supporting good mental health

- Health and Wellbeing Champions
- Manager helpline from the Employee Assistance Programme
- Fitness for work referrals submitted to EHW if advice needed on reasonable adjustments/ bespoke individual support i.e. Stress Risk Assessment
- Colleagues can access GM Working Together Events
- Wellbeing Conversations Training

		<ul style="list-style-type: none"> • Comprehensive EHW Psychological Wellbeing and Mental Health Service training • Traumatic/Critical Incident Support • Manager to request Critical Incident debrief for their team 		
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>NHS National Staff Survey Result:</p> <p>Out of the total responded, 49.9% of staff would recommend the Trust as a place to work; national average is 56.5%.</p> <p>Out of the total responded, 58.5% of the staff would be happy with the standard of care provided if a friend or relative needed treatment; national average is 61.9%</p>		
Domain 2: Workforce health and well-being overall rating				

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	<p>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>	<p>Patients:</p> <p>In response to NHS standard contract Schedule 2N to prevent health inequalities, A Trust wide Health Inequalities Group has been formed, chaired by the Group Joint Medical Director. Specific actions are being planned aimed at reducing inequalities in access to, experience of and outcomes from care and treatment. These include:</p> <ul style="list-style-type: none"> • Better use of data to identify levels of variance in service access, outcomes • Identify key clinical area to priorities to reduce health inequalities • Actions to prioritise vulnerable individual groups, families and communities <p>These actions have been led by the Group Joint Medical Director</p> <p>Workforce: WRES and WDES action are being led by the Human Resource Directors</p>		

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	See above		
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>In 2021, The Trust established a Health Inequalities Group to bring together the various programmes of work the Trust is developing focused on or related to health inequalities.</p> <p>During 2022 the Health Inequalities Group agreed on how it would structure the Trust's approach to Health Inequalities with an emphasis on reducing inequalities in access, outcomes and experience.</p> <p>As the largest acute Trust in England and one of the biggest employers in Greater Manchester, the Trust has a broader role in reducing health inequalities. One of these roles is as an anchor institution, adding significant value to served communities through employment practices and procuring goods and services that benefit local communities. The Trust already delivers significant value in this way. A sub-group of the Health Inequalities Group was formed to maximise the delivery of social value, with one area of focus being social value procurement.</p> <p>The Trust has a Workforce Strategic Equality Group (WSEG) jointly chaired by the Group</p>		
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Executive Director of HR and Director of Corporate Workforce. The aim of this group is to:

- Support staff and broader Diversity Matters *Strategy* workforce objectives.
- Ensure that the local implementation of national workforce directives meets the needs of diverse staff groups.
- Provide a platform for SLT to escalate issues and commission mitigations

The Trust has a Group Equality, Diversity and Human Rights Committee (GEDHRC) which has been formally constituted by the Manchester University NHS Foundation Trust as a sub-committee in accordance with its Standing Orders and reports to the Group Quality and Safety Committee.

The Committee is chaired by the Group Joint Medical Director with membership including; EDHR Coordinators, Group Assistant Director of Equality, Diversity and Inclusion, Chairs of staff diversity networks, Staff Side Representative – LNC and TJNCC, Group Assistant Director Equality and Diversity, Communications Director and Human Resource Directors.

The GEDHRC has a strategic role rather than an operational function. In this context it work to promote the culture and positive conditions for equality, diversity and human rights to flourish within MFT. The Committee identify and share good practice from within and outside of the Trust.

The Committee provide assurance to the Group Quality and Safety Committee and through that Committee to the Board of Directors.

The scope of the GEDHRC includes patient outcomes, access and experience and include responsibility for all relevant workforce matters. The specific duties are:

- Advise on strategy development and oversee the continuous improvement of standards of quality and safety for the diversity of the Trust's patients and staff.
- Shape the strategic direction and priorities for equality and diversity and drive change through application of the Trust's ED&I Strategy.
- Oversee the development and implementation of group wide

		<p>initiatives aligned to the high-level strategic aims of the Trust.</p> <ul style="list-style-type: none"> • Manage and report on the equality and diversity risk register. • Take account in driving strategic change of specific equality and diversity statutory and contractual duties <p>The Trust also has Human Resource Scrutiny Committee which include the governance and accountability of the workforce objectives.</p>		
Domain 3: Inclusive leadership overall rating				
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s): David Codner		

EDS Organisation Rating (overall rating):

Organisation name(s):

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Abdul Khan	2023
EDS Sponsor	Authorisation date
Miss Toli Onon, Joint Group Medical Director	31 March 2023

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve patient access in line with CORE20PLUS5 priorities	<p>Identify key priority areas for the CORE20 and, in consultation with patient groups, put in place initiatives to improve access, to include improving organisation's approach to health literacy and communication and the workforces' understanding of health inequalities.</p> <p>Care pathways, including pathways for the 5 clinical conditions under CORE20PLUS5, to be reviewed, in consultation with patients, to assess and enable equitable access, experience, and outcomes</p>	March 2024

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Ensure people from Protected groups and Inclusion Health groups are treated in line with their needs</p>	<p>Strengthening resident voice through engagement around the health inequalities programme, specific pathways and access to them and wider culture of engagement within the Trust.</p> <p>Reducing barriers to access, health literacy and communication workforce understanding of HI's as per above.</p>	
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Learn from patient safety incidents and put in place interventions to reduce likelihood of harm for those more like to experience it.</p>	<p>Continue to develop understanding of, and learn from, demographics trends underpinning patient safety and incident data at the Trust .</p>	
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Seek to improve demographic coding relating to patient experience data.</p>	<p>Work with patient experience team to improve how we code demographic data for Friends and Family Test (FFT) and What Matters to Me surveys to ensure better understanding of differential patient experience by population and protected groups.</p>	

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	<ul style="list-style-type: none"> • Improving personal health and wellbeing – the proactive interventions and services that empower our people to manage their own health and wellbeing • Relationships - the ways our teams work together with civility, respect and care • Fulfilment at work – how our work at the NHS inspires our diverse people and how we support their growth and passion • Managers and leaders - how our leaders define, implement and embody a positive health and wellbeing culture and how they provide health and wellbeing support as part of their role • Environment - physical workspaces and the facilities available to our people to rest, recover and succeed • Data insights - our approach to understanding our health and wellbeing 	<ul style="list-style-type: none"> • Mental and emotional health - supporting the management of active mental disorders and day-to-day stressors to ensure a person’s ongoing wellbeing and happiness is maintained. • Physical health -physical health with a focus on musculoskeletal health which is an important component of maintaining a person’s functional abilities, both in and out of work. • Healthy lifestyle - not all diseases are preventable but a large proportion of deaths, particularly those from coronary heart disease and lung cancer, can be avoided. Health is not only about avoiding disease – diet, exercise, hydration and sleep are essential. 	

		<p>needs and then measuring our effectiveness in supporting them</p> <ul style="list-style-type: none"> Professional wellbeing support - the teams and services, like occupational health, who are available to support organisations and our NHS people's health and wellbeing 		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	NHS Staff Survey findings objectives	Action are being produced and will be available as a part NHS staff survey action plan	
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Employee Health and Wellbeing Objectives	Employee Health and Wellbeing action plan	
	2D: Staff recommend the organisation as a place to work and receive treatment	FFT objectives		

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Establish mechanism for the Board to assess progress with the work to tackle health inequalities within the Trust providing the opportunity to offer constructive challenge	Review with executive lead and develop a plan for a series of in person and reporting updates to the board over the year.	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board papers / agenda to have EDI as a standard item Effective implementation of the Schedule 2N of the NHS standard Contract	Review with executive lead with an aim to embed into the agenda. Review with Health Inequality Group to embed into the agenda.	
	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	Agree metrics that will be reported to board relating the work taking place to tackle health inequalities at the Trust.	Draft metrics to be developed and agreed via the Trust Health Inequalities Group, to be lifted from the Trust's Health Inequalities dashboard.	

