

Committees-in-Common Front Sheet

Agenda Item No:

Name of the Meeting	WECC Committees-in-Common		
Date of the Meeting	30/04/2024		
Director Lead	Simon Nearney / Ivan McConnell		
Contact Officer/Author	Mano Jamieson / Karl Portz / Lucy Vere / Jackie Railton		
Title of the Report	Equality Delivery System 2022		
Executive Summary	<p>The purpose of the report is to inform the committee of the detail of the assessment that was carried out to conduct the Hull University Teaching Hospitals NHS Trust's & Northern Lincolnshire & Goole NHS Foundation Trust's EDS 2022 for 2023/24.</p> <p>The EDS 2022 in this report covers three Domains. Domain 2 (Workforce Health & Wellbeing) and Domain 3 (Inclusive Leadership) are for consideration by WECC. Although not directly a workforce issue, Domain 1 (Commissioned or Provided Services) is also included as this contributes to the overall scoring and is still the responsibility of the Executive and Non-Executive Directors and the Chairman and Chief Executive Officer. To meet national reporting deadlines once approved by WECC this report will be published in draft format on both Trust websites until such time as full Board approval is received.</p>		
Background Information and/or Supporting Document(s) (if applicable)	The EDS 2022 is the nationally mandated return that is to be published on all NHS Trusts websites and outlines what each organisation is doing to deliver its Public Sector Equality Duty		
Prior Approval Process	A version of this report was considered at WECC in January 2024, however, on review of the papers it was noted that full actions plans were not visible. Equally, it was felt beneficial to re-present the report to include Domain 1 (Commissioned or Provider Services).		
Financial implication(s) (if applicable)	None identified at this stage.		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	The return highlights what an NHS Trust is doing to promote EDI within the organization and how it is addressing health inequalities in the population that it serves		
Recommended action(s) required	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Information <input checked="" type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </td> </tr> </table>	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Information <input checked="" type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:
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1. Background

The Equality Delivery System (EDS) was launched in July 2011. It 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.

In November 2012 there was a review of EDS and, a refreshed EDS – known as EDS2 – was made available in November 2013.

A further review has taken place and a new EDS is to be launched soon. Officially the numbering system is being dropped but it is likely that this will, colloquially, be known as EDS2022, at least to begin with.

All NHS providers are required to implement the EDS, having been part of the NHS Standard Contract from since April 2015 (SC13.5 Equity of Access, Equality and Non-Discrimination). In addition, NHS Commissioning systems are required to demonstrate ‘robust implementation’ of the EDS as set out in the Oversight Framework.

2. The New EDS 2022

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

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

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

The outcomes are evaluated, scored and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The scoring system is significantly different to that used in EDS2

3. Leadership

One Board, Governing Body member, senior or system leader for each organisation or partnership of organisations, should be identified as the EDS Champion who will act as the senior responsible officer, keep developments aligned and on track, and who will be held to account.

The abovementioned Champion should keep in routine contact with the relevant EDI team(s) to follow the EDS process and ensure that issues and concerns are heard and shared at Board and Committee levels promptly.

The overall responsibility for the EDS lies with the Executive Board within each organisation. This responsibility maybe discharged to the EDI team/Senior Responsible Officer within the organisation, but board members retain overall responsibility.

4. Domain details

Domain 1: Commissioned or provided services

- 1A: Patients (service users) have required levels of access to the service
- 1B: Individual patients (service user's) health needs are met
- 1C: When patients (service users) use the service, they are free from harm
- 1D: Patients (service users) report positive experiences of the service

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

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

2D: Staff recommend the organisation as a place to work and receive treatment

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

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

5. Annual Reporting requirement.

EDS reviews should be carried out annually with the result of the review published on organisation websites by 28th February (or the following working day). Any justification for late publication must be provided and signed off at Board level.

Within each organisation, the planning and conduct of EDS reviews should be identified and handled as a 'project' that requires dedicated resources at the appropriate level.

EDS activity should be included in the reporting of the specific duties of the PSED in January of each year. This should include:

- The carrying out of the EDS reviews,
- recommendations, improvement plans and early impacts of the implementation of those plans
- results and progress from previous years' plans.

NHS Equality Delivery System (EDS)

EDS Lead	Jackie Railton/Mano Jamieson/Karl Portz	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	19/12/23	Individual organisation	
		Partnership* (two or more organisations)	Hull University Teaching Hospitals NHS Trust Northern Lincolnshire & Goole NHS Foundation Trust
		Integrated Care System-wide*	

Date completed	22/02/2024	Month and year published	February 2024
Date authorised		Revision date	

EDS Rating and Score Card

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

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

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

Total NLAG scoring for all 3 Domains added together	15	Developing Activity
Total HUTH scoring for all 3 Domains added together	18-19	Developing Activity

Domain 1: Commissioned or provided services (HUTH)

Maternity – Antenatal Services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Direct access service available for pregnant people to self-refer either through use of a digital form or via the telephone. • HUTH and Local Maternity System websites have Reachdeck software which provides translations of website content into alternative languages. It also supports people with visual impairment to view the information in a way which meets their needs or to play back via audio. • Antenatal education sessions are held via face to face, individual or group learning, or via online learning programme. Face to face sessions held weekdays, evenings and weekends to make them as accessible as possible. • Baby Carousel - A multi-agency event held at the Women and Children’s Hospital on a monthly basis. It includes information on a range of topics, such as: Labour and birth, healthy lifestyles, infant feeding, care of the newborn, car seat safety, baby massage, prenatal and postnatal exercise, home and fire safety, safe sleeping, demonstrations of bathing and nappy changing, and more. Bookings for this event can be made online, via alternative means (as required), or patients can attend without booking. • ‘Ask the Midwife’ service provided via Facebook, Instagram and X (formerly ‘Twitter’), which offers a platform for patients and service users to ask non-urgent questions about birthing, pregnancy and care of the newborn. • Guide for pregnant people from ethnic minorities developed via LMS and circulated to the Humber All Nations Alliance. • Targeted work with migrant workers at Cranswick Foods including making available a pregnancy package for the workers. • Information leaflet available to Trans and Non-binary people. • Service works closely with City Healthcare Partnership regarding migrant population accessing health care. • Work undertaken with Hull Sisters - a charity working with women who are uncomfortable using mainstream services, a source of confidential support to help Black and minority women feel safe, confident, and part of their community. 	1-2	Head of Midwifery

		<ul style="list-style-type: none"> • Utilisation of technology e.g. videos on website to visualise the maternity unit; use of virtual reality headsets to get prior experience of hospital environment and equipment. • One to one discussions and visits arranged for people who are neuro-diverse • Access to perinatal mental health team and development of strategies • Surrogacy pathway in place. • The Parent Education midwife has taken posters in 15 different languages to be displayed in posters and pharmacies around the city, in areas with BAME communities. These posters offer guidance on the monitoring of foetal movements, and how to access services if required. • Following feedback from service users that had experienced previous baby loss, service users are now able to access 1:1 sessions, or sessions as a small group. 		
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • Feedback is regularly received from patients and service users, through a variety of means: <ul style="list-style-type: none"> • Discussions held directly with patients • Surveys held within the service • PALS/ complaints • Healthwatch • Maternity and Neonatal Voices Partnership • Local Maternity Service Choice and Personalised Care Working Group • Feedback from these areas informs the service development. • Healthwatch colleagues advised that main issues raised with them relate to postnatal care e.g. breastfeeding support and mental health support. • HUTH previously part of NHSE pilot project regarding perinatal mental health. Feedback was that was very successful. One year's funding from ICS, however funding discontinued at end of pilot as not a key priority for the ICS. Pregnancy people have access to other mental health service provision within the system. 	1-2	Head of Midwifery
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Maternity Incident reviews are held three times per week. • MDT has oversight of themes/trends and ongoing actions. • MTAC – chaired by interim chief nurse – assurance committee with oversight of CDC actions. • Action taken to separate planned and unplanned care in the Antenatal Day Unit. Antenatal triage established. Review underway to see if needs to be extended to cover 24/7 (labour ward provides triage out of hours), 	2	Head of Midwifery

		<ul style="list-style-type: none"> • Live dashboard available which shows how many pregnant people are waiting to be seen, waiting times, etc. Positive feedback from patients in terms of reduced waiting times. 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • Feedback is regularly received from patients and service users, through a variety of means: <ul style="list-style-type: none"> • Discussions held directly with patients • Surveys held within the service • PALS/ complaints • Healthwatch • Maternity and Neonatal Voices Partnership • Local Maternity Service Choice and Personalised Care Working Group • Feedback from these areas informs the service development. • Friends and Family Test – 91.68% of those who responded, reported a positive experience. Negatives reported related to staff attitude, environment and communication. Organisational development work underway. Changes made to antenatal triage and planned care in ADU. • The Fifteen Steps initiative has been undertaken twice and a further iteration is planned for March 2024 with Maternity Voice Partnership representatives to look at key areas for improvement. • Recognition of need to increase patient engagement opportunities and obtain feedback on different parts of the maternity journey. • CQC Maternity Survey 2022 – antenatal care results showed further work required in respect of provision of information to service users, including choice of place of birth. 	1	Head of Midwifery
Domain 1: Commissioned or provided services overall rating			5-7	

Domain 1: Commissioned or provided services (NLAG)
 Maternity – Antenatal Services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Referral</p> <ul style="list-style-type: none"> • Service users can self-refer into the Maternity Services by phone directly at all sites DPOW/SGH/Goole <p>Antenatal Education</p> <p>North Lincs(LN)</p> <ul style="list-style-type: none"> • Antenatal classes are offered at Goole, Brigg, Epworth, Ashby, via Teams or face to face. • 1-2 hours, monthly in Town , Brigg / Epworth every 8 weeks. • This is discussed at Antenatal appointments to remind women to access. • Midwifery Support Worker (MSW) offer 1:1 care in the home or at the requested venue for vulnerable families. • Work alongside 0-19 Service to deliver this. • Peer Supporters offer groups and deliver sessions on Infant Feeding within the Family Hubs too at various venues. <p>North East Lincs (NEL)</p> <ul style="list-style-type: none"> • Antenatal education is offered at the booking appointment and re visited at other appointments to remind users of access. • Posters are in the AN clinic and in all the Family Hubs to raise the profile. • Also advertised on Maternity Facebook page / Webpage • Information in Booking information pack is also offered. • Booked via telephone. • There are group sessions / face to face every 2 weeks at alternate venues. 1 week is labour and delivery and the other week delivered by the MSW doing practical aspects including feeding, safe sleeping. • Sessions are 2 hours long and offered on different days. Partner or other can attend too. • Louth Hospital offer a session monthly. 2 hours long - alternate weeks covering labour and delivery and then practical aspects. 	2	Nicola Foster

		<ul style="list-style-type: none"> • Infant Feeding classes are offered at a weekend every month for 2 hours if necessary, as some of these women are from out of town. • Local Maternity and Neonatal System (LMNS) • Labour and delivery session for Teenagers once a month including a tour of the unit by the Teenage Pregnancy Link Midwife are also available. • Perinatal Health Midwife also offers one to one session and tour of the unit to meet individual needs. • The Bereavement Midwife also provides 1-1 sessions on labour and delivery etc including a tour to meet individual needs. • MSW also offer 1-1 sessions to those more vulnerable or with complex needs in the home or at a designated venue ie Family Hub • Individual sessions for those whose non-English speaking users - using the interpreter services (by telephone, face to face or videolink)to ensure that their needs are met. This includes BSL. • Also have access to LMNS Ask the Midwife sessions for any non -urgent questions. • The Local Maternity and Neonatal System (LMNS) also offer information on services on their dedicated website (in different languages) 		
	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • There is Language Line/ video interpreters, face to face interpreter to offer support to those users whose first language is not English or having issues with communication (including BSL) • Leaflets are available on different subjects in various languages to meet individual needs to access Antenatal education. • There are various services in the community for non-English speaking women and they can access support. • Working alongside Family Hubs, support offered or Non -English speaking families, will support with housing, benefits, food vouchers. Access to Bluedoor (DV) 'We Are With You' (drug support service) health visiting support. Family liaison officers and any further social support required. <p>NL</p> <ul style="list-style-type: none"> • The Forge – offer support re homelessness, sofa surfing, alcoholics, drug dependency support. <p>NELincs</p>	2	Nicola Foster

- Access to YMCA/ 'Doorstep' offer support re housing and other support re benefits to meet individual needs.
- NL & NE Lincs have a 'We Are With You' drug misuse support service.
- Women's Refuge offer help to those suffering any form of abuse.
- Children's Social care support with individual pathways of support pre-birth and ensure Early Help is in place where needed.
- Perinatal Mental Health support offer leaflets in various languages and face to face support and use interpretation services as required for those users who need additional communication.
- Holistic maternal healthy weight and healthy lives programme Trust wide.

NL –

- Parent and Infant Emotional Wellbeing team (PIEW) will work with a family antenatally or postnatally up to the age of 2 years. Any concerns relating to bonding and attachment/relationship with the child is supported. Also, users who are high risk for having issues with bonding and attachment. Also, mild to moderate mental health issues for parents can be referred through.
- Women's Refuge offer help to those suffering any form of abuse.
- Children's Social care support with individual pathways of support pre-birth and ensure Early Help is in place where needed.
- Learning Disability Team within the Trust is available to offer support to those with learning issues or other complex needs.
- Weight Management support is also available for those users with a high BMI to help them feel included and can offer support re feeding etc.
- Smoking Cessation services are available in various venues where the midwives are to be able to offer support not just in relation to smoking but other individual aspects and know where to refer on to. They can offer information in relation to the impact of smoking not just in pregnancy but within the home and risks like Sudden Infant Death Syndrome. They offer support to other family members too.
- Ask the Midwife is also available to offer non-urgent support or can sign post as necessary.
- NLAG Facebook page is available to offer up to date information and highlight changes such as visiting etc.
- Deaf / blind assistance, sign language etc. is also available.

- There is a new guideline for non- binary users, so they don't feel excluded from services and their individual needs are met.
- MSW offer 1:1 support for more vulnerable families as required, offer antenatal education including practical skills feeding safe sleeping routine as well as hand holding etc. to other groups.
- Access to Rainbow clinic / Bereavement Midwife who will see the family in either a clinic setting or home dependant on need and use relevant translation services as required.
- Religious needs identified and supported. Maternity services and chaplaincy team work in partnership.
- Infant feeding support is available in the hospital and in the community as required.
- There is an in house Frenulotomy clinic available to support mothers who are having issues with feeding due to Tongue Tie.
- Access to interpretation services as necessary to ensure all the needs of families are met.
- Feedback- discussion with the users provide relevant information to improve services where changes can be made.
- Family and friends test offer feedback.
- Evaluation forms from Ante natal sessions and feeding classes offer relevant ways to improve delivery and shape services.
- Surveys – CQC , Picker (action plan coproduced with maternity services and MNVP lead), Teenage Pregnancy -Maternity Survey all offer opportunities for users to inform of the care they received and what was positive or negative so these issues can be addressed as necessary.
- 15 steps programme.
- PALS / complaints/ compliments offer feedback so needs can be discussed and met as required.
- Maternity and Neonatal Voices Partnership (MNVP) offer feedback from patients and involve them in leaflet production / Guideline development to shape the services to meet user need. MNVP undertaking specific service user surveys (e.g. Triage service)
- Posters / Displays in Family Hubs /AN clinic settings provide relevant information on aspects like safe sleeping / infant feeding so users can access support.

		<ul style="list-style-type: none"> • Media within the Family Hubs promote feeding / safe sleeping etc for users to see while awaiting appointments. . • LMNS Website is available for information locally and users can access to find more information on various aspects of the Maternity and Neonatal services. • Personalised Care and support plans (PCSP) in use. 		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> • Incident reporting is encouraged and near misses too are followed up and fed back to those involved to close the loop. • Incident review meetings are held weekly to address issues in a timely manner and report any significant issues so they can be monitored or addressed appropriately. • There is a robust Governance system in place and any changes to guidelines and leaflets are approved. MDT and service user involvement (including MNVP) • Maternity Triage Service is now in place using a red / amber / green flag to ensure women are seen appropriately and in a timely manner (BSOTS prioritisation) • This is audited and monitored to ensure targets are being met and safety maintained. • Risk assessments are undertaken to prioritise care • There is robust preceptorship, care camp and supernumerary period in place to support newly qualified Midwives and International Midwives. • There is close working with the University to offer support for the midwifery students during training. Close links in place with university and maternity service leads. • CQC report – action plan in place and monitored regularly. • There are regular monthly Divisional Quality Improvement and Monitoring meetings where all action plans are presented and actions monitored. • There are local (Maternity Services Risk Management Framework) and Trustwide Risk Management Policy – identifies potential risks and sets out staff responsibilities and the appropriate processes for identifying and reporting potential risks. This policy also details the current reporting arrangements within the organisation for all risks. • Training sessions re Risk Management and Incident Reporting are discussed on the Mandatory training days. 	2	Nicola Foster

		<ul style="list-style-type: none"> • Patient Safety Newsletter is shared with staff with any relevant information of note. • Safety Huddles take place at shift handover to disseminate information. • Learning Lessons Newsletter is also shared with staff. • Up2Date- electronic access for all staff to all newsletters, learning (Trust, National and LMNS) • Perinatal Mortality Review Tool (PMRT) newsletter shared with all staff. • All areas have their own ways of sharing information to staff via media sources in house or have regular team meetings. . • Women are supported following complex cases or unexpected outcomes with a debrief. • Staff support offered following complex cases/poor outcomes by hot/cold debriefs and support from managers and Professional Midwifery Advocates (PMA) • Services are open and transparent and discussed with the women and her family and follow ups arranged for after care. • Antenatal checks follow ups /DNA for scans / Screening etc. are all followed up in a timely manner, as per policy, so no harm becomes of these missed opportunities of care. • Vaccinations and information e.g. Flu, Whooping Cough, MMR encouraged. • Safeguarding - Midwives attend Case Conferences core groups and feedback any significant harm that could occur to the user or staff. 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • Positive PALS feedback information is shared widely. • Family and Friends share any relevant feed back • MNVP offer positive feedback and services can be developed were applicable. • Feedback via Ask the Midwife service shows this a well accessed service and women are positive about having this available to them. • Positive feedback via NLAG Maternity Facebook • Feedback from Users of the service are always sought via a range of sources: • Evaluation Forms • Surveys • BFI Audits and feedback as part of the assessment process determine future services etc. 	<p>1</p>	<p>Nicola Foster</p>

		<ul style="list-style-type: none"> • Cards and messages are received in all clinical areas and community services. • LMNS – Choice and Personalised care focus group. 		
Domain 1: Commissioned or provided services overall rating			7	

Domain 1: Commissioned or provided services (HUTH) Tobacco Cessation Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Patients are identified as smokers during the course of receiving inpatient treatment in the hospital, and are referred to the Tobacco Dependency Team on an 'opt out' basis. • All relevant Maternity patients are referred on an 'opt out' basis. These patients are then provided with Nicotine Replacement Therapy throughout pregnancy. • Support is also offered to partners and significant family members of patients (e.g. those accompanying patients to appointments). • The Tobacco Dependency Service now engage directly with members of the public smoking on hospital sites, and are offered to swap cigarettes for a vape. • Communication and other issues are resolved as per ward processes • Mandatory question as part of admission questionnaire should capture any communication needs. • Clinics held in areas of deprivation, local businesses, homeless, migrant workers, local Mosque. • As of January 2024, a total of 2870 patients have received interventions from the Tobacco Dependency Team. This includes: <ul style="list-style-type: none"> • 465 maternity patients and significant others • 1065 inpatients • 1447 interventions by the engagement team outside of HRI (service began in October 2023). • 72.3% of patients came from Quintile 1 (most deprived) • 15.4% of patients came from Quintile 2 • 7.7% of patients came from Quintile 3 • 4.6% of patients came from Quintile 4 • 0 patients came from Quintile 5 (least deprived) • Data published by NHSE shows that in April – September 2023, a total of 662 people from Hull set a quit date, with 428 self-reporting as having successfully quit after 4 weeks. Of those patients that set a quit date: 	3	Tobacco Dependency Team Leader

		<ul style="list-style-type: none"> • 97% were of White ethnicity • 0.5% were of Asian or Asian British ethnicity • 0.8% were of mixed ethnicity • 2% were of 'other' ethnicity. • Insufficient data relating to uptake by protected characteristics. 		
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • On admission, clinicians are able to offer a choice of Nicotine Replacement Therapies including patches, inhalers or lozenges, all of which can be used on the hospital ward. • For patients remaining in the hospital for more than 24 hours, the patient will receive a visit from a Tobacco Dependency Treatment Advisor, who will provide behavioural support to the patient, and a medication plan to manage withdrawal symptoms. • These steps enable patients to remain smoke free whilst in the hospital, which can be continued upon discharge for those wishing to quit. • Health benefits to patients that successfully quit smoking: <ul style="list-style-type: none"> • Improved physical health (including lung function, circulation, and senses of taste and smell) • Reduced long-term risks of cancer, lung disease, heart disease and stroke • Early data shows that approximately 32.5% of inpatients referred whilst in hospital set a quit date and went on to successfully quit smoking upon discharge. 	2	Tobacco Dependency Team Leader
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Risk Management Policy and processes in place. • The Tobacco Dependency Team provide a harm reduction service to patients, in line with the NHS Long Term plan, and Government ambitions to achieve a smoke free generation by 2030. • The service provides advice, behavioural support, and the offer of free Nicotine Replacement Therapy to enable patients to abstain from smoking during their hospital stay. Patients are also encouraged and supported to remain smoke free upon discharge, where requested. • As such, there are minimal risks of patient harm as a result of using this service. 	2	Tobacco Dependency Team Leader

	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • Patients that have received services from the Tobacco Dependency Treatment Team are asked to provide feedback on their experience of the service, previous experience in quitting smoking, and future intentions on remaining smoke free. These comments are collated by the ICB, and are provided to the service on a regular basis. • Patients also provide feedback directly to the team during their engagement activities on the grounds of the hospital sites. • Feedback received so far has been positive regarding the manner of the staff, the support options available, and the opportunity that the Tobacco Dependency Team provide for patients to try various types of Nicotine Replacement Therapy, which often results in patients continuing to abstain beyond the duration of their inpatient stay. • Some patients have been contacted following their smoke free journey and will be attending Parliament to share their stories, and to potentially influence future national policy. • Patients have shared positive stories of the financial benefits of stopping smoking, e.g. financial savings, ability to afford holidays. 	<p>3</p>	<p>Tobacco Dependency Team Leader</p>
<p>Domain 1: Commissioned or provided services overall rating</p>			<p>10</p>	

Domain 1: Commissioned or provided services (NLAG)

Tobacco Cessation Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>The NLaG Long Term Plan Tobacco Dependency Service is split into 2 areas. These are for smokers in maternity and acute admission. Currently, the NLaG team are the best performing service in the region for both areas. Regarding access:</p> <p><u>Maternity</u> All smokers who are pregnant are referred directly to the Team at booking. There are several options for the smoker including face to face and remote behavioural support with access to Nicotine replacement therapy (NRT). If there are travel issues, the smoker can be referred to their closest pharmacy or community wellbeing services. We work closely with these services to make this transition as smooth as possible. If a pregnant smoker chooses not to give up smoking, they will have several opportunities to change their minds when receiving their maternity care. Midwives will routinely check at scans and other tests and will refer back to our Team appropriately. Pregnant smokers who do not wish to quit smoking tobacco will be offered free vapes to restrict the potential harm to the baby. Their partners are also offered the same level of support as they are crucial to the pregnant smoker quitting.</p> <p><u>Future</u> An incentive scheme has been planned at NLaG pregnant smokers from routine and manual and BAME groups will be given vouchers to support their quit attempt and verified by a carbon monoxide test to indicate smoking status.</p> <p><u>Acute Admissions</u> All patients admitted to NLaG either on assessment units or wards have their smoking status checked. If they smoke, they are offered Tobacco Dependency support. Our Team will engage them while inpatients with behavioural support and NRT. When they are discharged, the Team organise referrals to either the community wellbeing service or participating pharmacy based on the preferred</p>	2	Kaylee Hopwood/ Gary Burroughs

		<p>choice of the patients. On agreement, the patients are also followed up by the Team to make sure they are provided with the optimum service support.</p> <p><u>Future</u> Respiratory patients who smoke will be offered bespoke Tobacco Dependency support via Consultant/Specialist Nurse clinics by a dedicated Tobacco Dependency Advisor. We are looking at this service being established at DPOW in Feb 2024 and SGH and Goole in March 2024.</p> <p>While not part of the Long Term Plan (Tobacco Dependency). The team provide Tobacco Dependency support for all patients who smoke that have been assessed for a Targeted Lung Health Check Scan. This has gone very well. As above this is fully inclusive and the service is as convenient as possible to the patient. Uptake is currently 97%</p>		
	1B: Individual patients (service users) health needs are met	<p>The main health needs for this service are co-morbidities related to smoking and these are being met. We also link to other Long Term Plan services such as the Alcohol Care Team. We also link to community wellbeing services to support wider health needs such as weight management, obesity, diet, mental health and finance.</p> <p>We also have referral relationships with Primary Care and PCN staff such as Social Prescriber Link Workers, Mental Health Workers and Health and Wellbeing Champions where there is a benefit to the patient.</p>	2	Kaylee Hopwood/ Gary Burroughs
	1C: When patients (service users) use the service, they are free from harm	<p>We follow strict Trust policies and protocols that protect all service users from harm. Support is provided that is as convenient and cost effective for the patient so we will endeavour to mitigate any cost or inconvenience to service users. There are options on where the service user can be seen such as a remote offer, in their GP practice, at their nearest pharmacist or at the Hospital or Targeted Lung Health Check scanning vehicle. We also offer a range of different day/time options including evenings and weekends where these are better for service users.</p>	2	Kaylee Hopwood/ Gary Burroughs
	1D: Patients (service users) report positive experiences of the service	<p>We are currently pulling together patient/service user experience reports and are also providing case studies for NHS England. Service user feedback is routinely collected and the generally feeling is that this is very positive. Particularly from service users who have quit. Any feedback that is received</p>	3	Kaylee Hopwood/ Gary Burroughs

		raising awareness of the quality of care received would be used to improve the service provided.		
Domain 1: Commissioned or provided services overall rating			9	

Domain 1: Commissioned or provided services (HUTH)

Abdominal Aortic Aneurysm (AAA) Screening Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> The AAA Screening service invites all eligible patients for screening, i.e. men aged 65 years. Individual needs are accommodated e.g. longer appointments for those with communication or information support needs, use of aids e.g. hoists, interpreter and translation services including British Sign Language. Services provided in localities, also prison services. Also offered to individuals that have undergone male to female gender reassignment who will retain a genetic predisposition to AAA. The service carries out screening from 36 locations including hospitals and local practices, covering: <ul style="list-style-type: none"> Hull East Riding of Yorkshire Areas of: <ul style="list-style-type: none"> Harrogate and Rural District North East Lincolnshire North Lincolnshire Scarborough and Ryedale Vale of York Clinics are held regularly, on a monthly or quarterly basis (dependent on demand). This ensures that patients are able to access screening services at a location that is near to them. The geographic spread of venues is limited in some areas, and there is competition for these facilities, due to the increasing number of services offered out in the community. This has been raised by the ICB and is under constant review. 	2	AAA Screening Programme Manager

		<ul style="list-style-type: none"> • The service's current priority is in addressing the screening backlog, which is primarily affecting patients coming for a first screen (rather than a surveillance screen). Anticipated that backlog will be resolved Q1 24/25. • Intentions to renew work with the traveller community once backlog is addressed. • 'If you don't speak English' form is sent out to patients with their initial invitation for screening. • The service regularly make changes to an individual's appointments in order to improve their access to the service (e.g. moving appointments to enable the use of Patient Transport Service, or changing the time to ensure that patients can use bus passes). • All screening venues have disabled parking and rooms, height adjustable beds and sufficient space to manoeuvre wheelchairs/mobility scooter • Easy read and audio versions of the information leaflet are available. BSL translators available to attend screening clinics. Pre-screening visits are offered to enable patients to familiarise themselves with the room and equipment, to reduce anxiety during the actual screening appointment. • Utilisation of Browsealoud on local AAA website, enabling patients to access information in a more accessible format, or alternative languages • 'One stop' clinics where patients without capacity to consent are able to attend with advocates to hold a best interests meeting, with immediate access to screening (where appropriate). • Patient letters encourage patients to get in touch regarding any specific requirements (e.g. longer appointment slots) • Outreach work via Humber All Nations Alliance (HANA), who have added an advert for the screening service to their website • The service have collaborated with the Trust LGBT Support Group to identify suitable actions to support this patient group 		
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • The mobility needs of patients are met through the provision of ground floor accommodation, hoists, and disabled facilities. • The service also consider the availability of transport options (e.g. bus routes) when choosing suitable venues. • Case study where screening revealed urgent health problem. Patient referred to Emergency Department and received timely treatment. • Backlog and need for input to traveller community impact. 	2	AAA Screening Programme Manager

	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Staff are trained in the use of equipment. • Health and safety checks undertaken at venues, including room assessments prior to booking. • Infection prevention and control procedures in place. • No patient harm incidents listed on Datix. 	2-3	AAA Screening Programme Manager
	1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • A prospective survey was carried out in November 2019 to determine levels of user satisfaction with the North Yorkshire and Humber AAA Screening Service. The survey was carried out across the region covered by the service, gaining responses from patients that had visited a variety of clinical settings. • As well as multiple choice questions, the survey also offered the opportunity for respondents to provide additional free text comments on the service. • 90 comments were received from this survey, of which 85 were positive reflections of the patient's experience with the service. • The survey is due to be repeated in May 2024. 	1	AAA Screening Programme Manager
Domain 1: Commissioned or provided services overall rating			7-8	

Domain 1: Commissioned or provided services (NLAG) Abdominal Aortic Aneurysm (AAA) Screening Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • The AAA Screening service invites all eligible patients for screening, i.e. men aged 65 years. Individual needs are accommodated e.g. longer appointments for those with communication or information support needs, use of aids e.g. hoists, interpreter and translation services including British Sign Language. Services provided in localities, also prison services. Also offered to individuals that have undergone male to female gender reassignment who will retain a genetic predisposition to AAA. • The service carries out screening from 36 locations including hospitals and local practices, covering: <ul style="list-style-type: none"> • Hull • East Riding of Yorkshire • Areas of: <ul style="list-style-type: none"> • Harrogate and Rural District 	2	AAA Screening Programme Manager

- North East Lincolnshire
- North Lincolnshire
- Scarborough and Ryedale
- Vale of York
- Clinics are held regularly, on a monthly or quarterly basis (dependent on demand). This ensures that patients are able to access screening services at a location that is near to them.
- The geographic spread of venues is limited in some areas, and there is competition for these facilities, due to the increasing number of services offered out in the community. This has been raised by the ICB and is under constant review.
- The service's current priority is in addressing the screening backlog, which is primarily affecting patients coming for a first screen (rather than a surveillance screen). Anticipated that backlog will be resolved Q1 24/25.
- Intentions to renew work with the traveller community once backlog is addressed.
- 'If you don't speak English' form is sent out to patients with their initial invitation for screening.
- The service regularly make changes to an individual's appointments in order to improve their access to the service (eg moving appointments to enable the use of Patient Transport Service, or changing the time to ensure that patients can use bus passes).
- All screening venues have disabled parking and rooms, height adjustable beds and sufficient space to manoeuvre wheelchairs/ mobility scooter
- Easy read and audio versions of the information leaflet are available. BSL translators available to attend screening clinics. Pre-screening visits are offered to enable patients to familiarise themselves with the room and equipment, to reduce anxiety during the actual screening appointment.
- Utilisation of Browsealoud on local AAA website, enabling patients to access information in a more accessible format, or alternative languages
- 'One stop' clinics where patients without capacity to consent are able to attend with advocates to hold a best interests meeting, with immediate access to screening (where appropriate).
- Patient letters encourage patients to get in touch regarding any specific requirements (e.g. longer appointment slots)

	<ul style="list-style-type: none"> • Outreach work via Humber All Nations Alliance (HANA), who have added an advert for the screening service to their website • The service have collaborated with the Trust LGBT Support Group to identify suitable actions to support this patient group 		
1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • The mobility needs of patients are met through the provision of ground floor accommodation, hoists, and disabled facilities. • The service also consider the availability of transport options (e.g. bus routes) when choosing suitable venues. • Case study where screening revealed urgent health problem. Patient referred to Emergency Department and received timely treatment. • Backlog and need for input to traveller community impact. 	2	AAA Screening Programme Manager
1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Staff are trained in the use of equipment. • Health and safety checks undertaken at venues, including room assessments prior to booking. • Infection prevention and control procedures in place. • No patient harm incidents listed on Datix. 	2-3	AAA Screening Programme Manager
1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • A prospective survey was carried out in November 2019 to determine levels of user satisfaction with the North Yorkshire and Humber AAA Screening Service. The survey was carried out across the region covered by the service, gaining responses from patients that had visited a variety of clinical settings. • As well as multiple choice questions, the survey also offered the opportunity for respondents to provide additional free text comments on the service. • 90 comments were received from this survey, of which 85 were positive reflections of the patient's experience with the service. • The survey is due to be repeated in May 2024. 	1	AAA Screening Programme Manager
Domain 1: Commissioned or provided services overall rating		7-8	

Domain 2: Workforce health and well-being (HUTH)

Domain	Outcome	Evidence	Rating	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	<ul style="list-style-type: none"> We have mature offerings in relation to General Health for staff, Up Wellbeing programme (includes Tai Chi & Blood Pressure Checks), Coaches, Mentors, Mediators. Dedicated psychologists for Staff Support in ED, ICU OH can refer for counselling and Staff can self-refer 	2	Lucy Vere Director of Learning & Organisational Development
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> We have the Staff Conflict Resolution & Professionalism Policy and the Zero Tolerance to Racism Framework & Reporting tool to Support staff and tackle issues with colleagues and patients, but August launch means it remains in Developing as Staff Survey scores don't yet reflect improvements, still awaiting staff survey feedback The Trust launched a Period Dignity with discreet support, for topics such as menopause, domestic violence & women's health. We have launched Zero Tolerance to Ableism framework and will launch Zero Tolerance to LGBTQ+ Discrimination February 2024 	1	Mano Jamieson Equality, Diversity & Inclusion Manager
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> The Freedom to Speak up Guardian has more frequent contact with staff and has established a network of Champions and attends numerous committee meetings. All Staff Networks are active and provide support with all network chairs actively involved in representing individuals and promoting their wellbeing Staffside are also influential in providing impartial support to staff Also support is available from Occupational Health, Psychological Counselling services, Coaching networks and Mentoring networks We have independent support groups led by some ethnic minority staff 	3	Mano Jamieson Equality, Diversity & Inclusion Manager
	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> Taken from the most recent staff survey, 48% of staff recommend the Trust as a place to work and 52% are happy with the care provided for a friend or relative. 	1	Myles Howell Director of Communications
Domain 2: Workforce health and well-being overall rating			7	

Domain 2: Workforce health and well-being (NLAG)

Domain	Outcome	Evidence	Rating	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	<ul style="list-style-type: none"> • We have offerings in relation to general health for staff including: Health and Wellbeing Ambassadors, wellbeing programme/conversations, coaches, mentors and cultural ambassadors in some areas. • Occupational Health can refer for counselling and staff can self-refer via Employee Assistance and Viv Up. • We have a menopause peer to peer support group. • We have a Health and Well Being Steering Group (which incorporated Equality, Diversity and Inclusion) however, we have recently formed an independent Equality, Diversity and Inclusion steering group which still needs embedding. • We use Schwartz Rounds to explore, share and learn from experiences. • Stress risk assessments are available for staff if required. • Mental Health First Aiders in some areas • During the year we promote a number Health Awareness Campaigns to support a variety of health conditions. 	1	Karl Portz Equality, Diversity and Inclusion Lead
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> • We have recently signed up to a sexual harassment charter. • We promote a just and learning culture. • We challenge poor behaviour and to give staff the support to achieve this we provide Unconscious Bias training. Currently over 100 staff have received this training. • We collect data Workforce Race Equality Standard which shows BME staff are 9.6% more likely to experiencing bullying from the public and 9.4% more likely to experience bullying from staff compared to white staff. • We collect data Workforce Disability Equality Standard which shows disabled staff are 9.2% more likely to experiencing bullying from the public and 7.7% more likely to experience bullying from staff compared to non-disabled staff. 	1	Karl Portz Equality, Diversity and Inclusion Lead

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> • The Freedom to Speak up Guardian has frequent contact with staff and has established a network of Champions in some areas and attends numerous committee meetings. • All Staff Networks are set up but still need to be more accessible to staff and grow in their membership. • Trade unions are also influential in providing impartial support to staff and a Trade Union Partnership is in place. • Also, support is available from Occupational Health and through Vivup. • An HR helpline is in place and staff can access HR team support. 	1	Karl Portz Equality, Diversity and Inclusion Lead
	2D: Staff recommend the organisation as a place to work and receive treatment	Taken from the most recent staff survey, 44.8% of staff recommend the Trust as a place to work and 45% are happy with the care provided for a friend or relative	1	Karl Portz Equality, Diversity and Inclusion Lead
Domain 2: Workforce health and well-being overall rating			4	

Domain 3: Inclusive leadership (HUTH)

Domain	Outcome	Evidence	Rating	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	<ul style="list-style-type: none"> • CMO Established & Chairs Health Inequalities Steering Group • A Board Development session was held on the subject of Health Inequalities • EDI Steering Group chaired by CEO • Trust adopted an official policy of being Anti-Racist. 	1	Lucy Vere Director of Learning & Organisational Development

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Health Inequalities Steering Group established in Board governance process Workforce Education & Culture Committee (WECC) consider all EDI related papers	1	Jackie Railton Deputy Director, Strategy & Planning
	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	Gender Pay Gap, WRES, WDES, Accessible information Standards & EDS 2022 all not only go to EDI Steering Group & WECC but are also reviewed and approved at Trust Board.	2	Mano Jamieson Equality, Diversity & Inclusion Manager
Domain 3: Inclusive leadership overall rating			4	

Domain 3: Inclusive leadership (NLAG)

Domain	Outcome	Evidence	Rating	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,	<ul style="list-style-type: none"> The NLaG Trust Board have previously received a development session on Equality, Diversity and Inclusion which included the subject of Health Inequalities An independent Equality Diversity and Inclusion Steering Group has recently been formed – meetings for 2024 are to be arranged. We have the Tailored Adjustment Form to support staff with long term conditions and disabilities and also a disability policy is in place. We have a small staff disability staff network. 	1	Karl Portz Equality, Diversity and Inclusion Lead

	equality and health inequalities			
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>The Workforce Committee consider all Equality, Diversity and Inclusion related papers.</p> <p>The Trust has an Equality Impact Assessment policy and framework to ensure Policies, Procedures and Functions identify and address equality and health inequalities.</p>	1	Karl Portz Equality, Diversity and Inclusion Lead
Domain 3: Inclusive leadership overall rating			3	

Third-party involvement in Domain 3 rating and review		
HUTH	Trade Union Rep(s): Rachel Waters, Staffside Chair. Javed Salim, LNC Chair.	Independent Evaluator(s)/Peer Reviewer(s): Karl Portz (EDI Manager) Northern Lincolnshire & Goole NHS Foundation Trust
NLAG	Trade Union Rep: Helen Loving Unite Equalities Representation (NLaG)	Independent Evaluator(s)/Peer Reviewer(s): Mano Jamieson (EDI Manager) Hull University Teaching Hospitals NHS Trust

Total NLAG scoring for all 3 Domains added together	15	Developing Activity
Total HUTH scoring for all 3 Domains added together	18-19	Developing Activity

EDS Action Plan (HUTH)	
EDS Lead	Year(s) active
Jackie Railton/Mano Jamieson/Lucy Vere	1
EDS Sponsor	Authorisation date
Simon Nearney, Group Chief People Officer	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Antenatal services – Digital exclusion: Look to extend ways in which pregnant people can self-refer to the service where they do not have access to online or telephone services.	Extend the publicising of the Baby Carousel events to enable people to attend and self-refer in person Consider utilisation of paper-based referrals where online is not an option.	June 2024
		Tobacco Dependency Service – Ascertain the extent to which services are offered by protected characteristic	Annual review of anonymised patient data by protected characteristic	May 2024
		AAA Screening Service – Eliminate backlog for first screenings	Recruitment to vacant posts and completion of training to enable increase in screening capacity.	Q1 2024/25
		AAA Screening Service – Resume screening service to traveller community	Re-establish contacts with the traveller community to ensure that potential patients are aware of the service	Q1 2024/25
	1B: Individual patients (service users) health needs are met	N/A	N/A	
	1C: When patients (service users) use the service, they are free from harm	Antenatal services – Assess whether there is demand for 24/7 antenatal triage service.	Undertake a data review of antenatal unplanned attendances and the date/time of attendance.	July 2024

	1D: Patients (service users) report positive experiences of the service	Antenatal Services – Increase the level of service user engagement in the development of services.	Maternity Service, Healthwatch (Hull and East Riding) and Maternity Voice Partnership to collaborate in engagement activities.	Sept 2024
		Antenatal Services – Increase service user awareness of choices in relation to place of birth	Review staff face to face and virtual interactions with service users, including information leaflets/online information to ensure awareness of choice.	Sept 2024
		AAA Screening Service – Obtain service user feedback on service.	Participate in Public Health AAA Screening Survey 2024 and utilise survey results to inform service improvement	May 2024 Sept 2024

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To identify what support is needed for each condition and scope out what capacity is needed to offer the level of support required.	<ul style="list-style-type: none"> To complete capacity and demand exercise for each condition To prioritise interventions using the Health and Wellbeing Committee to identify and allocate resources Roll out or promote interventions identified 	June 2024
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To reduce number of staff reporting experiences of abuse, harassment, bullying & physical violence in the staff survey	<p>Introduce distinct Zero Tolerance to LGBTQ+ Discrimination frameworks & reporting tools</p> <p>To create clear roles and responsibilities for line managers in protecting their staff from harm, including supporting them to upskill and increase their confidence in dealing with challenging situations</p> <p>To roll out the Inclusivity Academy including our in house more in depth EDI mandatory training model for the whole group.</p>	February 2024 December 2024 May 2024

<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>To ensure that a full range of support is available that enables staff to speak up, get support and get their issue resolved without having a permanent impact on their work life and health.</p>	<p>To fully review current routes of advice and ensure that they are fully accessible.</p> <p>To fully maximise the Freedom to Speak Up Guardian Services including the network of FTSU Champions with a focus on EDI related complaints.</p> <p>To further embed and support our Network Chairs and Vice Chairs to offer support and advice including creating a regular supervision and support sessions for them led by the FTSUG and the Director of Learning and OD.</p> <p>To encourage our staff from protected characteristics to join a union to allow them access to external and impartial support.</p>	<p>September 2024</p> <p>June 2024</p> <p>March 2024</p> <p>May 2024</p>
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Develop a values led culture that ensures all staff feel valued, welcome and creates a safe working environment, which ultimately translates into better and safer patient care.</p>	<p>Engaging with staff to create a clear set of Group Values and a specific Staff Behaviours Charter.</p> <p>Create a strong leadership development and people management approach that is compassionate and inclusive through a wide range of interventions:</p> <ul style="list-style-type: none"> • Development programmes • Bespoke work with teams • Coaching and mentoring • Clear metrics and feedback to managers on their progress <p>Create and rollout a group wide Professionalism and Civility Programme (PACT) to ensure all staff understand what is expected of them in creating a healthy work culture.</p>	<p>April 2024</p> <p>December 2024</p> <p>September 2025</p>

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	To embed Equality, Diversity and Inclusion, and Health Inequalities into the personal performance objectives for our Band 9 and VSM leaders.	Include Care Group measures on EDI, staff survey scores in accountability to Trust Board along with Action Plans for improvement	June 2024
			All relevant managers have EDI and Health Inequality objectives built into their appraisals.	January 2025
			Care Group and Director Level WRES/WDES/LGBTQ objectives and progress tracking built into reporting and governance structures for the Group	January 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Introduce accountability for Equality, Diversity and Inclusion activity and Health Inequalities at Board Committee level	Ensure Equality and Health Inequality impact assessments are reviewed at relevant Board Committee when service changes are introduced	March 2024
			Training and Coaching for NED's to ensure that they are able to critically challenge the Exec team when impact assessments are being discussed and agreed at committees and Trust Board.	July 2024
	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	To demonstrate that we have clear metrics and governance in place that allow both executives and non-executives to identify and track improvements for both staff and patients.	To ensure that the new Group Structure governance arrangements are able to identify improvements, hold our Care Groups and Corporate Directorates to account for both remedial and proactive actions required.	May 2024
To work with executive and site teams to ensure that they are pursuing performance for these objectives as part of their routine performance meetings and structures.			September 2024	

EDS Action Plan (NLAG)	
EDS Lead	Year(s) active
Jackie Railton/Karl Portz (Domain 1) Karl Portz/Lucy Vere (Domains 2 and 3)	1
EDS Sponsor	Authorisation date
Simon Nearney, Group Chief People Officer Ivan McConnell, Group Director of Strategy and Partnerships	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Antenatal Services - Consider other ways to access antenatal services	Discuss with Maternity and Neonatal Voices Partnership	June 2024
		Tobacco Dependency Service – Ascertain the extent to which services are offered by protected characteristic	Annual review of anonymised patient data by protected characteristic	May 2024
		AAA Screening Service – Eliminate backlog for first screenings	Recruitment to vacant posts and completion of training to enable increase in screening capacity.	Q1 2024/25
		AAA Screening Service – Resume screening service to traveller community	R-establish contacts with the traveller community to ensure that potential patients are aware of the service	Q1 2024/25
	1B: Individual patients (service users) health needs are met	N/A	N/A	

	1C: When patients (service users) use the service, they are free from harm	N/A	N/A	
	1D: Patients (service users) report positive experiences of the service	Antenatal Services – Increase the level of service user engagement in the development of services.	Maternity Service, Healthwatch (North Lincolnshire and North East Lincolnshire) and Maternity Voice Partnership to collaborate in engagement activities.	Sept 2024
		Antenatal Services – Increase service user awareness of choices in relation to place of birth	Review staff face to face and virtual interactions with service users, including information leaflets/online information to ensure awareness of choice.	Sept 2024
		AAA Screening Service – Obtain service user feedback on service.	Participate in Public Health AAA Screening Survey 2024 and utilise survey results to inform service improvement	May 2024 Sept 2024

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To identify what support is needed for each condition and scope out what capacity is needed to offer the level of support required.	<ul style="list-style-type: none"> To complete capacity and demand exercise for each condition To prioritise interventions using the Health and Wellbeing Committee to identify and allocate resources Roll out or promote interventions identified 	June 2024 July 2024 September 2024
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To reduce number of staff reporting experiences of abuse, harassment, bullying & physical violence in the staff survey	<p>Introduce distinct Zero Tolerance to Race, Disability and LGBTQ+ Discrimination frameworks & reporting tools,</p> <p>To create clear roles and responsibilities for line managers in protecting their staff from harm including supporting them to upskill and</p>	April 2024

			<p>increase their confidence in dealing with challenging situations</p> <p>To roll out the Inclusivity Academy including our in house more in depth EDI mandatory training model for the whole group. Continue to deliver unconscious bias training.</p>	<p>May 2024</p>
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To ensure that a full range of support is available that enables staff to speak up, get support and get their issue resolved without having a permanent impact on their work life and health.	<p>To fully review current routes of advice and ensure that they are fully accessible.</p> <p>To fully maximise the Freedom to Speak Up Guardian Services including the network of FTSU Champions with a focus on EDI related complaints.</p> <p>To further embed and support our Network Chairs and Vice Chairs to offer support and advice including creating a regular supervision and support sessions for them led by the FTSUG and the Director of Learning and OD.</p> <p>To encourage our staff from protected characteristics to join a union to allow them access to external and impartial support.</p>	<p>September 2024</p> <p>June 2024</p> <p>March 2024</p> <p>May 2024</p>	
2D: Staff recommend the organisation as a place to work and receive treatment	Develop a values led culture that ensures all staff feel valued, welcome and creates a safe working environment, which ultimately translates into better and safer patient care.	<p>Engaging with staff to create a clear set of Group Values and a specific Staff Behaviours Charter.</p> <p>Create a strong leadership development and people management approach that is compassionate and inclusive through a wide range of interventions:</p> <ul style="list-style-type: none"> • Development programmes • Bespoke work with teams • Coaching and mentoring 	<p>April 2024</p> <p>December 2024</p>	

			<ul style="list-style-type: none"> • Clear metrics and feedback to managers on their progress <p>Create and rollout a group wide Professionalism and Civility Programme (PACT) to ensure all staff understand what is expected of them in creating a healthy work culture.</p>	September 2025
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To embed Equality, Diversity and Inclusion, and Health Inequalities into the personal performance objectives for our Band 9 and VSM leaders.	<p>Include Care Group measures on EDI, staff survey scores in accountability to Trust Board along with Action Plans for improvement</p> <p>All relevant managers have EDI and Health Inequality objectives built into their appraisals.</p> <p>Care Group and Director Level WRES/WDES/LGBTQ objectives and progress tracking built into reporting and governance structures for the Group</p>	<p>June 2024</p> <p>January 2025</p> <p>January 2025</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Introduce accountability for Equality, Diversity and Inclusion activity and Health Inequalities at Board Committee level	<p>Ensure Equality and Health Inequality impact assessments are reviewed at relevant Board Committee when service changes are introduced</p> <p>Training and Coaching for NED's to ensure that they are able to critically challenge the Exec team when impact assessments are being discussed and agreed at committees and Trust Board.</p>	<p>March 2024</p> <p>July 2024</p>

	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>To demonstrate that we have clear metrics and governance in place that allow both executives and non-executives to identify and track improvements for both staff and patients.</p>	<p>To ensure that the new Group Structure governance arrangements are able to identify improvements, hold our Care Groups and Corporate Directorates to account for both remedial and proactive actions required.</p> <p>To work with executive and site teams to ensure that they are pursuing performance for these objectives as part of their routine performance meetings and structures.</p>	<p>May 2024</p> <p>September 2024</p>
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