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NHS Equality Delivery System 2022 EDS Reporting Template 2023/24

Version 1, 14 February 2024

Contents

Equality Delivery System for the NHS.....	2
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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/

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 and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		Barnsley Hospital NHS Foundation Trust		Organisation Board Sponsor/Lead	
				Steve Ned, Director of People Sarah Moppett, Director of Nursing and Quality	
Name of Integrated Care System		South Yorkshire ICB			
EDS Lead	Inclusion and Wellbeing Lead – Roya Pourali		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	11 January 2024 – Domain 1 8 January 2024 – Domain 2 25 January 2024 – Domain 3 29 January 2024 – Peer Review		Individual organisation	Barnsley Hospital NHS Foundation Trust	
			Partnership* (two or more organisations)	Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, Rotherham Hospital NHS Foundation Trust, Rotherham, Doncaster and South NHS Foundation Trust (RDaSH)	
			Integrated Care System-wide*		
Date completed	February 2023		Month and year published	February 2024	
Date authorised			Revision date	N/A	

Completed actions from previous year		
Action/activity		Related equality objectives
Diverse patient's (all protected characteristics) panel is established in collaboration with patient experience and engagement team		<p>Strengthen partnership and engagement with patients/service users and underrepresented from diverse communities to meet the needs of patients/ service users</p> <p>Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
Collaborated with patient experience and engagement team, inclusion and wellbeing team and diverse patients' panel to enhance services		<p>Continue to work in collaboration with Maternity Voice Partnership (MVP) and linking with patient experience and engagement team</p> <p>Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion</p>

		We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand
Maternity service patient feedback form asks ethnicity and MVP actively engage with women to seek feedback. Maternity Matrons meet with MVP monthly to discuss feedback and update action plan as required. 'You said we did' board so all patients are aware of actions we have taken from any concerns raised.		Ensure feedback is captured from BAME Women including those with protected characteristics Equality Objectives: Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand
Maternity patients have Personalised care Plans, capturing individualised needs, document owned by patient. Updated and discussed at each scheduled visit. Translation services available on website including face to face and telephone services. Posters raising awareness of translation services in all areas.		Ensure maternity services are accessible to all patients including those with protected characteristics to overcome any barriers in accessing services Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand
Patient feedback form asks ethnicity and MVP actively seek feedback from patients. Monthly Maternity Provider Board Measures Paper details any triangulation of ethnicity with any cases		Improve safety outcomes for patients with protected characteristics

<p>recorded on datix as moderate harm or more. Action plans written as required and learning disseminated. MBRRACE-UK data reviewed and benchmarked to enable service improvements which includes specific actions for women with protected characteristics/vulnerable groups. Inpatient matron is working with Trust Learning Disabilities Team to develop care provision more individualised for women with autism.</p>		<p>Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyle, encourages and provides opportunity to increase physical activity levels</p>		<p>Continue to provide and enhance the health and wellbeing support to staff to enable staff to thrive at work Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Support services for access to independent support and advice when suffering from stress are being promoted</p>		<p>Encourage staff to speak up, raise concerns and access support for stress or incidents of violence Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Chair of the Trust meet with staff networks on a quarterly basis. Race Equality staff network is benefitting from executive sponsorship, attendance at staff network meetings, actively</p>		<p>Board members and senior leaders to demonstrate their commitment to equality and health inequalities</p>

<p>listening, responding and allowing members to share their views and concerns</p> <p>Commitment shown in the sponsorship of religious, cultural or local events/celebrations</p>	<p>Equality Objective: Create an organisational climate that supports equality, diversity and inclusion</p> <p>Ensure a caring, supportive, fair and equitable culture for all</p> <p>We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Board members and senior leaders actively supporting staff experiencing menopause within the working environment and Trust has achieved Menopause Friendly Employer accreditation</p>	<p>Board members to actively promote awareness of EDI issues, enhance and embed EDI across the Trust</p> <p>Inclusion and Wellbeing team working closely with the staff networks through Inclusive and diverse subgroup</p> <p>Equality Objective; Ensure a caring, supportive, fair and equitable culture for all</p> <p>Create an organisational climate that supports equality, diversity and inclusion</p> <p>We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>

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

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 style="text-align: center;"><u>Diabetes Service</u></p> <ul style="list-style-type: none"> • FFT result: 97.75% responded very positive • Interpreters are booked or language line used to carry out education/ training / appointment whilst patient on the ward, if English is not the patient or families first language. Patients have access to telephone, face to face and translation services to meet communication needs. • Transition patient forum jam board is in place to assess the transition service - see link, Transition patient forum - Google Jamboard • <u>Films are available to provide how to effectively perform the essentials of everyday management of Type 1 Diabetes - See link Essentials - DigiBete</u> • Team ensure services are easily accessible for children and young people with disabilities/learning disabilities. For example, wheelchair access to outpatient areas and ward areas during admission with easy-to-read information. • Staff are fully compliant with the protocol that all patients on the next working day by a member of the specialist diabetes team and each provider must provide patients and families with 24-hour advice and support. • Each patient is offered a minimum of four clinic appointments per year within the MDT (Multi-disciplinary Team). 	Achieving	Paediatric Diabetes Clinical Lead

		<ul style="list-style-type: none"> This includes 24-hour access to fellow health professionals on management of patients acutely with a clear escalation policy in place for emergencies. Patients referred to appropriate support or peer groups Self-assessment measures were undertaken and Peer review carried out by Royal College of Paediatric Child Health (RCPCH) and the report was positive. National Paediatric Diabetic Audit (NPDA) highlight the BME and level deprivation. Team provide individualised training in school/ respite/ educational centres for children with type 1 diabetes. 100% positive feedback: see videos: https://vimeo.com/showcase/7443104, https://vimeo.com/showcase/7443424 		
	<p>1A: Patients (service users) have required levels of access to the service</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Respect, dignity and inclusivity</p> <ul style="list-style-type: none"> Planning and funding agreed to design a shower room within the unit for parents who wish stay at cot side. The Local Maternity and Neonatal System (LMNS) has an equity and equality action plan we are working closely with the LMNS on this: Copy of Equity and Equality Action Plan 2022 - 27 (syics.co.uk) Special dietary requirements can be catered for Maternity and Neonatal Voice Partnership now has BAME representation on the group. The group are actively involved within the maternity and Neonatal unit looking to improve services based on service user feedback. Free parking for all parents with a child on the neonatal unit. This is given to them on admission and can be renewed through the stay so no paid parking is needed. 	Excelling	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>

- Specialist Health Visitor engages with the Refugee and Asylum-Seeking Community Group.
- Service users asked to complete Friends and Family questionnaire at discharge to allow for service development

Accessibility

- ‘Do you need an interpreter?’ poster on display on the Neonatal unit. The poster is designed to alert Non-English speakers to the availability of translation services.
- Notice boards have colour and pictures to draw attention to them, Notice boards with QR links to information leaflets use inclusive imagery to represent BAME and LGBTQ+ families.
- Easy read patient information leaflets available which can be accessed on the trust website: [Neonatal Unit | Barnsley Hospital NHS Foundation Trust](#)
- Parents access is 24/7 and they are encouraged to stay with baby if they wish.
- Unit has two rooming in rooms however, chair beds are also provided in each cot space.
- Dedicated perinatal mental health team and access to other specialist services if required (smoking cessation, bereavement, infant feeding, public health)

Training

- Cultural awareness training for all staff on mandatory training - 93% of staff completed as of November’23.

Future development

- Looking at fingerprint access to ease waiting time for door to be answered but also allow parents to enter without the need to communicate who they are at the unit entrance. This will be a secure controlled system.

		<ul style="list-style-type: none"> Transitional care facilities are being looked at within the trust which will offer both parents the opportunity to stay with their baby if the baby doesn't need any of the neonatal services. 		
	<p>1A: Patients (service users) have required levels of access to the service</p>	<p style="text-align: center;"><u>Ophthalmology Service</u></p> <ul style="list-style-type: none"> Ophthalmology feedback via FFT and complaints/concerns reviewed. April-Oct data indicates 44 responses with 29 rating good/very good (66%). 	<p>Developing</p>	<p>Lead Nurse and Matron</p>
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Trust Community & Voluntary engagement</u></p> <p>The trust has forged links and engaged with various stakeholders to create opportunities for improved communication and a platform for the community to voice their concerns effectively.</p> <p>active involvement and participation of all listed below stakeholders.</p> <p>Trust-wide engagement:</p> <ul style="list-style-type: none"> Educational Learning Supporting Hub (ELSH) Barnsley - providing English classes for people where English is not their first language plus, Asylum Seekers, Refugees and Migrants Barnsley Armed Forces and Veterans Breakfast Club Migration Partnership: attended the event and built partnership working Barnsley Blind and Partially Sighted Barnsley Place Based Partnership- Health and Care Plan 2023-25 Barnsley Involvement and Equality Group jointly developed and owned and is part of the Barnsley health and care plan Barnardos Young Carers 		

		<ul style="list-style-type: none"> • Beacon South Yorkshire • ELSH Barnsley - providing English classes for people where English is not their first language plus, Asylum Seekers, Refugees and Migrants • Barnsley Armed Forces and Veterans Breakfast Club • Migration Partnership: attended the event and built partnership working • Barnsley Blind and Partially Sighted • Barnsley Place Based Partnership- Health and Care Plan 2023-25 • Barnsley Involvement and Equality Group jointly developed and owned and is part of the Barnsley health and care plan. • Barnardos Young Carers • Beacon South Yorkshire <p>LGBTQ+</p> <ul style="list-style-type: none"> • Inclusive language used in paediatric settings for all patients who identify as LGBTQ+ • Posters/guide in place in both paediatric and adult diabetes areas • BH working closely with Barnsley LGBTQ+ Forum and took part at the Pride and engaged with the community members • All patients individually assessed, supported and referred to as their chosen name/sexual identity with use of appropriate pronouns • Diabetes service Patients referred to appropriate groups/peer groups for support if needed: Barnsley LGBTQ+, Rotherham and Barnsley Mind/ Spectrum Community Health Services, TransBarnsley Facebook Page • Trans Equality Inclusion Policy (patients and staff) • LGBTQ+ staff network working in partnership with other communities and other partners to improve and raise awareness of LGBTQ+ 		
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		<p>Faith and Religion</p> <ul style="list-style-type: none"> • Access to multi-faith chaplaincy, prayer facilities available within the trust • Chaplaincy meet the pastoral, spiritual and religious needs of all patients, staff and visitors irrespective of their faith, belief or religion. All religious celebrations on the religious calendar are observed and celebrated i.e. Easter – Ash Wednesday, Diwali and Onam, Ramadan, Christmas • Chaplaincy also hold services such as Baby and Children memorial, Remembrance Day, Organ Donation. • Working with Imam to promote the Muslim religion at the Trust. i.e. Aid Al Adha, Ramadan: https://vimeo.com/810611706/c7e8929e5d <p>Learning Disability and Disability</p> <ul style="list-style-type: none"> • Trust SOP (standard operating procedure) followed for supporting individuals with learning disability and autism. Learning Disability Team Liaison Nurse available. • Website and signposting from appointment letters guides patients to carparking, wayfinding, format in other languages. Videos and text options for information on the outpatient website • Patient appointment letters sent digitally, this tool has inbuilt translation capabilities. Hybrid mail works by sending patient letters digitally first, if no mobile number or the hyperlink not accessed within 24hours, hard copy letter sent • Easy read patient information leaflets available which can be accessed on the Trust website 		
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		<ul style="list-style-type: none"> • Action plan to improve accessibility for patients with learning disabilities and autism new for 2023. To include a local champion to support visits to the hospital LD • Work in progress to obtain communication aids, Makaton signs. • New mandatory training on Autism and Learning Disabilities for staff including Oliver Mc Gowan national training module to commence 2023-24 • Policy for Supporting individuals with a Learning Disability and/or Autism when accessing Acute Hospital Services is available • Accessible information standard alerts in PAS (patient administration system) set up. Patients can receive information to access the service in a format they can read; easy read, large font, yellow paper available. • Ensures that people with a Learning Disability have an Alert on CareFlow. • AccessAble - The guides look at 'access' and 'disability' from lots of different perspectives - mobility impairment, learning disability, sensory impairment, dementia and mental health. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Diabetes Service</u></p> <ul style="list-style-type: none"> • All patients are individually assessed and supported and referred to as their chosen name/ sexual identity and use of appropriate pronouns • Patients referred to appropriate groups/ peer groups for support if needed: Barnsley LGBTQ+, Rotherham and Barnsley Mind/ Spectrum Community Health Services TransBarnsley Facebook Page • Education completed during transition to paediatric services to young adult services on contraception/ sexual health 	<p>Achieving</p>	<p>Paediatric Diabetes Clinical Lead</p>

- All children and young people with type 1 diabetes and type 2 diabetes are offered annual psychology screening as part of their annual review
Diabetes team able to do referral to Children and Adolescent Mental Health Team/ Social Prescribing / GP and Branching Minds/ IAPT
All patients are given diabetes journal on admission to hospital and each child/ young person is offered an education session
All children and young people with type 1 and type 2 diabetes have an individualised care plan in place with school or college.
- When transitioning from junior school to secondary school, and then to college education sessions are also held. Evidence provided in 1A – Ready Steady Go documentation above.
- All patients receive a structured education programme including level 3 carbohydrate counting and completed within 2 weeks (see newly diagnosed itinerary and level 3 carbohydrate counting education sheet) All patients are given diabetes journal on admission to hospital
Each individual patient receives an individualised clinic summary after being seen in outpatient appointments.
- Diabetes Transition and Young Adult Pilot Service Specification
- Each young person is offered a co-ordinated and supported transfer, planning in partnership with young person and family led by a named health professional.
- Each young person has two face to face appointments per year (with a diabetes trained doctor, nurse specialist and dietitian) plus, two additional appointments (option of virtual with a diabetes nurse or dietitian) from Paediatric Diabetes Psychology/CAMHS/ED Service to Young Adult Diabetes Team.
- Prior to Transfer, each young person is seen in a minimum of two joint diabetes clinics with the original future service.

		<ul style="list-style-type: none"> As a result of the consultation with parents regarding information provided on diagnosis, feedback suggested that a full booklet was too much information at once and that more defined, individual booklets we're preferred for easier to digest information. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Future Development</p> <ul style="list-style-type: none"> There is an active recruitment plan to increase BAME representation on the Maternity, Neonatal, Voice Partnership (MNVP) group to ensure minority opinions are captured and representation is proportional. The neonatal service (along with Maternity) are looking at ways to cover the costs for people that give up time to support this. Discharge planning with parents to ensure full understanding prior to taking baby home. Unit will use a number of different ways to engage with family; translation services, Specialist health visitor or learning disability nurse at the hospital. Dedicated perinatal mental health team and access to other specialist services if required (smoking cessation, bereavement, infant feeding). As the unit is a specialist area the staff are skilled to tailor care to the individual needs of the family. Wording on all paperwork changed to be inclusive to all Have Vcreate system to enable the unit to send messages, videos and photographs to the parents when they can't be with their baby, Language can be selected when registering Parents. This system allows us to translate documents to different languages including parent packages. https://www.vcreate.tv/video/mp4/vcreate-nhs-video.mp4 <p>Meeting the needs of service users</p>	<p>Excelling</p>	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>

		<ul style="list-style-type: none"> • All parents accessing the unit will have free meals. There are sandwiches, Fruit, biscuits cereal and hot drinks available 24hours a day. • Lockers are available to all parents at entrance to the unit, on the keyring fob is a QR code to give feedback at any point during stay. • BCG vaccinations are discussed at discharge and appointment generated. This will be given on the unit prior to discharge if appropriate (Children’s outpatients facilitate this). • Parent feedback reviewed regularly and improvements made – ‘You said, we did’ • Yorkshire & Humber Neonatal Families - NHS Networks: https://www.networks.nhs.uk/groups/yorkshire-humber-neonatal-families/documents/ Parent package resources can also be found here. All Wrapped up goes alongside the videos and at ‘Our Neonatal Journey’ is a resource which can also be shared with parents antenatally if they are likely to have a stay in neonatal • Over at Pinderfields neonatal unit a charity (Spectrum People) run maternal journaling sessions each week with parents along 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Ophthalmology Service</u></p> <ul style="list-style-type: none"> • One stop clinic to reduce visits for diagnostics has been established for a number of years as a part of consultation. • Different seating available for people with disabilities/mobility issues. • Signposting to Healthy Lives information to include diet, smoking cessation, alcohol awareness. Large volume of diabetic patients therefore specific signposting to dietetics is routine. 	<p style="text-align: center;">Achieving</p>	<p>Lead Nurse and Matron</p>

		<ul style="list-style-type: none"> • Refreshments in department with access to toilets. Patients delayed in clinic can be offered sandwiches that staff will collect for them from the dining room. • Guide dogs are welcomed. • Various seating options available from children’s chairs to bariatric, accessible space for wheelchairs. • Eye Clinic Liaison Officer (ECLO) provide emotional and physical support to patients diagnosed, or living with visual impairment. Signposted to additional services, consultation with ECLO, safety information and adaptations, includes referral to mobility clinic held weekly for falls assessment, mobility aids/white stick- see evidence folder for range of support offered. 		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p style="text-align: center;"><u>Trust approach:</u></p> <ul style="list-style-type: none"> • Adherence to trust policy’s and guidelines to minimise harm to patients. National guidance reviewed and adopted (or mitigations in place). • Trust Patient Safety and Harm weekly meeting to escalate and review any care concerns along with a weekly maternity/neonatal incident meeting • Actively encouraging staff and patients to report incidents (at the weekly staff meetings) via Datix and working closely with PAS (Patient Advisory Service) to make sure we are meeting the needs of patients and staff. Trust Patient Safety and Harm weekly meeting to escalate and review any care concerns along with a weekly Access to translation and interpretation services where Datix and care concerns are reviewed • Follow the trust WNB/ DNA policy for non-attendance to clinic appointments 		

		<p>Management of missed outpatient appointments Unseen Children missed appointments and non-engagement with HCP</p> <ul style="list-style-type: none"> • Tenable audit for monthly checks on aspects of safety including equipment checked and in date, staff can articulate safe practices • Safeguarding acted upon, including patients who do not attend to check why and if this is a worry. 'Was not brought' procedures for paediatrics. 		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p style="text-align: center;"><u>Diabetes</u></p> <ul style="list-style-type: none"> • Each young person is offered developmentally appropriate structured education to support self-management and increased autonomy. • Team provide individualised training in school/ respite/ educational centres for children with type 1 diabetes and with a long-term disability. All primary schools with children with type 1 diabetes attending have a minimum of two staff members trained in how to manage diabetes in school • Staff able to assess patients and assess to safeguarding team/ Children's and Adolescent Mental Health/ School Mental Health provisions COMPASS/ IAPT • Working in partnership with other agencies to improve outcomes and focus on prevention i.e. social care, Early Help Navigators, social prescribing • 24 hours on call service; patients up to the age of 19 have access to advice out of hours to prevent hospital admission and reduce length of stay Staff attend related Child/ Family Meeting when required. Child In Need Meeting/ Child protection case conferences. 	<p>Achieving</p>	<p>Paediatric Diabetes Clinical Lead</p>

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Respect, dignity and inclusivity</p> <ul style="list-style-type: none"> • Staff are asked to ensure religious beliefs are discussed and documented. • All Neonatal admissions are inputted onto Badgernet system and captures data on ethnicity. This allows for outcomes to be reviewed as part of continuous improvement for more vulnerable groups • Access to translation and interpretation services patients (service users) use the service, they are free from harm • Think family safeguarding team approach. • Review of national MBRRACE reports and care recommendations reviewed and action plans developed to improve care delivery and minimise harm. • National neonatal Audit Report we review Quarterly and action areas of concern. • At each cot side is a chair bed to encourage parents to stay with baby. • Ongoing training for staff on access and use of telephone and face-to-face translation services. • Reviews of all adverse incident reporting mechanisms are reviewed and any themes acted upon - learning shared on ward meetings. • Unit has above the BAPM (British association of perinatal medicine) • Unit has standards for Qualified in Speciality (QIS) the standard is to have >70% of qualified staff QIS. Barnsley is currently 73.6% with an action plan in place to ensure we keep at this level or higher. 	Excelling	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>
	<p>1C: When patients (service users) use</p>	<p style="text-align: center;"><u>Ophthalmology Service</u></p> <ul style="list-style-type: none"> • Daily checks for health and safety, resuscitation equipment. Introduces 'Are you safe at home?' campaign. 	Achieving	<p>Ophthalmology service</p>

	the service, they are free from harm	<ul style="list-style-type: none"> • Eye Clinic Liaison Officer (ECLO) - support in clinic and ongoing referrals to disability adaptations/RNIB and support groups. • Any incident/adverse event is reported through Datix and escalated. Harms warranting investigation are managed through the Trust escalation process. • Complaints action plans are managed as above 		
	1D: Patients (service users) report positive experiences of the service	<p style="text-align: center;"><u>Diabetes Service</u></p> <ul style="list-style-type: none"> • Patient Reported Experience Measures (PREM) yearly. Currently focusing on feedback from first 18 months of care. Positive feedback received and action plan monitored regularly. • National Paediatric Diabetes Audit: shows compliance of completing the seven care processes and benchmarks against other diabetes team regionally and nationally. As a part of this, some areas highlight that we were performing better than the national average. • Survey Monkey questionnaires sent to patients regarding patient services including delivery of young adult clinics. Results indicated that patients wanted patient services to remain the same in respect of time, date, location. • Survey Monkey questionnaires sent to children and families after peer support activity days for children and young people. 100% of 9-12-year olds enjoyed the activity day, rating it 10 out of 10 stars with 100% of respondents also felt more supported following the activity day. • Mandatory Diabetes Training for all staff in children's services. • Transition education days completed for children and young people moving from Primary to Secondary school and secondary to college. Feedback was very positive with overall rating of 78% out of 100%. 	Achieving	Paediatric Diabetes Clinical Lead

		<ul style="list-style-type: none"> • Forum for Young Adults re: Transition Service. Consultation with adult young people conducted who had already transferred over to find out their opinions of the transition process and what could be improved moving forward. Feedback overall positive -Transition patient forum - Google Jamboard 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Patients Engaging and feedback</p> <ul style="list-style-type: none"> • Maternity Voice Partnership now has BAME representation on the group and the group are actively involved with maternity unit and leads. This will help to ensure that cultural aspects of care delivery are recognised. • The Neonatal unit is responsive to feedback, action plans developed from national and local patient experience and engagement surveys. Patient experience action plan is reported into governance meeting and maternity and Neonatal Transformation Group. • Neonatal Facebook, Instagram and Twitter pages available to capture opinions and feedback and parents can pick own language. https://www.facebook.com/neonatalunitbgh • Unit philosophy is parents are partners in care and the staff on the unit will adapt to each individual family to try to ensure a positive stay while on the unit. • 15 Steps Walk through by MNVP and action plan developed. 	Excelling	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>

	1D: Patients (service users) report positive experiences of the service	<p><u>Ophthalmology Service</u></p> <p>FFT 42 responses (1/4/23-31/8/23) 11: Disability, 1:BAME. 9 poor /very poor feedback (21%) - 3 of these were recorded from patients with protected characteristics.</p> <ul style="list-style-type: none"> • FFT displays in department with 'You said we did' outcomes. • No local survey but Tenable audit completed monthly with patient level questions. 	Developing	Lead Nurse and Matron
Domain 1: Commissioned or provided services overall rating			Achieving	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Colleagues are encouraged to declare if they have a disability or a long-term condition, but the nature of the disability or condition is not requested therefore we are unable to provide accurate data on the type of support and the number of colleagues with diabetes, asthma, COPD and obesity.</p> <p>Furthermore, there is a wide range of support for staff with mental health conditions</p> <p>Examples of good practice:</p> <ul style="list-style-type: none"> • Health and wellbeing service directory created, promoted and disseminated to provide internal and external HWB service. • HWB Hub Page is available and is being refreshed • Inclusion and Wellbeing – Hospital Hub (trent.nhs.uk) 	Achieving	

<p style="text-align: center;">Domain 2: Workforce health and well-being</p>		<ul style="list-style-type: none"> • HWB Apps - NHS staff have been given free access to a number of wellbeing apps to support with their mental health and wellbeing until Sunday 31 December 2023 • WOW (Wellbeing on Wednesday) Sessions – has commenced January 2024 - new monthly HWB sessions aimed at all staff on a range of wellbeing topics e.g. Physical Activity, Healthy Eating etc. • Input to Preceptorship session around HWB services - Shared information on support available, how to access our service. • Mindfulness support - 8-week MBSR course delivered, which finished in May 2022 with positive feedback received from participants. • HWB Roadshows - included Survey, raising awareness and informing staff of relevant signposting to additional support services. • Menopause Peer Support Group - There are 170 staff registered on the group. The group was meeting online monthly (plans to create a Drop-In approach to future meetings) • Menopause Advocates / Champions Training Programme - 25 staff have undertaken the Advocates training programme throughout 2023 and they will also be involved in supporting the Trust in the 'Menopause Friendly' process and ongoing work in this area. • Menopause Friendly Accreditation - BHNFT achieved Menopause Friendly Accreditation in August 2023. Achieved HPMA award for Menopause work across the ICB in September 2023, HSJ Award highly commended achieved in November 2023. South Yorkshire Menopause Project Highly Commended At National Award :: South Yorkshire I.C.B (icb.nhs.uk) Celebration event hosted Oct 2023 to raise awareness of support offered. • Inclusion & Wellbeing Champions - network of 67 Champions developed, support offered through regular network meetings. 		<p style="text-align: center;">Inclusion & Wellbeing Team</p>
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		<ul style="list-style-type: none"> • Referrals to Occupational health (OH), self-referral. Access to counselling and quick access to Physio. • Occupational Health lifestyle checks are available. • Occupational Health led health surveillance as appropriate. Providing advice to staff and signposting staff to external sources of support e.g. Maximus. • Creation of Suicide Assessment and Referral guideline within OH. • OH - Occupational Psychologist working on a strategy for psychological health, safety and mental wellbeing. • Recruitment in process for a Mental Health Support Worker for OH. • Staff can access Healthy Lives teams for stop smoking • Policy for supporting people with a learning disability or autism • Adjustment to triggers for staff with disability related absence, flexible working, reasonable adjustments considered to support staff • Refreshed and improved the sickness policy - Supporting Staff Attendance Policy is newly developed and is being launched with a training programme for managers. • Health & Wellbeing Passport is being developed to facilitate wellbeing conversations 		<p>Head of Occupational Health</p> <p>Healthy Lives team HRBPs</p> <p>Head of Occupational health</p>
	<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"> • WRES – There has been a decrease in the percentage of staff experiencing AHB (Abuse, harassment and bullying). From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%. From staff: Reduction from 28% to 27%. • WDES – From colleagues, reduction from 24.1% to 23.3% • Neurodiversity Guide is newly developed • Reasonable Adjustment Guide is newly developed 	<p>Achieving</p>	<p>Head of Inclusion & Wellbeing, Inclusion & Wellbeing Lead</p> <p>Head of Inclusion & Wellbeing, Inclusion & Wellbeing Lead</p>

		<ul style="list-style-type: none"> • Trans Equality inclusion policy has been updated and shared with the staff network, Barnsley LGBTQ+ Forum, TransBarnsley and Trade Union. We have received feedback from a TransBarnsley member: “I have to say, this is possibly one of the best, most comprehensive policies I have read.” • Trust-wide campaign in partnership with Barnsley Council - No place for Hate campaign: http://intranet.bdgh-tr.trent.nhs.uk/2023/06/barnsley-hospital-is-no-place-for-hate-2/ • Violence & Aggression Management Group (VAMG) is established and incidence of staff abuse or violence is discussed, key learning and risk reduction plans are in place and reviewed • Staff encouraged to speak up using such things as Freedom to Speak Up (FTSU) champions and a specific FTSU policy. • Freedom to Speak Up mandatory training is in place • There are 19 freedom to speak up champions • Passport to management training is offered throughout the year to managers on HR policies with a specific section on B&H • 106 delegates have completed the Managing Grievance, Bullying and Harassment session for managers from March 2022 • Internal / external mediators are available to facilitate informal resolution 		<p>Inclusion & Wellbeing Lead</p> <p>Communications team / Head of Business Security</p> <p>VAMG</p> <p>FTSU Guardian</p> <p>HRBPs</p> <p>Head of Inclusion & wellbeing</p>
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying	<ul style="list-style-type: none"> • Inclusion and Wellbeing Champion champions - A network of 67 Champions have been developed and support offered through regular network meetings • FTSU Guardian/ champions 19 • Self-referral to OH and management referral and management support is available 	Achieving	<p>Inclusion & Wellbeing Team</p> <p>Occupational Health team</p>

	<p>harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • OH exploring a model that would provide access as appropriate to a Professional Nurse Advocate within the service. • Union support is available • Union reps support staff and their responsibility is outlined in policies. Just culture statement in all policies. We have a specific policy called '<i>support for staff involved in an incident, inquest, complaint or claim</i>' which details how we can support staff. • Bullying & Harassment (B&H) policy and issues resolved informally or formally investigated. The policy also outlines the expectations of staff in the workplace • Annual report is submitted to PEG outlining all employee relations (disciplinary, grievance, B&H) detailing this against protected characteristics to see if any group is being disadvantaged • Staff Networks – Race, Equality & Inclusion, Ability, LGBTQ+ (staff network is a safe place for staff share their experience) • Mediation – 9 Internal mediators and TCM External Mediation support service is available. • Carers Support group – Forum established with regular meetings offering range of info, support and signposting. Carers Week was celebrated and multi-agency event • VIVUP – 24/7 Support is available 365 days a year • Counselling service – 232 referrals • Listening session with Chair + Staff network members (Chair had a session with the staff network members and listened to their views and needs) taking place on a quarterly basis • Hospital Chaplaincy is available to provide support • Professional Midwife Advocate PMA / Professional Nurse Advocate PNA – support staff to improve their wellbeing Professional Nurse Advocates – Hospital Hub (trent.nhs.uk) • Resourceful and Resilience workshop training is available 		<p>Trade Union reps</p> <p>HRBPs</p> <p>Inclusion & Wellbeing Team</p> <p>Occupational health team Inclusion & Wellbeing Lead</p> <p>Lead Chaplain</p> <p>Pastoral midwives / Deputy Associate Director of Professions Learning & O D team</p>
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		<ul style="list-style-type: none"> • Supporting staff involved in an incident, inquest, complaint or claim policy - provides a range of support available • Schwartz Rounds – Get involved in a Schwartz Round – Hospital Hub (trent.nhs.uk) • Equality and health inequality Impact assessment policy and toolkit updates are in process. • Staff network events have been organised in partnership with other partners such as SY Police, BMBC, Trust staff networks, Barnsley LGBTQ+ forum and BarnsleyTrans, Armed Forces / Veteran and Barnsley local community. • Inclusion and wellbeing team undertaken various surveys at the staff network events to ensure staff can access help if suffering from stress, abuse, bullying harassment • All the below events, promoted staff networks, HWB resources and combined with surveys to ensure staff feedback are captured and action plans are developed by the staff network to improve actions; • Pride at the Hospital • LGBTQ+ History Month • South Asian Heritage Month (SAHM) • Armed Forces event • Mental Health Awareness week • International Educated Nurses HWB workshops x2 • Ramadan video, Social media Ramadan Mubarak Barnsley Hospital – Hospital Hub (trent.nhs.uk) • Black History Month • Onam and Diwali • Disability History Month • “Veteran Aware” organisation 		Inclusion & Wellbeing Team
	2D: Staff recommend the organisation as	2022 Results - Staff Survey <ul style="list-style-type: none"> • 65.5% of people would recommend BHFT as a place to work 	Achieving	Vocational Training team

	a place to work and receive treatment	<ul style="list-style-type: none"> • 64.4% of people would be recommend the Trust to friends & relatives if they needed treatment • Scored 7.5 out of 10 for '<i>we are compassionate and inclusive</i>' (best 7.7) • Scored 7 out of 10 for <i>staff engagement</i> (Best 7.3) People Pulse Survey: • 63.2% of people recommend the Trust as a place to work (based on low numbers 175 responses – August 2023) • 64.5% of people would be happy with the standard of care provided by the Trust if a friend or relative needed treatment • Flexible working policy+leave, Flexible retirement, Job share, Employment break, secondment policies promoted to all staff on the intranet and news bulletins. • Increase provision; i.e. amendments to Family Friendly Policy including increasing family friendly paid leave i.e. from day one of employment, increase 3 to 5 days paid leave, Bereavement; paid Leave for 2-5 days plus one day for funeral and Emergency dependant leave from 1 to 2 days Microsoft Word - Flexible Working Policy (trent.nhs.uk) • Exit interviews; emails to leavers with link to ESR to encourage them to complete the exit questionnaire directly allowing employee to be honest and transparent • Staff Network and Diverse & Inclusive sub Group plus, action plan for capturing experiences of BAME, LGBT+ and Disabled staff • Promoted staff networks and events are combined with surveys to make sure staff are aware of resources and feedback is captured so that an action can be taken to improve future development of the staff networks. Example below of Black History month. 		<p>HRBPs</p> <p>Workforce planning and information team</p> <p>Inclusion & Wellbeing lead</p>
Domain 2: Workforce health and well-being overall rating			Achieving	

Domain 3: Inclusive Leadership

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"> Equality impact assessments are included in policies, services and business plans People Committee meeting – Annual Equality, Diversity and Inclusion Report is discussed; Staff Survey Organisational Actions report features EDI actions People Engagement Group (meeting – update provided quarterly about staff network and EDI initiatives Trust's Strategic Objectives - and supporting People Plan 2022-2027 implementation plan to promote a caring, supportive, fair and equitable culture for all and create an environment that supports – progress report presented to Finance and Performance meeting 30.11.23 WRES/WDES, Gender Pay Gap Standard Submissions, action plans are discussed and key recommendations Commitment to the Rainbow badge scheme. Expression of interest submitted to the LGBT Foundation to undertake the NHS rainbow badge scheme's assessment and accreditation application process. 	Achieving	Corporate Governance team

		<ul style="list-style-type: none"> • Senior Leaders Forum included a half-day session on Health Inequalities • Senior Leaders Forum arranged an inclusive culture half day event – Staff Network reps were invited and attended to attend. Presentation was delivered session on Inclusive and Compassionate Leadership. • Continued Commitment in supporting a second Project Search internship programme for learning disability and Autism • Proud to Care Staff Conference included a 1hr session on Diversity for broad range of colleagues at all levels, as well as follow-up comms on Diversity in Team Brief • Regular meeting with NED to provide EDI updates, discuss key issues and identify support • No Place for Hate campaign featured in Team Brief; on Intranet for all colleagues; on Social Media • Chair arranged and attended meeting with Staff network core members to gain insight about network, discuss ideas and support. • Trust Chair, Staff Networks Chair and Head of Inclusion & Wellbeing participating in the NHS Employers Diversity in Health Partnership Development Programme • Executive and Non-executive board member attended Race Equality Staff Network, shared 		
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		<p>insight and an opportunity for members to express any issues and any identified support</p> <ul style="list-style-type: none"> • Promote and showcase EDI initiatives, diversity networks e.g. Team brief • Promote EDI initiatives e.g. Team brief • Collaborating with ICB in developing an approach to address health inequalities new updated equality and health inequalities impact assessment toolkit • Positive Culture progress report • Board members/senior leaders actively support and attend events e.g. Black history month, disability history month, LGBTQ+ and Diwali South Asian Heritage, Armed Forces reservists & veterans • Received VCHA Veteran Aware accreditation • Pastoral Care Quality Award – international nurses <p>NHS England » Nursing workforce – International recruitment</p>		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • A sample of board papers / assurance committee papers were examined and equality and health inequalities are not consistently discussed • EDI annual report presented at People Committee • WRES / WDES / EDS 2022/ Gender Gap reports and action plan • Board reports, Council of Governors – Staff Survey results, Ockenden report • Patient experience report and annual in-patient survey and action plan • Quality & Governance Committee • Health Inequalities Action Plan (Quarterly Updates) • Patient Experience and Engagement Activity Briefing Paper presented to Quality & Governance Committee 30th August 2023 • Business case proposals include equality impact assessments, if no impact assessments are required the reason is stated to confirm consideration has taken place. • Tackling Health Inequalities in Barnsley – Barnsley Place Based Partnership • Maternity Services Board Measures Minimum Data Set (Ockenden Report) 	<p>Achieving</p>	<p>Corporate Governance team</p>
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	3C: Board members and system leaders (Band 9 and VSM) ensure levels are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> • Board of Directors Public Work Plan • People Committee Quality & Governance Committee work plans • EDI annual report NEDs EDI objectives • Monitor the implementation of WRES / WDES and the impact of actions • Gender Pay Gap report and Action plan update 	Achieving	Corporate Governance team
Domain 3: Inclusive leadership overall rating			Achieving	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s) / Peer Reviewer(s):		

EDS Organisation Rating (overall rating): Achieving

Organisation name(s): Barnsley Hospital NHS Foundation Trust

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
Inclusion & Wellbeing Lead Head of Inclusion & Wellbeing	2024
EDS Sponsor	Authorisation date
Steve Ned, Director of People Sarah Moppett, Director of Nursing and Quality	26 th March 2024

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Ophthalmology service to increase the level of engagement with diverse service users and those from the local community	Create better opportunities for service users and local communities to address any barriers or health inequalities to shape service provision	October 2024

	1B: Individual patients (service users) health needs are met	<p>Enhance service by promoting, diverse inclusivity and accessibility, and signposting to a range of services including local community contacts for patients with protected characteristics</p> <p>Ophthalmology service to increase the level of engagement with service users and the local communities to ensure all patient voices are heard</p>	<p>Collaborate with the Inclusion and Wellbeing Lead to amplify the diabetes service and enhance inclusivity and accessibility</p> <p>Engage and consult with diverse service users and involve them in service delivery and improvement plan</p>	<p>October 2024</p> <p>October 2024</p>
	1C: When patients (service users) use the service, they are free from harm	Ensure equality and health inequality considerations are embedded in safety incident processes	Review the incidents processes to include equality and health inequality themes in safety incidents and near misses	October 2024
	1D: Patients (service users) report positive experiences of the service	Ophthalmology service to improve the level of engagement with service user in order to increase the level of service user satisfaction	Collaborate with diverse patients and relevant stakeholders and develop action plan in response to their needs and monitor progress and share key learning	October 2024

Domain	Outcome	Objective	Action	Completion date
	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Promote self-management, support and empower staff to manage their health conditions including obesity, diabetes, asthma, COPD and mental health conditions	Occupational health team collaborate with the Barnsley Public Health team to improve the general health of employees (mental & physical) – in process.	October 2024
Occupational health team to launch 'How's Thi Ticker?' campaign across the Trust			October 2024	
Occupational health team to develop mental & physical health infographs to support employees navigate the range offers available			June 2024	
Monitor the health of staff with protected characteristics and data to be used to support their workforce in making healthy lifestyle choices		Complete phase 1 of new Supporting Staff Attendance Policy and Wellbeing Passport roll-out, disseminate toolkit and start delivery of supporting attendance & wellbeing conversations training for line managers	July 2024	
Focus on proactive interventions to promote health and wellbeing		Continue to promote initiatives for work-life balance, healthy lifestyle and opportunities to increase physical activity levels and	October 2023	

			collaborate with Public Health Team	
			Obtain Sickness and absence data by protected characteristics and analyse for trends and themes to support staff to self-manage long term conditions and to reduce negative impacts of the working environment	June 2024
Domain 2: Workforce health and wellbeing	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Create a caring and compassionate culture and a climate that supports equality, diversity and inclusion	Set up Proud to Care Culture Leadership group to oversee the delivery of the Culture and Organisational Development strategy	April 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Encourage staff to speak up, raise concerns and access support for stress or incidents of violence	Continue to promote the range of support available to staff e.g. staff network, trade union representatives etc Data to be broken down to protected characteristics to identify themes / alert	October 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Increase the level of satisfaction: <ul style="list-style-type: none"> • People would recommend BHFT as a place to work • People would recommend the Trust to friends & 	Staff survey results action plan to be refreshed and updated with an improvement plan within CBUs	April 2024

		<p>relatives if they needed treatment</p> <ul style="list-style-type: none"> • Response rate from employment exit interviews to be improved and data utilised to make improvements 	<p>Exit interviews data to be broken down by protected characteristics to identify any common theme and make improvements</p> <p>Triangulate data obtained from sources e.g. sickness absence, discipline & grievances, staff survey, pulse surveys and exit surveys to understand and improve staff experiences</p>	<p>October 2024</p> <p>June 2024</p>
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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	Board members and senior leaders to demonstrate their commitment to equality and health inequalities	<p>Identify staff network executive sponsor for the Ability and LGBTQ+ staff network</p> <p>Meet staff network members frequently and allow network members to share their views and concerns</p> <p>Provide opportunities for EDI staff stories to be shared at board meetings and actions to be taken if necessary to further enhance EDI</p> <p>Board and executive team member to share their EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process and shared with staff network and Inclusion & Wellbeing team</p>	<p>May 2024</p> <p>October 2024</p> <p>August 2024</p> <p>July 2024</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts	Board/Committee papers/minutes to identify equality and health inequalities related impacts and risks and include how they will be mitigated and managed through	Board / committee papers / including cover sheets and minutes to have completed and health inequalities related impact assessments are consistently considered and risks mitigated	December 2024

	and risks and how they will be mitigated and managed	governance & assurance processes		
	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	Board / committee papers / including cover sheets and minutes to have completed and health inequalities related impact assessments are consistently considered and risks mitigated	<p>Board members and senior leaders to:</p> <p>Show year on year improvement using Gender Pay Gap reporting, WRES and WDES in some domains</p> <p>Continue to monitor and strengthen the implementation and impact of actions required of the following:</p> <p>WRES, WDES, NHS Oversight and Assessment Framework, Impact Assessments, Gender Pay Gap reporting, staff risk assessments (for each relevant protected characteristic), end of employment exit interviews, EDS 2022, Accessible Information Standard, partnership working – Place Based Approaches</p>	<p>February 2025</p> <p>February 2025</p>

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net