

Classification: Official

Publication approval reference: PAR1262



# NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

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# Equality Delivery System for the NHS

## *The EDS Reporting Template*

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

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

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

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	University Hospitals of Northamptonshire	<b>Organisation Board Sponsor/Lead</b>		
		Paula Kirkpatrick		
<b>Name of Integrated Care System</b>	Integrated Care Northamptonshire			

<b>EDS Lead</b>	Brad Scott/Farhana Ahmedabadi-Patel	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	August 2024 – January 2025	<b>Individual organisation</b>	University Hospitals of Northamptonshire NHS Group (Comprising of the below two Trusts)	
		<b>Partnership* (two or more organisations)</b>	Kettering General Hospital NHS Foundation Trust Northampton General Hospital Trust	
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	27.02.2025	<b>Month and year published</b>	February 2025
<b>Date authorised</b>	February 2025	<b>Revision date</b>	N/A



## 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

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

## Domain 1: Commissioned or provided services

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	<p>Interpreting and BSL services - AA Global interpreting services embedded across maternity services. Clinicians aware to utilise either via advance booking system or on-demand service, at every point of contact for anyone identified as non-English speaking. Dedicated phones available in every area along with emergency translation cards. Deaf connect utilised for patients with hearing impairments and must be face-to-face bookings. - PILs available in top 5 languages. - 'ABC of interpreting services' disseminated to raise staff awareness. Online access - NGH Maternity website has accessibility tool for 'read aloud' and 'google translate' toolbar. Specialist Community Teams - Continuity of carer - Iris team Is a specialised Midwifery Continuity of Carer team which looks after women from Black and ethnic Minority as well as women from areas of social deprivation. This service is aimed at increasing access as well as bringing the seldom heard voices to the table. This is seen as essential in addressing health inequalities and improving outcomes for women from the Minority ethnic backgrounds. The Iris team currently holds a caseload of 89 women. - - Central Team – safeguarding team/teenage pregnancy/SPMHT</p> <p>- Specialised care plans created for birthing people with additional needs. Overcoming digital poverty - Good things</p>	Developing	Ilene Machiva – Director of Midwifery

Foundation – sim cards with free data ‘gifted’ to patients living with digital poverty to ensure equity in online access. Maternity Roadshows - Social events for patients twice a year to meet the team and learn about the maternity services available at NGH. Social media - Dedicated Facebook page for Maternity patients, providing information posts, photos and videos, also guided by content requests from patients. Staff Diversity Welcome Video - Created by staff to increase sense of inclusion and familiarity, with a goal to enhance trust and engagement with diverse communities. A group of Staff representative of the communities we care for. This has proved essential at our road shows where people from diverse backgrounds can see the workplace diversity at NGH maternity Accessibility of appointments – Telephone or F2F - Option for booking to be via telephone or face-to-face. Maternity Building wheelchair friendly - Maternity areas are mainly ground floor with wide-access doors and lift access to the first-floor area. Service information videos. - Shared to offer patients insight into various areas of maternity, explaining the pathways and expected journeys when visiting.

Dedicated Triage line 24/7 7 days a week - Available for all patients to offer advice and support regarding any pregnancy or postnatal concerns. Manged away from LW for non-biased decision making.

Evidence:







UoN\_Translated ABC of Interpreting  
maternity informatic services\_email.msg



	1B: Individual patients (service users) health needs are met	<p><b>Personalised care and support planning</b></p> <ul style="list-style-type: none"> <li>- Provided by community Midwives for patients to complete ensure their physical, emotional, social, cultural or neuro diverse needs are acknowledged and met during pregnancy at delivery and during the postnatal periods.</li> </ul> <p><b>Birth choices clinic</b></p> <ul style="list-style-type: none"> <li>- Run once a week by Consultant Midwife to discuss choices around pregnancy and birth, including care outside of guidance.</li> </ul> <p><b>Patient stories</b></p> <ul style="list-style-type: none"> <li>- Patients who are willing to participate, take part in filming their ‘patient story’ to share with the team for reflection and learning purposes, ensuring the patient voice is heard.</li> </ul> <p><b>Maternity and Neonatal Voices Partnership (MNVP)</b></p> <ul style="list-style-type: none"> <li>- Close working relationship with NGH Champion to ensure service-user voices are heard and co-production is present.</li> <li>- Co-production of action plans (CQC survey &amp; Healthwatch visit)</li> </ul> <p><b>The Real Birth Company</b></p> <ul style="list-style-type: none"> <li>- Planned implementation of TRBC multilingual antenatal digital birth preparation for all patients to reduce the barriers to access information that will support your birth choices.</li> </ul> <p><b>F2F AN and BF education classes</b></p> <ul style="list-style-type: none"> <li>- Classes currently run for patients to attend Antenatal workshops and separate breastfeeding classes. Interpreters available for booking if required.</li> </ul>	Developing	Ilene Machiva – Director of Midwifery
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		<p><b>Building relationships with diverse community leaders</b></p> <ul style="list-style-type: none"> <li>– Patient Engagement Midwife building relationship with leaders of diverse communities and attending their group sessions to gain service user feedback with a goal to build trust and feelings of safety for our ethnic minority patients.</li> </ul> <p><b>Multifaith chaplaincy team</b></p> <ul style="list-style-type: none"> <li>– Available for any families experience a loss and wishing for further support.</li> <li>– Cold cot available so that parents can spend as much time with her baby as they wish.</li> <li>– Single, ensuite room for bereaved families.</li> </ul> <p><b>‘You said, we did’ updates</b></p> <ul style="list-style-type: none"> <li>– Any actions taken following patient feedback; videos of those changes are being shared with patients via our social media platform.</li> </ul> <p><b>New policy Equality Impact Assessment</b></p> <ul style="list-style-type: none"> <li>– All new policy authors must complete a ‘equality impact assessment’.</li> </ul> <p><b>Policies</b></p> <p>NGH supporting transgender and non-binary patients and visitors (NGH-PO-1923).</p> <p>Home Birth (NGH-GU-LW28)</p> <p>Supporting maternal choice outside of recommended guidance (NGH-GU-1612)</p> <p>Supporting women with learning disabilities through their pregnancy (NGH-GU-1079)</p> <p>Delivering gender appropriate accommodation (NGH-PO-125)</p>		
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		<p>Hemoglobinopathies (Sickle cell disease and thalassaemia) in pregnancy (NGH-GU-1081)  Guideline for Perinatal Mental Health (NGH-GU-1098)  Female Genital mutilation (NGH-GU-AN31)  Safeguarding Children and Maternity Supervision Policy (NGH-PO-1837)  Maternity Safeguarding Policy (NGH-PO-1535)</p> <p>Evidence:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Supporting Maternal Choice out</div> <div style="text-align: center;"> NGH-Clinical-Guide line-Template.docx</div> <div style="text-align: center;"> CQC National Survey Results 2023</div> <div style="text-align: center;"> TRBC_Product+com parison+sheet+202</div> </div>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b>PALS &amp; Complaints</b></p> <ul style="list-style-type: none"> <li>Complaints tracked and action plans created to share learning.</li> </ul> <p><b>Birth Reflections</b></p> <ul style="list-style-type: none"> <li>Service available for families to meet with a senior member of the midwifery team to discuss details of their birth, answer any questions and share any learning.</li> </ul> <p><b>Consultant Midwife (birth outside of guidance)</b>  A service for patients wishing to discuss their birthing options to support informed decision making which meets their physical and psychological needs.</p> <p><b>Saving Babies Lives Care Bundle Team</b></p> <ul style="list-style-type: none"> <li>Team of specialist midwives, including a matron, for all elements of the SBLCB to ensure it is fully embedded within the maternity service.</li> </ul>	<p>Developing</p>	<p>Ilene Machiva  – Director of Midwifery</p>

		<p><b>Staff Training/Learning from incidences</b></p> <ul style="list-style-type: none"> <li>– Learning is shared with the MDT to ensure improvements are made following on from complaints and/or investigations.</li> </ul> <p><b>Staff Training</b></p> <p>Our staff are encouraged to attend EDI courses to learn and improve care for our patients as well as our workforce. Maternity was a pilot area for the Microaggression toolkit to improve the culture in maternity. Our staff attended the:</p> <p>Unconscious bias training Inclusion in Maternity Rethinking racism</p> <p><b>Freedom to Speak up Champions</b> <b>Staff encouraged to access the FTSU champions to discuss any issues maternity.</b></p> <p><b>PMA service</b></p> <p><b>Night mode principles implemented.</b></p> <ul style="list-style-type: none"> <li>– Aim to promote respect and rest amongst inpatients</li> </ul> <p>Displayed in all inpatient areas in top five languages.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p><b>Birth reflections.</b></p> <p><b>FFT</b> (see data example below)</p> <ul style="list-style-type: none"> <li>– Data reviewed, and a thematic analysis undertaken every month. Shared with staff and senior team and actions made based on patient feedback.</li> <li>– Data themes reviewed by HoM, DoM and Consultants.</li> </ul>	<p>Developing</p>	<p>Ilene Machiva – Director of Midwifery</p>

- Available via written cards on the wards on online.
- Compliments shared with staff and 'special mention' certificate disseminated.
- Monthly staff newsletter to encourage reflection.
- Response rates in March '23 were 33% with a satisfaction rate of 96.2% and 44% with an overall satisfaction score of 97.7% in April '23.

FeedBack Response	Channel	age	Disability	Ethnicity	Gender	Sexual Orientation
FFT Feedback						
The antenatal class was excellent, the midwives that taught us were very knowledgeable and experienced and I felt totally at ease. I enjoyed seeing the birth centre, I am very pleased I attended and would recommend to others.	Paper Survey		No	Mixed/ Multiple	Female	Bi-sexual
Lovely ladies running the class, learnt a lot and feel much more aware of each step or alternatives, thank you.	Paper Survey		No	White	Female	Gay/Lesbian
Very welcoming, friendly, informative and patient when answering any questions I had. Thank you so much.	Paper Survey		No	White	Female	Gay/Lesbian
My midwife is Sharon, she is very kind and helpful.	Paper Survey		No	White - Any other	Female	Bi-sexual
Always welcomed with a smile! Very polite and helpful midwives.	Paper Survey		No	White	Female	Bi-sexual
People was lovely.	Paper Survey	17	No	White	Female	Bi-sexual
Warm welcome when arriving, explained the direction to the waiting area, called in promptly. Lovely friendly midwife, answered all our questions. Would recommend Moulton Park midwifery hub to any pregnant lady!	Paper Survey		No	White	Female	Gay/Lesbian
I had a good customer care on my visit.	Paper Survey		Yes limited a little	Black/ African/ Caribbean / Black British	Female	Bi-sexual
We have received such high levels of care across all aspects of care in midwifery at NGH! The postnatal ward team have been caring, compassionate and supportive and helpful! Absolutely delivered high levels of care!	Paper Survey		No	White	Female	Gay/Lesbian
The ladies are ever so polite and helpful.	Paper Survey	17	No	White	Female	Bi-sexual
			No	White - Any other	Female	Bi-sexual


### QR codes

- Now available to improve accessibility of FFT survey.

### CQC Maternity Survey

- Results reviewed and action plans created based on findings.

### LMNS Maternity Survey

		<p><b>Below are the stats that I have obtained regarding some protected characteristics highlighted at booking, completed between April '23 and March '24 (NGH).</b></p> <ul style="list-style-type: none"> <li>• Aged 19 or under – 3%</li> <li>• Aged 40 or over – 4.6%</li> <li>• English not first language – 35.9%</li> <li>• Ethnicity other than white British – 28.6%</li> <li>• Sexual orientation (not heterosexual) – 0.4%</li> <li>• Has a disability (learning/sensory/physical) – 3.9%</li> </ul> <div style="text-align: center;">         EDS Maternity        Booking Appointment     </div> <p><b>KGH Evidence Submission:</b></p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			<b>Developing</b>	

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 2: Workforce health and well-being</b>	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"> <li>• Staff have access to 4 confidential internal staff support services for their physical and mental health including Occupational Health, Staff Psychological Wellbeing service (SPWS), TRiM incident debriefing service and the preventative health programme.</li> <li>• A Single point of Access (SPOA) health and wellbeing service is available for the SPWS, TRiM and preventative health service.</li> <li>• Staff are able to access external confidential and independent support services such as Northants Talking Therapies Service (IAPT) service for mental health challenges and a specialist Long term Conditions physical health pathway that has psychological support for COPD, asthma and diabetes.</li> <li>• UHN offers an 8-week Long-Term conditions support and psychoeducation group for staff with chronic physical health conditions that includes support for conditions such as COPD, diabetes, asthma and other conditions with fluctuating symptoms such as pain and fatigue.</li> </ul>	Developing	Claire Hallas – Head of Health and Wellbeing

		<ul style="list-style-type: none"> <li>• Staff can self-refer or receive a management referral to any staff support service including Occupational Health services and the SPOA service to address any health needs and workplace adjustments in response to having physical and mental health long terms conditions.</li> <li>• Staff can self-refer to the UHN Long Term Conditions Support Group which is a psychology led 8 week rolling programme of peer support and psychoeducational sessions to support staff managing their long-term conditions.</li> <li>• Training for managers on how to have Health and Wellbeing Conversations has been introduced in 2022-23 and continues to be implemented on a 6 weekly rolling programme.</li> <li>• UHN has signed off a new policy for Health and Wellbeing at Work Policy and a new attendance at work Policy, with the introduction of individual Health Passports and Wellbeing Action Plans to intervene early to support individuals' health needs.</li> <li>• Staff are offered preventative health support through the H&amp;WB services including smoking cessation, health awareness campaigns and reducing obesity through a referral into the NHS</li> </ul>		
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		<p>smoking cessation and digital weight management programmes. A preventative programme of management training, staff support sessions are available to learn more about mental health conditions and psychological 1<sup>st</sup> aid, and a programme of health and wellbeing champions us currently in development to offer support and signpost teams and departments with up to date health information, signposting for support and peer support.</p> <ul style="list-style-type: none"> <li>• Specialist Health Psychology services are available in the Staff Psychological wellbeing service to support staff with new diagnosis, symptom control and management and adjustment to long term conditions.</li> <li>• There are gaps identified in services specifically to reflect the organisation's changing ethnic profile. A BAME counsellor is currently employed within the H&amp;WB service focusing on REACH colleagues' wellbeing. In addition, a comprehensive list of mental health and wellbeing therapeutic providers specifically for REACH colleagues and culture have been drawn together and circulated to staff networks and promotion for colleagues to determine diversity of care support.</li> </ul>		
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		<ul style="list-style-type: none"> <li>• OH services do not currently hold central records by EDI/health categories so grouped reports on key conditions (e.g. MH conditions) is not currently possible.</li> <li>• SPOC H&amp;WB services do not currently hold EDI data on referrals but do record data on health conditions and mental health diagnosis.</li> <li>• H&amp;WB strategy survey has recorded ED&amp;I data and will reports on health inequalities and support specific needs from the results for 2025-2027.</li> </ul>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> <li>• Both organisations have clear policies and processes in place and a clear governance process with the ‘Violence and Aggression Reduction Group (VARG)’ meeting monthly to receive reports and provide assurance to the Board.</li> <li>• Links with Northamptonshire Police have been improved since 2022 with regular attendance at VARG meetings and an increase in prosecutions.</li> <li>• Clear communication campaign launched with Northamptonshire Police; ‘Enough is enough’.</li> <li>• Security is in place at both sites and are on hand to support where incidents are reported.</li> <li>• Both organisations have seen an increase violence, aggression and abuse</li> </ul>	<p>Developing</p>	<p>Claire Hallas – Head of Health and Wellbeing</p>

		<p>against staff as reported through the National Staff Survey. This is higher in minority groups, including Black, Asian and Minority Ethnic staff, and staff with Long-term conditions or a disability.</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>	<ul style="list-style-type: none"> <li>• Staff have access to a range of confidential internal staff support services for coping with workplace bullying and harassment and following any physical violence through multiple routes including self-referrals, management referral and a pathway of referral from the VARG working group reviewing violence and aggression incidents in the hospitals. These referrals are supported through the NGH SPOA H&amp;WB service and Open Office Counselling Service at KGH.</li> <li>• KGH Open Office Counselling Service has a specifically commissioned BAME peer support worker – the role provides outreach H&amp;WB service engagement with culturally diverse staff groups.</li> <li>• Staff have access to the UHN Independent Domestic Violence Advocate (IDVA) commissioned by the ICN and based 4 days per week across the UHN hospitals. This provides specialist legal and safeguarding support for those experiencing DV.</li> </ul>	<p>Developing</p>	<p>Claire Hallas – Head of Health and Wellbeing</p>

		<ul style="list-style-type: none"> <li>• Staff can access external confidential and independent support services such as Northants mental health talking therapies/ IAPT service, Northampton Domestic Abuse Service (NDAS) and VOICE victim support services.</li> <li>• Both organisations have trained TRIM (Trauma Risk Management) practitioners who are on hand to provide debrief and 1:1 TRiM assessments for staff exposed to potentially traumatic incidents.</li> <li>• Both sites have space for staff to relax and gain support; “OurSpace” at NGH and the Care Café in KGH.</li> <li>• Both Hospitals have a Freedom to Speak Up (FTSU) Guardian / Service whose role is to provide independent advice and support to enable staff to speak up about concerns, including bullying and harassment.</li> </ul>		
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> <li>• Across both Hospitals, the 21-30 age group was least positive about the organisation’s action on health and wellbeing (NSS q11a), with the 51-65 and 66+ age groups being most positive.</li> <li>• Across both Hospitals, BAME staff were more likely to advocate on behalf of the hospital as a place to work and receive care, despite having poorer experiences at work (as detailed above).</li> </ul>	<p>Developing</p>	<p>Claire Hallas – Head of Health and Wellbeing</p>

		<ul style="list-style-type: none"> <li>Work is underway through the 'Be the change' TEAM UHN Programme to improve the People experience in the organisation, with a key focus on: Values, Inclusion, Leadership and teamwork, and Reward and recognition.</li> </ul>		
<b>Domain 2: Workforce health and well-being overall rating</b>			<b>Developing</b>	

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	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"> <li>• Reverse Mentors for all protected characteristics become “Courageous Conversations Buddy” to Execs for check and challenge.</li> <li>• Chief People Officer &amp; People Team Board Development Workshop with Roger Kline took place in February 2024. Discussions also focused around Workforce Health Inequalities due to poor behaviours as depicted by Staff Survey results. Other Board Development Sessions include:               <ul style="list-style-type: none"> <li>- Review of Staff Survey Results in March 2023 (2022 Staff Survey) with People Committee and Board.</li> <li>- Review of Staff Survey Results, Themes and Actions in March 2024 (2023 Staff Survey) with People Committee and Board.</li> <li>- Culture and Leadership Programme in May 2023</li> </ul> </li> <li>• Equality Impact Considerations are included as part of the Group Cover</li> </ul>	Developing	Richard May – Trust Board Secretary


sheet for all papers related to Board



Group Cover Sheet  
Revised October 2022

agenda items.

- Chief Executive Officer and EDI Specialist attended the Northamptonshire Black Communities Together Conference Themed ACTION FOR CHANGE: Tackling Racial Health Inequalities
- Chief Executive Officer (NGH), Chief People Officer (UHN) and Chief Nursing Officer (NGH) attended the Celebrating Diversity REACH Event on Friday 22<sup>nd</sup> September 2023.
- Chief People Officer and EDI Specialist attended Together Against Racism workshop on Tuesday 23<sup>rd</sup> January 2024.
- Chief Executive Officer (UHN), Chief People Officer, Chief Finance Officer and Group Director of Communications attended the Midlands Inclusive Leadership and Accountability Conference on Friday 8<sup>th</sup> March 2024.

		<ul style="list-style-type: none"><li>• Deputy Chief People Officer during this time period was the Senior Responsible Officer for the EDI System.</li><li>• Chief People Officer is the co-chair of the ICN People Board.</li><li>• Engagement and attendance at engagement sessions in November and December 2023 for the Anti-Racism Strategy and the recommended approval of the Anti-Racism Statement at People Committee on 30.11.2024</li><li>• Board members have regular ward/department visits to speak to staff and patients and raise any EDI issues through the relevant Staff Networks or to the Board. For example, a member of staff raised an issue around transporting the deceased and because of this the Trust now uses padded mortuary bags.</li><li>• For a full outline of specific events attended by Board Members relating to the Staff Networks, please see attached.</li></ul> <p> UHN EDS Outcome 3a Summary of Senio</p>		
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		<ul style="list-style-type: none"> <li>• From sampled appraisals, 50% of Non-Executive Directors have an EDI objective as part of this. All other Non-Executive Directors have objectives relating to Culture &amp; Organisational Development to demonstrate commitment and accountability.</li> <li>• Workshop on lessons learned from the Michelle Cox case on 05.07.2023 with Chief People Officer and People Senior Leadership Team.</li> </ul>		
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> <li>• Standing items on People Committee and Trust Board agenda for WRES and WDES data and action plans and Gender Pay Gap Report.</li> <li>• NED Recruitment was promoted through Regional and National Diversity Boards to attract candidates from a wide and diverse background.</li> <li>• Review of Boards and committee's agendas were as follows: <ul style="list-style-type: none"> <li>- UHN Public Trust Board (6)</li> <li>- UHN Private Trust Board (3)</li> <li>- Group People Committee (7)</li> <li>- UHN Clinical Quality and Safety Committee (11)</li> </ul> </li> </ul>	Developing	Richard May – Trust Board Secretary

		<ul style="list-style-type: none"> <li>• Of all papers reviewed (27), 8 included items relating to equality and health inequalities (29%).</li> <li>• Examples of discussion regarding equality and health inequalities throughout include the following items: <ul style="list-style-type: none"> <li>- Board of Directors Meeting in Public (Part I) 28.07.2023 – Staff Story – Tackling Racism in Our Workplace</li> <li>- Board of Directors Meeting in Public (Part I) 28.07.2023 – An inclusive place to work – Tackling Racism in Our Workplace</li> <li>- Board of Directors Meeting in Public (Part I) 05.10.2023 – Patient Story: Learning Disability</li> <li>- Board of Directors Meeting in Public (Part I) 08.12.2023 – Patient Story: Learning Disability and Our Services</li> <li>- Board of Directors Meeting in Public (Part I) 08.12.2023 – Workforce Race and Disability Equality Standards Reports (WRES and WDES)</li> <li>- Group People Committee – 29.06.2023 – Gender Pay Gap Report</li> <li>- Group People Committee 30.10.2023 – Black History Month/WRES/WDES</li> </ul> </li> </ul>		
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		<ul style="list-style-type: none"> <li>- Group People Committee 25.04.2024 – Tackling Racism Strategy</li> <li>- UHN Clinical Quality, Safety and Performance Committee 27.10.2024 - Patient Story: Learning Disability</li> <li>- UHN Clinical Quality, Safety and Performance Committee 01.03.2024 – Sickle Cell Incidents Review (NGH)</li> </ul>		
	<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>	<ul style="list-style-type: none"> <li>• FTSU Guardian has regular meetings with the Chief Executive Officer.</li> <li>• WRES and WDES data improvements reported to Trust Board across 22/23</li> <li>• Review of WRES and WDES data and action plans with University Hospitals of Leicester – workshop held on 15.02.2024</li> <li>• EDI Steering Groups took place at both NGH and KGH on the following dates chaired by the CEO at KGH and the Deputy Chief People Officer at NGH. Please note, due to changes in leadership at this time, there is only 1 meeting per organisation for the specified timeframe: <ul style="list-style-type: none"> <li>- 25.01.2024 (KGH)</li> <li>- 22.02.2024 (NGH)</li> </ul> </li> </ul>	Developing	Richard May – Trust Board Secretary

		<ul style="list-style-type: none"> <li>- UHN People Committee hold regular meetings as well as performance focused meetings.</li> <li>• Attendance and discussion as part of the Violence and Aggression Groups which is chaired by the Chief Nurse</li> <li>• Evidence from UHN’s WRES and WDES Reports indicate that the Board is not representative of the community we serve.</li> <li>• Due to turnover within the EDI Team in the middle of this time-period, interventions and objectives are limited.</li> </ul>		
<b>Domain 3: Inclusive leadership overall rating</b>			<b>Developing</b>	

<b>Third-party involvement in Domain 3 rating and review</b>	
<p><b>Trade Union Rep(s):</b> Trade Union Equalities Representative from the Chartered Society of Physiotherapists reviewed Domain 3 at an evaluation meeting on 11 November 2024</p>	<p><b>Independent Evaluator(s)/Peer Reviewer(s):</b> EDI representatives from Northamptonshire Healthcare Foundation Trust &amp; Northamptonshire Integrated Care Board on 11 November 2024</p>

EDS Organisation Rating (overall rating): Developing

Organisation name(s): University Hospitals of Northamptonshire

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
Brad Scott/Farhana Ahmedabadi-Patel	2023-2024
EDS Sponsor	Authorisation date
Paula Kirkpatrick	February 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service		Actions under Domain 1 for Chaplaincy Services have been developed in conjunction with Northamptonshire Integrated Care Board. Action plans can be viewed at the below link <a href="#">Home   Integrated Care Northamptonshire</a>	30 March 2027
	1B: Individual patients (service users) 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	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		1) UHN Single Point of Access (SPOA) for health and wellbeing services referral form to be re-designed to collect EDI data and OH EDI data to be merged to have an strategic oversight of referral diversity.	January 2025
			2) Develop comprehensive health and wellbeing staff survey including health -related questions such as long term conditions, mental health, health prevention and lifestyle questions to determine gaps in service support offers and inform health and wellbeing strategy of key service priorities and objectives for the next 2-3 years.	January 2025
			3) Commission a meal planning service available for all staff to access to support healthy food choices and easy of preparation. Inconjunction, also support the introduction of the NHS 12 week weight management programme at UHN incorporating a physical activity and nutrition programme to promote healthy changes to improving lifestyle and reducing obesity.	January 2025
			4) Re-establish the UHN mental health awareness training for colleagues and line managers.	March/April 2025
			5) Continuation of the H&EB services Long Term Conditions Self-Management Programme, Living	May 2025

			Well with Pain programme and Healthy Prevention Programme.	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source		<ol style="list-style-type: none"> <li>1) Previous actions remain in place and have been achieved.</li> <li>2) Develop and ratify a UHN Management of Unprofessional Behaviour at Work Standard Operating Procedure (SOP), with training and support for managers and HRBP guidance.</li> <li>3) Support the implementation of the UHN Sexual Safety Policy and reporting tool providing clinical support and management for cases referred through this mechanism.</li> </ol>	April-June 2025
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		<ol style="list-style-type: none"> <li>1) All actions from 2022 remain in place.</li> <li>2) Development of SOP for triaging staff exposed to V&amp;A at work: PNA Service proactively contacts all staff that have been impacted by V&amp;A at work through the VARG reporting system these staff are triaged and screened for referral to the H&amp;WB and TRiM Incident Support Service.</li> <li>3) VARG newsletter has regular</li> </ol>	April – June 2025



			<p>content from the H&amp;B TRiM service to promote and engage staff in accessing support following V&amp;A at work.</p> <p>4) The Staff psychological wellbeing service and TRiM service has been set up at KGH from Sept 2024 offering more equity in access to emotional and debriefing support after V&amp;A and to manage stress and bullying at work - also supporting HR and managers to address unprofessional behaviour at work through the new SOP</p> <p>5) HSE Stress at Work assessment and action plan template has been redeveloped and embedded in the H&amp;WB at Work Policy - training and support for managers and colleagues to implement is underway. This will enable early referrals to H&amp;WB services to intervene and record the diversity of workplace stressors impacting on staff psychological and physical wellbeing.</p>	
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>		<p>1) H&amp;WB Services are fully embedded in the UHN Divisional restructure change programme offering support and consultation about the impact of staff wellbeing on organisational care and systems.</p>	<p>April – June 2025</p>

			2) H&WB Staff survey completed in 2025 offering insights into the workplace support that staff receive and acquiring insights into supportive practice and further developments required for staff health and wellbeing. This will provide the foundation to the H&WB strategy 2025-2028 to raise engagement and impact on staff wellbeing and health.	
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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		<ul style="list-style-type: none"> <li>• Board members to support staff networks through Exec sponsorship</li> <li>• EDI Objectives added to Exec Appraisals.</li> <li>• Exec support at engagement sessions for Tackling Racism.</li> <li>• Support for launching Tackling Racism Strategy Launch</li> <li>• Board Members to attend and actively support events including Black History Month, South Asian Heritage Month, LGBTQ+ History Month and Disability History month.</li> </ul>	30 March 2025
	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 and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients			

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