



James Paget
University Hospitals
NHS Foundation Trust

NHS Equality Delivery System Report 2023 - 24

James Paget University Hospitals

1 February 2024

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Equality Delivery System for the NHS

EDS Reporting

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers.

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.

James Paget University Hospital Equality Delivery System (EDS)

Name of Organisation		James Paget University Hospital (JPUH)	Organisation Board Sponsor/Lead		
			Sarah Goldie, Director of People and Culture		
Name of Integrated Care System		Norfolk and Waveney			

EDS Lead	Geraldine Hough, Equity Diversity and Inclusion Manager		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	02/10/2023-26/01/2024		Individual organisation	Domains 2 & 3 - JPUH	
			Partnership* (two or more organisations)	N/A	
			Integrated Care System-wide*	Domain 1 – Norfolk and Waveney ICS	

Date completed	February 2024	Month and year published	
Date authorised		Revision date	February 2024

EDS Rating and Score Card

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 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	Children and Young Peoples (CYP) Services <ul style="list-style-type: none"> • CYP - JPUH policy signposts to INTRAN framework (translation services) to support patients and families who are not fluent in English. • The Just One Norfolk website has multiple sources of information on pregnancy, birth and parenthood, which are available in easy read formats and translatable into over 100 languages. • Little journey app to be launched for patient's theatre journey. Pre-op information, photographs, games and guidance all included. • Hospital passports in use for those with complex and additional needs • Parents journals for individual parents to personally record their children's own journeys. • CYP Mental Health Leaflets for CYP and parent/guardians • Discharge summaries and clinic letters can be translated for families who are not fluent in English • Distraction tools/sensory toys can be chosen to individually suit personal likes/dislikes • Free car-parking to parents/carers using Ward 10 and NNU • Subsidised meals for parents/carers using Ward 10 and NNU. Free meals for breast-feeding Mums. 	1

		<p>Learning Disability and Autism</p> <ul style="list-style-type: none"> • JPUH Translation Policy documents how staff can support effective communication with patients who have individual communications needs including using INTRAN when the patients first language is not English, accessible information and hearing loop systems. • Hospital Passports in use for patients with a learning disability/ and or Autism. • Learning Disability and Autism Practitioner in Role – to support outpatient and in patient admissions where required including recommending reasonable adjustments including but not limited to: longer appointment times, first or last appointment, accessible information, family/ carer present when needed, flexible visiting, desensitization work. • Supporting patients (Children, Young People and Adults) with a Learning Disability and/or Autism Policy in place to give guidance to staff in providing care and treatment to patients with a learning disability and/ or Autism. • Learning Disability and/ or Autism Rapid Risk Assessment completed on admission. • Care and treatment given in accordance to relevant legislation – Children Act and Mental Capacity Act. • JPUH are able to add an alert to patients records to identify people with a learning disability and/ or Autism – address any important care issues. • Children and young people can be seen via the Children Community Nursing Team. Telephone and video appointments may be available if appropriate. • Accessible toilets • Demographic data collection – waiting lists and admissions 	
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		<p>Mental Health</p> <ul style="list-style-type: none"> • JPUH Translation Policy documents how staff can support effective communication with patients who have individual communications needs including using INTRAN when the patients first language is not English, accessible information and hearing loop systems. • Discharge summaries and clinic letters can be translated for Service Users / families who are not fluent in English • Mental Health Leaflets are available for Service Users and family / carers • Hospital passports in use for those with complex and additional needs • This is Me book in use for patients with a dementia diagnosis • Distraction tools/sensory toys can be chosen to individually suit personal likes/dislikes • Care and treatment given in accordance to relevant legislation – Mental Health Act and Mental Capacity Act. • Mental Health Triage Risk Assessment tool used in ED • Mental Health screening questions completed on admission • Self-Harm policy in place • Mental Health and Wellbeing Delivery Plan in place <p><u>General</u></p> <ul style="list-style-type: none"> • All policies have an EIA • Rainbow lanyards • LGBTQ+ group • Accessible toilets • Multi-faith chaplaincy support • Translation policy in place 	
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		<ul style="list-style-type: none"> • Accessible Information Standard Policy • Paediatric Mental Health Specialist service • Autism and Dementia Leads in post • Reducing Restrictive Intervention and Positive Behavioural Support Lead in post • Demographic data collection • LD lead Nurse in post • Autism and Dementia Leads in post • Demographic data collection • Carer Leads in post • Collaborative Carer work across ICS 	
	1B: Individual patients (service users) health needs are met	<p>Children and Young Peoples (CYP) Services</p> <ul style="list-style-type: none"> • Transition clinics available for those young people transitioning to adult services. • Nurse-led clinics and patient support available via clinical nurse specialists at various community locations. • Access to Paediatric Occupational Therapists and Physiotherapists in acute and community settings. • Individual care plans are completed on admission and patients are asked to identify their preferred name. (Current documentation doesn't specify which pronoun is preferred however staff will generally document on ward board if patient identifies differently to birth records) • Paediatric Mental Health Services (PaMHs) established within CYP services in spring 2022. The service is to support Children and Young People (CYP) who have attended / admitted to JPUH due to their emotional well-being. Subsequently, this expanded to support CYP within the outpatient department, such as Diabetic Team. 	2

		<ul style="list-style-type: none"> • Staff have undergone training such as “We can Talk” and “Psychological First Aid” • PaMHs are able to provide 1:1 intervention support, providing some level of therapeutic care to those with eating disorders and disordered eating. • Support and multi-agency working to deliver best outcomes for patients. • Shared guidelines with regional teams and operational delivery networks to provide consistent, evidence based approach. <p>Learning Disability and Autism</p> <ul style="list-style-type: none"> • Hospital Passport. • Hospital Communication Book available. • Wellbeing questionnaire prior to care and treatment/ admissions. • Reasonable adjustments are considered and put in place in accordance to the individual need, these could include (not limited to) : Flexible visiting for family/ carers, length & times of appointments, consideration for quiet or side rooms, communication including accessible information - easy reads • Coordinated care across health and social care and developing working relationships with Community partners. • LD and Autism Practitioner in post • LDA Practitioner Working closely with the LeDeR programme to learn from lives and deaths of people with a LD and/ or Autism • LD & A Practitioner checks the Respect Forms in medical notes as part of reviewing and assessing a patients with a LD and Autism that they have a referral for. 	
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		<ul style="list-style-type: none"> • IMCAs will be referred for when required. DNACPRs and Respect Forms are covered in LD Mandatory Training. • Dedicated Paediatric Neurodevelopmental team & 2 clinical school nurses based in the local specialist education provisions. • Children and Adolescent ward support CYP and their families from birth – 19 years. Provide play therapy, distraction tools/sensory toys chosen to individual needs. <p>Mental Health</p> <ul style="list-style-type: none"> • Core24 Mental Health Liaison Team on site providing 24/7 access to mental health assessment and treatment for patients attending the hospital who have mental health needs • Mental Health Act policy in place • Mental Health Act service level agreement in place • Mental Health Matron in post to support patients and teams in meeting service users mental health needs • Paediatric Mental Health Services (PaMHs) established within CYP services. The service is to support Children and Young People (CYP) who have attended / admitted to JPUH due to their emotional well-being. Subsequently, this expanded to support CYP within the outpatient department, such as Diabetic Team. • Reducing Restrictive Intervention and Positive Behavioural Support Lead in post • Coordinated care across health and social care and developing working relationships with Community partners • Regular multi-agency meetings to support patient pathways • Mental Health awareness training part on mandatory Safeguarding training 	
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		<ul style="list-style-type: none"> IMHAs are referred for where required 	
	1C: When patients (service users) use the service, they are free from harm	<p>Children and Young Peoples (CYP) Services</p> <ul style="list-style-type: none"> All CYP are risk assessed at each admission including the level of supervision required from staff. The safeguarding team support with CYP's at risk of harm or requiring social care intervention. The Eden Team is available supports with the safeguarding issues of neonatal babies including those on NNU, ward 10, clinics and in community. MDT's regularly held to help build a team around the CYP for those with complex needs and multiple professionals included and signposting to different services for support. Adolescent Well-being room was built for CYP who present highly dysregulated or require noiseless environment. PaMHs meet weekly with ICB, Children Services and NSFT All CYP environments risk assessed in accordance to trust policy. Q-safe reporting and actions to learn from incidents. Safety huddles in all clinical areas where CYP's are nursed. <p>Learning Disability and Autism</p> <ul style="list-style-type: none"> Specialist Safeguarding Practitioners in MCA, DoLs, LD & A and Reducing Restrictive interventions. Rapid Risk assessment Safeguarding policies and safeguarding team available to support for children, young people and adults with a learning disability and/ or autism. 	2

		<ul style="list-style-type: none"> • Bespoke training for wards that highlighted a need for LD & Autism training after an audit. • Mandatory Safeguarding Training which includes caring for patients with a learning disability/ Autism for clinical staff. All staff to complete mandatory Oliver McGowan training. • LD & A Practitioner checks the Respect Forms in medical notes as part of reviewing and assessing a patients with a LD and Autism that they have a referral for. DNACPRs and Respect Forms are covered in LD Mandatory Training. • IMCAs will be referred for when required. <p>Mental Health</p> <ul style="list-style-type: none"> • Two mental health assessment rooms in ED meeting PLAN standards • Adolescent Well-being room for CYP who present highly dysregulated or require noiseless environment. • Positive behavior support plans implemented where high risk patients have been identified via multi-agency risk assessment • Q-safe reporting and actions to learn from incidents. • Adverse events policy • Governance framework and reporting processes • ICS Clinical harm review policy • NHS Complaints Framework • PALS and Complaints Processes • Duty of Candour <p>General Adverse events policy</p>	
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		<p>Governance framework and reporting processes</p> <p>ICS Clinical harm review policy</p> <p>NHS Complaints Framework</p> <p>PALS and Complaints Processes</p> <p>Duty of Candour</p>	
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Children and Young Peoples (CYP) Services</p> <ul style="list-style-type: none"> There are opportunities for service users to share feedback on the service through patient surveys, the Friends and Family for both adults and children. <p>Positive Feedback examples: “To the A and E team who delivered fast and efficient care with the utmost kindness. They were fabulous. They got everything my son needed with such care and speed. And finally to all the staff on ward 10 that I encountered. From the cleaning staff to the Drs. There was not one member of staff that came to my room that didn't take the time to offer me food or drinks (I am a breast feeding mum and I was stuck on the bed feeding almost constantly for the first 48 hours) not one member of staff that didn't take the time to listen and reassure me. As far as I am concerned, every member of that team are heaven sent, angels in disguise.”</p> <ul style="list-style-type: none"> PaMHs have provided community support for 6 weeks to support the transition from acute hospital to community. The CYP reported this helped them to return back in the community, helped them to access other voluntary services, <p>Learning Disability and Autism</p>	<p>2</p>

		<ul style="list-style-type: none"> • Benchmark survey sent out to 100 patients with a LD and/ or Autism that have accessed JPUH services in the last year. • Friends and Family feedback. • Complaints, PALS and compliments team • Complaints, PALS and compliments data collected • Social media feedback • Health watch • NHS Website feedback <p>Positive feedback examples:</p> <p>‘I had my hernia repair on Friday 3rd March. All went well thank you for helping me and my mum get ready for the day’</p> <p>‘I would like to thank you for all your help with my brother J during his admission, I am truly grateful for the time and support that you gave him and the various tactics you tried, thank you’</p> <p>‘Hope you are well. I’ve just had a chat with P’s carer. I just wanted to pass on how much she valued your visits during his recent admission. She wanted to thank you herself but as he was discharged over a weekend she didn’t get to see you. I said I would pass on her thanks.</p> <p>Kind Regards Occupational Therapist Community Learning Disabilities Team’</p> <p>Mental Health</p> <p>Positive feedback examples:</p>	
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		<p>'The doctors / consultants really understand my condition and how I feel. I appreciate being put with the same one to one support worker as often as possible for continuity. I also felt touched that the liaison doctors came to see me to say bye before I was discharged / transferred'</p> <p>'Very understanding of the circumstances surrounding my husband's mental health crisis'</p> <p><u>General</u></p> <ul style="list-style-type: none"> • Friends and Family feedback. • "You said we did" • Complaints, PALS and compliments data • Local surveys • Social media feedback • Health watch • NHS Website feedback <p>National surveys</p>	
Domain 1: Commissioned or provided services overall rating			7

Domain 2: Workforce health and wellbeing

Domain	Outcome	Evidence	Rating
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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	<h3>Wellbeing Support</h3> <ul style="list-style-type: none">• One of the four key elements of Paget’s People, Our People Plan, is promoting wellbeing opportunities to keep our staff healthy and well.• Comprehensive Employee Assistance Programme, Occupational Health and wellbeing offer• Good wellbeing referral with single point of contact for wellbeing conversation and signposting to most appropriate internal and external support across range of health needs. Includes self-management.• Health Adjustments Passport to support staff with long term health conditions with reasonable adjustments and wider support, including self-management.• Wellbeing information booklet and wellbeing folders on wards.• Weekly Wellbeing Newsletter with advice and support.• Chaplaincy support.• Flexible Working Policy. We perform better than the acute sector average for staff being able to work flexibly. Scores have improved across all three indicators in the last year (left-hand column is the score out of 10 and the right-hand is the change from the 2022 survey):<table><tr><th colspan="3">We work flexibly</th></tr><tr><td>Flexible working</td><td>6.28</td><td>0.14</td></tr><tr><td>Support for work-life balance</td><td>6.28</td><td>0.19</td></tr><tr><td>We work flexibly</td><td>6.28</td><td>0.16</td></tr></table>	We work flexibly			Flexible working	6.28	0.14	Support for work-life balance	6.28	0.19	We work flexibly	6.28	0.16	1
	We work flexibly														
Flexible working	6.28	0.14													
Support for work-life balance	6.28	0.19													
We work flexibly	6.28	0.16													
		<ul style="list-style-type: none">• Work-life balance is promoted through weekly newsletters, posters and events.• Annual sickness absence deep dive report to the People and Culture Steering Group now includes an analysis by protected characteristics.													

		<p>Obesity / Diabetes</p> <ul style="list-style-type: none"> • Low cost healthy recipes shared with staff. • Daily low cost healthy canteen menu option and wider healthy choice options. • Free onsite physical health classes and other activities e.g. yoga, running etc and local physical health activities promoted. • Lands End to John O’Groats Cycle Challenge held in hospital foyer to raise funds for the hospital charity. • Free onsite health checks offered to staff over 40 include diabetes. <p>Asthma / COPD</p> <ul style="list-style-type: none"> • Trust is a smoke free site. • Free smoking cessation support. • Physical health activities (as above). <p>Mental Health</p> <ul style="list-style-type: none"> • Mental Health First Aiders available to staff. • Counselling. • On-site Psychological Wellbeing Practitioner sessions. • Enhanced psychological support service providing trauma and complex mental health assessment and treatment. • Guidance flowcharts on mental health support and what to do if someone is in mental health crisis. • Mental-health related workshops such as managing bereavement and moral injury. • Decompression sessions. • Online suicide awareness training. 	
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	<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"> • One of the four key elements of Paget's People, our People Plan, is to promote an inclusive, fair and safe workplace. Our Plan commits to taking firm action to address harassment, bullying and violence or aggression towards staff. • Trust has a policy that bullying and harassment are unacceptable and will not be tolerated. Bullying is defined by impact rather than intent, emphasising the detrimental effect on wellbeing. • New Just and Learning Workplace Policy introduced which has a more compassionate and person-centred focus on managing issues of concern. • Trust carries out regular awareness campaigns that are both staff and public facing to make it clear that violence and aggression are unacceptable and to encourage reporting. #ChooseRespect campaign was relaunched over winter 23/24, with a focus on preventing abuse against staff with protected characteristics. • Violence and Aggression Panel meets weekly to review incidents of abuse from patients and action that can be taken. • Dashboard of incidents created and available to relevant staff allowing use of most accurate and up-to-date information. • All system reported staff incidents are responded to by either the Deputy Director of People and Culture or a Human Resources Business Partner (in addition to managers) to ensure staff are appropriately supported. • Staff have multiple reporting routes which are used including through their manager, an on-line incident reporting system, 	<p>2</p>
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		<p>Human Resources, staff networks, Freedom to Speak Up Lead.</p> <ul style="list-style-type: none"> • Action taken where staff raise concerns including appropriate interventions with reported perpetrators, in line with our just and learning approach. • Security, Safeguarding and Organisational Development & Wellbeing work with the local Police to report and try to prevent crimes, hate crimes and incidents. • Trust Values were refreshed in 2023 and include the value of Respect – “We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride”. • A new Behaviours Framework and Kindness and Respect toolkit is in development for launch in April 2024. • Leadership Summits attended by approximately 100 managers held in October 2023 focused on civility and respect. • The Trust has commissioned an independent review into conflict management leadership and training arrangements and effectiveness with findings to be reported in April 2024 to inform our strategic plans in this area. • Wide range of support available and provided to staff who have been affected by any level kind of abuse. • Whilst we have a clear strategy, policies, processes and leadership commitment to ensuring a culture free from harassment, bullying, aggression or violence, staff report higher than acute sector average experience of violence from patients, relatives or the public (5.5% higher than average as per 2022 Staff Survey) and higher levels of harassment, bullying or abuse from colleagues and managers. Experience is significantly worse for ethnic minority colleagues. 	
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	<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"> • Range of support and advice routes available including through manager, Human Resources, trade unions, staff networks, Freedom to Speak Up service, Wellbeing Manager provides wellbeing conversations, Chaplaincy. • Staff led networks for ethnically diverse, LGBTQ+, disabilities/ long term health conditions, and menopause meeting monthly or bimonthly. These each have Executive Director sponsorship and report to the Equity, Diversity and Inclusion Steering Group. They are well respected within the Trust for their knowledge and insight and are actively involved in the development and impact monitoring of EDI plans. • Non Executive Director Freedom to Speak Up Guardian on the Board. • Union representatives are supported and engaged by the Trust. Fortnightly meetings held between staffside leads and Chief Executive and Director of People & Culture. • Range of wellbeing support available, as set out in Wellbeing booklet. Staff also have access to local, regional and national wellbeing support offers. • Counselling available through Employee Assistance Programme. Staff also have access to low intensity psychological wellbeing practitioners on-site twice a week and enhanced psychological support where trauma-informed high intensity support is required. • Equality impact assessments are undertaken for new/updated policies. • Network leads have access to funding to support network activities. 	<p>2</p>
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		<ul style="list-style-type: none"> • Our Freedom to Speak Up provision is being strengthened with an external service currently being commissioned. It is anticipated that this will be in place mid-April 2024. • Deputy Director of People & Culture or a Human Resources Business Partner makes contact with all staff who have reported being involved in an incident involving violence or aggression to ensure appropriate support and all such incidents are considered by a panel that meets weekly. 	
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • Better than acute sector average performance for staff recommending the Trust as a place to work or receive treatment (59.2% recommend as a place to work and 63.3% as a place to receive treatment – Staff Survey 2022). • Staff experience analysis from the Staff Survey is undertaken by protected characteristics to help inform improvement plans and monitor progress. Discussed at Equity, Diversity and Inclusion Steering Group. • Significantly better than regional or national average for staff turnover. Voluntary turnover is very low at 4.3% and a 91% stability index (to end December 2023). • The Trust offers stay conversations in order to try and retain staff. 47 conversations were held in the last year with 50% retention rate resulting. • Exit questionnaires and interviews are undertaken, with learning reviewed. • Nursing staffing levels are regularly reviewed in line with national guidance. • A range of sickness data is reported to the People and Culture Committee and to Board. • Annual sickness absence deep dives are undertaken. From March 2024, these include an analysis by protected characteristics. 	<p>1</p>
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>6</p>

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating
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<p>Domain 3: Inclusive leadership</p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<ul style="list-style-type: none"> • Strong Board level commitment to equality and health inequalities. Reducing health inequalities, ensuring equitable access for all is a key element of Building a Healthier Future Together, our Trust Strategy. One of the four key elements of our People Plan is to promote an inclusive, fair and safe workplace. It commits to ensuring equity, diversity and inclusion is a thread through all we do. Our wellbeing priority also includes refocusing our wellbeing support activities to improve health inequalities. • Board members have EDI objectives. • The NHS Six High Impact Actions have been incorporated into our EDI plans. • Reports on health inequalities work are reported to the Board. • People and Culture Committee and Board receives reports on EDS, WRES, WDES, gender pay gap. • Improving the experience of all staff including those with specific protected characteristics is an organisational strategic aim. • Multiple Executive Directors and senior managers have participated in reciprocal mentoring in order to gain insight into the challenges faced by staff with protected characteristics. • Each Staff Network has an Executive sponsor who champions their work. • Senior leaders have worked on and championed a number of initiatives to support underrepresented or 	<p>1</p>
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		<p>marginalised groups, for example, regarding violence and aggression.</p> <ul style="list-style-type: none"> • Chief Executive regularly includes her diversity work in staff and Board updates • Executives continue to support established programmes like Project SEARCH and the Bread Kitchen which provide development opportunities for those facing inequalities. As well as developing the organisation as an Anchor institution. • There is a clear desire and commitment from senior staff to improve equity, diversity and inclusion. The Trust is moving into a phase of harnessing this into effective actions and more visible role modelling at all levels. • Mandatory EDI training for all staff, including senior leaders, with good compliance. • Increasing diversity is a focus on all Board recruitment. • Senior recruitment includes staff network member involvement as part of the selection panel / stakeholder panel. • EDI related issues are discussed through EDI Steering Group, People & Culture Committee (standing item) and Board. • Health inequalities are reviewed. Internal and ICS work being undertaken. • Board members engage in cultural events. 	
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	<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"> • Committee and Board templates include prompts for equality impact assessments but these are not always completed. • Equality related issues recorded on Risk Register, reviewed by Committees / Board. Entries include mitigation and actions. • Dedicated EDI Steering Group reporting to the People & Culture Committee, which has had an increased focus on EDI over the last year, as evidenced by the agendas / minutes. EDI is a standing item for Committee meetings, with Chair's reports to each Board meeting. The Board has received reports on the EDS, WRES and WDES, gender pay gap and modern slavery within the last year. Equality issues have also been referenced in the Staff Survey report to Board and been discussed in a Board Seminar on the Staff Survey results. The Hospital Management Group and the Board has also received reports on health inequalities during the last year. • Equality Impact Assessments are being used for policy reviews and in areas like new builds and industrial action but it is not evidenced for all projects. • WRES/WDES/Gender Pay Gap and other data has been used to develop action plans with monitoring via the EDI Steering Group. 	<p>1</p>
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> • Key assessments include action plans endorsed by relevant Committees. • Monitoring of workforce related plans via EDI Steering Group and via Patient Safety and Quality Committee for service related elements. • Initial assessment of preliminary 2024 Staff Survey results complete. Full analysis to be undertaken once NHSE results available. • Detailed reports (EDS, WRES, WDES, gender pay gap) considered by Committees/Board. • Reports in the last year have highlighted progress in areas such as career development and diversity of workforce, and have identified areas requiring focus for improvement. • Exit questionnaires/interviews are undertaken and any concerns regarding bullying, harassment or discrimination are followed up. • There is further work to be undertaken to ensure senior leaders (bands 8c and above) are representative of our local population. 	1
Domain 3: Inclusive leadership overall rating			3

EDS Organisation Rating (overall rating): **Developing**

Organisation name(s): James Paget University Hospital

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
Head of Patient Experience and Engagement (Domain 1); EDI Manager (Domains 2 and 3)	2023-24
EDS Sponsor	Authorisation date
Director of Nursing & Patient Safety (Domain1); Director of People and Culture (Domains 2 and 3)	

Action Plan

Domain	Outcome	Objective	Action
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve use of data to support service development	Ensure patient responses to accessing services are collated and acted upon.
	1B: Individual patients (service users) health needs are met	Each patient with particular needs has them met in a way that works for them.	Ensure patients at higher risk due to a protected characteristic have personalised plans utilising the best practice exhibited within Learning Disability and Autism.
	1C: When patients (service users) use the service, they are free from harm	Widen good practice to ensure all protected characteristics are covered	Use equality data to identify demographics of engaged patients. Work with VCSE to engage groups insufficiently heard from.
	1D: Patients (service users) report positive experiences of the service	Ensure all protected characteristics are considered in decision making	Review data sets for equality demographics and rectify any groups not currently represented.

Domain	Outcome	Objective	Action
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To ensure adequate alignment of wellbeing support provision to the mentioned conditions and ensure monitoring of sickness data by protected characteristics is used to inform planning and support.	<ul style="list-style-type: none"> • Use of monitoring of protected characteristics in relation to sick leave informs wellbeing support plans. • Review and ensure adequate support pathways specific to managing obesity, diabetes, asthma and COPD. • Monitor uptake of wellbeing conversations in terms of protected characteristics and identify opportunities for additional support.
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staff feel supported to report abuse and are satisfied with the support they receive following an incident. Adequate arrangements are in place to protect staff from abuse and to manage concerns.	<ul style="list-style-type: none"> • Review and implement actions from conflict resolution review. • Continue to increase awareness of hate crimes and incidents and the impact of microaggressions. • Improve access to QSAFE reporting including identifying potential colleagues to aid in completion of reports. • Implement Paget CARES, our new Behaviours Framework and Kindness and Respect toolkit and approach (from April 2024). • Introduce feedback forms for the various reporting routes to ensure concerns are resolved.
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Build staff trust in the reporting process particularly in terms of actions taken and any learning.	<ul style="list-style-type: none"> • Continue to promote and build trust in reporting mechanisms by consistent organisational response and feedback, particularly in relation to violence and discrimination.

	2D: Staff recommend the organisation as a place to work and receive treatment	Improve % of staff recommending the Trust as a place to work or receive treatment on a year by year basis, including a focus on staff with protected characteristics.	<ul style="list-style-type: none"> • Staff Experience Plan refreshed following 2024 Staff Survey results with actions to improve areas requiring focus.
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Domain	Outcome	Objective	Action
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	Increase visibility of commitment and actions.	<ul style="list-style-type: none"> • Executive Sponsors continue to support staff networks. • Raise profile of work undertaken by senior staff in relation to equality through different communication channels. A lot of good work is going on but there is a lack of awareness at non-senior staff level.
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure equality impact assessments are utilised whenever appropriate.	<ul style="list-style-type: none"> • Remind staff and leaders of when equality impact assessments are required and their importance. • Train staff in undertaking quality impact assessments.
	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	Improve diversity at Band 8C and above (3-5 year objective).	<ul style="list-style-type: none"> • Continue with fair recruitment programme of work. • Identify opportunities to share career pathways and remove barriers to making senior roles more accessible to part-time and disabled workers, particularly through the use of flexible working opportunities.

