

## Equality Delivery System for Vita Health Group

### Introduction

The Equality Delivery System (EDS) was made available in June 2011. It was formally launched on 11 November 2011. Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of NHS organisations, a refreshed EDS is now available.

The main purpose of the EDS was, and remains, to help local NHS organisations (or those who deliver NHS services), in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS effectively, organisations can also deliver on the Public Sector Equality Duty (PSED).

EDS is a generic tool designed for both NHS commissioners and NHS providers.

EDS is mandatory across all VHG NHS services and is advisable across all other services.

We completed EDS within 3 of our NHS services, as well as internally amongst staff and VSM (very senior management) level. This document represents the summary for our organisation based on these aforementioned stakeholder groups, and should be considered as a snapshot of Vita Health Group's EDS scoring.

## EDS Rating and Score Card

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

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

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



## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Self-referral available via telephone and online, with assisted referrals via GPs and health professionals.</p> <p>Partnership Liaison Officer actively engaging with a wide range of community groups, including working closely with social prescribers.</p> <p>Range of marketing materials (including multi-lingual) and campaign with a focus on hard-to-reach groups.</p> <p><b>Younger Adults</b></p> <ul style="list-style-type: none"> <li>• Understanding generation cohorts and cultural norms of different age brackets.</li> <li>• Liaise with CAMS where appropriate for patients transitioning between child and adult services.</li> <li>• Attend School Cluster meetings, providing information to all Head Teachers.</li> <li>• Attend University's and College's to give talks on service.</li> <li>• Engage with District Youth &amp; Community Commissioner on local projects.</li> </ul> <p><b>Older Adults</b></p> <ul style="list-style-type: none"> <li>• Set up Coffee &amp; Craft morning in local supermarket.</li> </ul>	<p><b>Calderdale: Achieving</b></p> <p><b>B&amp;B: Developing</b></p> <p><b>LLR: Excelling</b></p>	



		<ul style="list-style-type: none"> <li>• Commonly liaising with Age UK, working alongside Staying well on “befriending service”, away days, etc.</li> <li>• Engagement with local care homes, GP surgeries, churches, libraries, and mosques and other services providing warm spaces.</li> <li>• Advertising materials being developed that includes representation of older adults, as well as trolley keys, coasters, cups and activity booklet.</li> <li>• Presented to Careers First and member of Dementia Action Alliance Board (Basildon &amp; Billericay) to raise awareness of services.</li> <li>• Engagement with local care homes.</li> </ul> <p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Recite (text to speech) service on website.</li> <li>• Large print &amp; easy read resources/letters.</li> <li>• Disability Awareness Training for all colleagues, LTC (long term conditions) training for practitioners, plan within the service that all practitioners 1yr+ post-qualified to complete top-up training.</li> <li>• Creating an MDT between VHG, Health Psychology and local hospitals to improve referral process.</li> <li>• Active records kept with regards to LTCs coming into services, area of focus to improve access for diabetes.</li> <li>• Linked in with diabetic nurses culminating in a meeting, the design and creation of leaflets to be distributed to social prescribers, GPs, etc. to give to patients upon diagnosis.</li> <li>• Materials produced which cover fibromyalgia, chronic pain, NME and the link between mental and physical health.</li> <li>• Venues for treatment are accessibility friendly including lifts, pathways, etc.</li> </ul>		
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		<ul style="list-style-type: none"> <li>• LTC trained practitioners</li> <li>• Focus also on awareness of neurodiverse conditions such as ADHD and Autism and training of colleagues to ensure inclusivity.</li> <li>• Online portal for self-referrals which aids certain service users with disabilities to access the service more readily and easily.</li> <li>• Engage with Special Needs And Parents (SNAP), Brighter Opportunities for Special People (BOSP) and Frontline Partnership supporting young adults with special needs and disabilities.</li> <li>• Member of local Disability Board.</li> </ul> <p><b>Marriage and Civil Partnership</b></p> <ul style="list-style-type: none"> <li>• Couples Therapy for Depression provided as pilot – not yet currently widely available.</li> <li>• Work closely with Citizens Advice Bureau.</li> </ul> <p><b>Pregnancy, Maternity, Paternity</b></p> <ul style="list-style-type: none"> <li>• Perinatal pathway – new parents access/get into therapy and assessment faster. 2 weeks for assessment, 4 weeks to access therapy.</li> <li>• Connection with Sure Start, children’s centres, local perinatal mental health team, birth centres and midwifery.</li> <li>• Mumbler, silver package to advertise on website alongside a blog run over the course of 2022 which focussed on perinatal information.</li> <li>• Materials created including perinatal leaflets, tabletoppers for perinatal team, posters &amp; cards.</li> <li>• Promote services via local Hospital Patient Magazine &amp; Radio.</li> </ul> <p><b>Race</b></p>		
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		<ul style="list-style-type: none"> <li>• Recite (text to speech) service on website.</li> <li>• Working alongside company to produce audio materials in languages used by key demographics in Calderdale (Czech, Arabic, Polish, Slovakian, Urdu), as well as audiovisual self-help materials to be distributed alongside therapy.</li> <li>• PLO area of focus is connecting with temple/mosque/other influential religious leaders.</li> <li>• On demand Interpreter Services available to support access to the service. Over 100 languages available, including minority languages.</li> <li>• Common practice to adjust for patient comfort re. gender of clinician, interpreter, involvement of partner, etc.</li> <li>• Leaflets explaining our service and what is on offer in different languages.</li> <li>• Member of local Community Diversity Council and work with local Side by Side.</li> <li>• Attended event to support local Ukraine Support</li> <li>• Promoted services via local County Council Travellers Outreach Team.</li> </ul> <p><b>Religion/Belief</b></p> <ul style="list-style-type: none"> <li>• Social media platforms used and adverts tailored to ramadan, eid, and other religious days.</li> <li>• Common practice to adjust for patient comfort re. gender of clinician, interpreter, involvement of partner, etc.</li> <li>• PLO linked in with local places of worship including Mosques, Temples and Churches.</li> </ul> <p><b>Sex</b></p> <ul style="list-style-type: none"> <li>• Promote services at Dads’r’Us.</li> <li>• Specific advertising targeted at males and females, including different posters, backgrounds, backdrops and banners.</li> </ul>		
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		<ul style="list-style-type: none"><li>• Working with women over the age of 50 from minoritised ethnicities.</li><li>• Materials sent for display to Women’s Centre, which is a female-only space, all material sent produced with women only.</li><li>• PLO engagement with charities supporting women’s welfare such as FREEVA.</li><li>• Promote services at Andy’s Man Club &amp; Men’s Shed.</li><li>• Women Menopause Podcast distributed to local charities &amp; organisations and a member of local Women’s Institute.</li><li>• Full page editorial in local borough magazine (80,000 distribution direct to homes).</li></ul> <p><b>Sexual Orientation &amp; Gender Reassignment</b></p> <ul style="list-style-type: none"><li>• Promoting service at Pride meetings and events.</li><li>• Engagement and attendance at Pride with VHG colleagues, local LGBTQIA+ charity and local university.</li><li>• Patient registration details adhering to SOMIS (Sexual Orientation Monitoring Information Standard) requirement by NHS, and additional options for gender being investigated.</li><li>• Exploration of pronouns/appropriate identity support with new assessment template. “As a service, we aim to be inclusive. Is there any aspect of your identity that would be useful for me to know? This can be used to enhance the way we work together.”</li><li>• Working closely with individuals going through the transitioning process, clinician's sensitive to the needs of individuals impacted by this and mental health support required.</li></ul>		
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	<p>1B: Individual patients (service users) health needs are met</p>	<p>A person-centred approach to patients and their needs including them in discussions regarding their therapy and the format in which their treatment will be delivered. (E.g., Telephone, Video, Face to Face).</p> <p><b>Age</b></p> <ul style="list-style-type: none"> <li>• Materials available in different formats, large print and easy read available.</li> <li>• Different modes of communication available for those who are hard of hearing including captioning and the offer of face-to-face therapy.</li> <li>• Face to face clinical appointments in local areas, data shows that older adults prefer to visit local GP Surgeries/local community locations including libraries. Face to face clinics offered in areas with most prevalence of older adults.</li> </ul> <p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Video or face to face sessions available for those who lip read, BSL Interpreters available.</li> <li>• Materials printed on coloured paper backgrounds, larger font size, easy read, etc.</li> <li>• Following NHS Good Practice Guides.</li> <li>• Service allows extended sessions which include stretch breaks, as well as shorter sessions to accommodate as needed.</li> <li>• Follow STAMP/STOMP NHS guidance to reduce those with neurodiverse needs reliance on medication.</li> <li>• Flexible DNA policy.</li> <li>• Allowance of extra sessions beyond the standard IAPT structure.</li> <li>• Development of animations, audio projects, picture-based materials which include representation of diverse groups.</li> </ul>	<p><b>Calderdale: Achieving</b></p> <p><b>B&amp;B: Developing</b></p> <p><b>LLR: Excelling</b></p>	
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		<ul style="list-style-type: none"> <li>• Recorded webinars available for individuals who may prefer this (e.g. individuals with neurodiverse conditions).</li> <li>• Robust reasonable adjustment process, ensuring patients requests for reasonable adjustments are met e.g., change of location to make support more accessible, lift access and hearing loops.</li> </ul> <p><b>Marriage and Civil Partnership</b></p> <ul style="list-style-type: none"> <li>• Couples therapy links with perinatal pathway looking at treating the family unit rather than the individual.</li> <li>• Domestic Abuse Awareness Training delivered twice a year at whole service meeting.</li> <li>• PDF screen saver with local domestic abuse contact details.</li> <li>• Joint MDT work with local domestic abuse charities.</li> <li>• Training on honour-based violence and forced marriage to recognise specialist needs of those impacted.</li> </ul> <p><b>Pregnancy, Maternity, Paternity</b></p> <ul style="list-style-type: none"> <li>• Pre-natal and post-natal waitlist prioritisation.</li> <li>• Dedicated post-natal webinar co-produced with the health visiting lead.</li> <li>• Flexible appointments to best accommodate around childcare, including breaks between or during sessions.</li> <li>• Direct link to perinatal mental health team to allow escalation and de-escalation between teams as well as discussion of referrals.</li> <li>• Offering face to face appointments in a children's centre as an accessible venue.</li> <li>• Practitioners undertaking additional top-up training in perinatal mental health.</li> <li>• Perinatal Wellbeing Champion (attending Multi-Disciplinary Team meetings).</li> </ul>		
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		<ul style="list-style-type: none"> <li>• 2-day training for all practitioners in September 2022 by Perinatal Mental Health Team.</li> </ul> <p><b>Race</b></p> <ul style="list-style-type: none"> <li>• Interpretation and translation services available, longer sessions available for these as well as greater flexibility in days, times, etc.</li> <li>• A diverse team of practitioners, looking to expand with bilingual therapists.</li> <li>• PLO links with local charities supporting individuals from racialised communities. Work on building trust and breaking down barriers/stigma of mental health services with certain communities to help individuals access our services.</li> <li>• Black Asian and Minority Ethnic Champion.</li> </ul> <p><b>Religion/Belief</b></p> <ul style="list-style-type: none"> <li>• Practitioners make effort to understand religion and how religion may affect treatment.</li> <li>• Adapting for prayer time with appointment booking and rescheduling.</li> <li>• Responsive to requests for service users to have a male or female practitioner.</li> </ul> <p><b>Sex</b></p> <ul style="list-style-type: none"> <li>• Responsive to requests for service users to have a male or female practitioner.</li> </ul> <p><b>Sexual Orientation</b></p> <ul style="list-style-type: none"> <li>• Asking patients whether their sexual orientation is something that they want to feature in their therapy.</li> </ul> <p><b>Gender Reassignment</b></p>		
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		<ul style="list-style-type: none"> <li>Asking patients whether their gender is something that they want to feature in their therapy.</li> </ul>		
1C: When patients (service users) use the service, they are free from harm		<p><b>Complaints &amp; Incident Stats?</b></p> <ul style="list-style-type: none"> <li>Zero Tolerance Policy &amp; Training.</li> <li>Safeguarding Policy &amp; Training including more specialist training such as PREVENT, clinicians are trained to Level 3 safeguarding and clinical leads to Level 4. There is also a named professional for safeguarding awareness within services.</li> <li>Governance, Quality &amp; Risk meetings held on a monthly basis to review trends and share best practice.</li> <li>Clinical Lead for safeguarding and risk with Regional &amp; National Leads available for escalation.</li> <li>Clinical Duty system to screen service users presenting with risk at assessment and provide on call support for risk/safeguarding concerns.</li> <li>Therapists assess risk and update IAPTus notes at assessment and after each treatment session using a template, with compliance checked via a Clinical Notes Audit system. The audits also take into consideration individuals with protected characteristics.</li> <li>Robust supervision process that prioritises patients presenting with risk including weekly supervision for clinicians as well as supervision for supervisors.</li> <li>Duty and Clinical Lead provide training updates on risk management at whole service meeting and have produced training videos on how to document risk on IAPTus.</li> <li>Further consideration of risk for LTC training has also been provided.</li> </ul>	<p><b>Calderdale: Achieving</b></p> <p><b>B&amp;B: Achieving</b></p> <p><b>LLR: Excelling</b></p>	



		<ul style="list-style-type: none"> <li>• Inter-disciplinary working with appropriate services and professionals such as domestic abuse charities and local authorities, ensuring appropriate referrals are made and joint working takes place where needed to help safeguard service users.</li> <li>• Robust procedures and processes are in place for reviewing incidents and complaints, ensuring that action plans and learning are developed.</li> </ul>		
1D: Patients (service users) report positive experiences of the service		<p><b>Feedback January 2022 – January 2023:</b></p> <p><b>B&amp;B</b></p> <p>Patient Experience Questionnaire 96% (521/543) of patients completing treatment and completing a Patient Experience Questionnaire were satisfied.</p> <p>Friends and Family Test 79% (445/596) of patients completing a Friends and Family Test survey rated the overall service as Good or Very Good.</p> <p><b>Calderdale PEQ</b></p> <p>76% with an overall rating of “good” or “very good”.</p> <p>80% with an admin rating of “good or “very good”.</p> <p>72% with a venue rating of “good” or “very good”.</p> <p>“Did staff listen to you and treat your concerns seriously?”</p> <ul style="list-style-type: none"> <li>• 94% - “At all times”.</li> </ul>	<p><b>Calderdale: Achieving</b></p> <p><b>B&amp;B: Developing</b></p> <p><b>LLR: Excelling</b></p>	



		<ul style="list-style-type: none"> <li>• 3% - “Most of the time”.</li> </ul> <p>“Do you feel that the service has helped you to better understand and address your difficulties?”</p> <ul style="list-style-type: none"> <li>• 61% - “At all times”.</li> <li>• 20% - “Most of the time”.</li> <li>• 10% - “Sometimes”.</li> </ul> <p>“Did you feel involved in making choices about your treatment and care?”</p> <ul style="list-style-type: none"> <li>• 77% - “At all times”.</li> <li>• 11.5% - “Most of the time”.</li> <li>• 2% - “Never”.</li> </ul> <p>“On reflection, did you get the help that mattered to you?”</p> <ul style="list-style-type: none"> <li>• 68% - “At all times”.</li> <li>• 16% - “Most of the time”.</li> <li>• 8% - “Sometimes”.</li> </ul> <p>“Did you have confidence in your therapist and his/her skills and techniques?”</p> <ul style="list-style-type: none"> <li>• 84% - “At all times”.</li> <li>• 11% - “Most of the time”.</li> </ul> <p><b>LLR:</b></p> <ul style="list-style-type: none"> <li>• All patients are encouraged to give feedback, we strive to put things right when service users are not happy and have robust processes in place to deal with incidents and complaints.</li> <li>• There is some fantastic feedback that we have, for example, to give a snap shot of some of the positive comments: “My</li> </ul>		
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		<p><i>therapist Mrs*** was professional, she listened and she knew what she was talking about. An asset to your company” and</i></p> <ul style="list-style-type: none"> <li>• <i>“**** was beyond excellent, she understood me, she allowed me to safely experience and process my emotional triggers- she is an angel in human form!”</i></li> </ul>		
<b>Domain 1: Commissioned or provided services overall rating</b>			<b>8.3 (average across services)</b>	



**Domain 2: Workforce health and well-being**

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)



<p style="text-align: center;"><b>Domain 2:</b> <b>Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> <li>- Medical Questionnaires by HR Officers/HR Advisor</li> <li>- Reasonable Adjustments assessment (based on the MQ) by People Services Team</li> <li>- Reasonable adjustments policy by People Services Team</li> <li>- Monthly one-to-ones with LM and Supervision for clinical colleagues</li> <li>- Bradford reports</li> <li>- Access to work details are shared with employees, the referral needs to be completed by the employee themselves</li> <li>- Occupational Health referral completed by HR team</li> <li>- Mindfulness sessions provided weekly in 15-minute sessions, available to all colleagues</li> <li>- 24/7 EAP Helpline, 100% confidential support service for our employees, may be a useful option for support. There is also an option to be referred to funded counselling sessions (not with Vita) at no cost</li> <li>- Mental Health Advocates whose role is to listen, support and signpost to relevant support services. Accessible through the Mental Health Advocacy hub</li> <li>- Flexible Working: Options for changing the hours temporarily or permanently as per flexible working requests</li> <li>- Currently providing cost of living support</li> <li>- Hardship Support and interest-free loans. More frequent expenses payments</li> </ul>	<p><b>Developing</b></p>	
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		<ul style="list-style-type: none"> <li>- Overtime opportunities being made available across the organisation, with the option to work outside of your usual team</li> <li>- Health and Wellbeing hub which includes tips and guidance on how to manage your day-to-day working life</li> <li>- Employees benefit portal</li> <li>- Bluelight card</li> <li>- Nationwide gym discount</li> <li>- Online classes</li> <li>- Silvercloud</li> <li>- Remploy</li> <li>- Able Futures</li> <li>- Wecare</li> <li>- HSE stress assessment</li> </ul>		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p><b>Percentage agreeing with statement in staff survey:</b></p> <p>Admin - 72%  MSK - 54.28%  BNSSG - 72.65%  LLR - 76.47%  WE - 83.87%  B&amp;B - 81.39%  AQPs - 80.39%</p> <ul style="list-style-type: none"> <li>- Freedom to Speak Up Guardians</li> <li>- Equality and Diversity in the Workforce Policy</li> <li>- Zero Tolerance Policy</li> <li>- Bullying and Harassment Policy</li> <li>- Understanding and challenging microaggressions workshop</li> </ul>	<b>Achieving</b>	



	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> <li>- Equality and Diversity monitoring form</li> <li>- Zero tolerance policy</li> <li>- Bullying and harassment policy</li> <li>- Complaints, Incidents &amp; Feedback form used to discuss feedback, incidents, complaints, information security issues or concerns, health and safety issues as well as feedback, queries or concerns relating to EDI</li> <li>- EDI suggestions, comments &amp; feedback</li> <li>- Domestic violence policy</li> <li>- Freedom to speak up guardians</li> <li>- Support networks (Diverse-Ability, Race Equality, WITA, LGBTQIA+, Carers, Faith)</li> <li>- Equality and diversity in the workforce policy</li> <li>- Reasonable adjustments assessment</li> <li>- Monthly one-to-ones with LM and supervision for clinical colleagues</li> <li>- Braford reports</li> <li>- Occupational Health referral</li> <li>- Mindfulness sessions</li> <li>- 24/7 EAP helpline</li> <li>- Mental Health Advocates</li> <li>- Online classes</li> <li>- Silvercloud</li> <li>- Remploy</li> <li>- Able Futures</li> <li>- Access to Work</li> <li>- Health and Wellbeing hub</li> <li>- Wecare Health: 24/7 GP access, second medical opinion, smoking cessation</li> <li>- Wecare Mental health: Burnout prevention, mental health support, life events counselling</li> </ul>	<p><b>Developing</b></p>	
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		<ul style="list-style-type: none"> <li>- We care wellbeing and health living: Healthy diet, get fit programme, diet support</li> <li>- We care financial and legal support</li> <li>- HSE stress assessment</li> </ul>		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p><b>Percentage agreeing with statement in staff survey:</b></p> <p>Admin – 94%</p> <p>MSK – 88.23%</p> <p>BNSSG – 73.43%</p> <p>LLR – 66.66%</p> <p>WE – 77.41%</p> <p>B&amp;B – 97.67%</p> <p>AQPs – 100%</p>	<b>Developing</b>	
<b>Domain 2: Workforce health and well-being overall rating</b>			<b>5</b>	



### Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></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>	<p>EDI and Sustainability Director:</p> <ul style="list-style-type: none"> <li>- Regular attendance at colleague diversity network meetings, including but not limited to the Race Equality Network and WITA network. This provides me with the opportunity to engage with colleagues from diverse backgrounds and gain an understanding of their experience both in a work and personal context. This then enables me to be more aware of issues of challenges colleagues may face and gain insights into potential solutions. I am aware of other VSM also participating in and attending meetings. (Attendance evidence can be provided on request)</li> <li>- Regular attendance at EDI education events and self-directed learning via watching back recordings of events I've been unable to attend in person. Participating in these learning opportunities as a VSM has enabled me to broaden my competencies around EDI whilst also modelling behaviours VHG would like to see in all colleagues e.g. prioritising learning around EDI. I am aware that there are other VSM managers also engaging with the subject matter in this way. (Attendance evidence can be provided on request)</li> </ul>		
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		<ul style="list-style-type: none"><li>- As a VSM I also further demonstrate my commitment by posting content or visibly engaging with EDI related content that is posted by others on internal communication channels such as Yammer. I again believe this model desired behaviours by indicating an interest in EDI, promoting its importance to the wider business and amplifying the voices of others. Again, I am aware of other VSM also doing this.</li><li>- Further examples of demonstrating a commitment to EDI includes the dissemination of companywide comms on EDI matters, such as video updates or company newsletters. I have curated or promoted a number of these and I'm also aware of other VSM raising or commenting on EDI issues within their own communications.</li><li>- A further example would be VSM involvement with EDI policy development/sign off/ratification – examples of this would include EDI informed recruitment processes/policy and the Miscarriage, Stillbirth and Neonatal death policy.</li></ul> <p>Due diligence criteria document: Details effects of the below at small/local, clinical and integral to model or national/high visibility levels.</p>		
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		<ul style="list-style-type: none"><li>- Safeguarding</li><li>- Information Governance/Data Protection/ICO</li><li>- Information Security</li><li>- HR/Recruitment/Revalidation</li><li>- Complaints and Feedback</li><li>- Org Governance Structure and Audits</li><li>- EDI</li><li>- H&amp;S/Risk Management/Incident reporting</li><li>- Insurances</li><li>- Infection Prevention and Control</li><li>- Financial</li><li>- Meds Management</li></ul>		
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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>	<p>EDI and Sustainability Director: I am aware of board or committee papers identifying equality and health inequality related risks and impacts. Examples of this include:</p> <ul style="list-style-type: none"> <li>- The Quality Review Group functions as a committee focussed on quality, risk and governance across the business. Agenda for this group formally include issues around EDI which can be escalated accordingly to the executive team. Issues and risks around EDI are discussed and recorded.</li> <li>- EDI Risk Register</li> <li>- Freedom to Speak Up falls under the remit of the EDI function within VHG. Freedom to Speak Up is reported back to the executive management team via a paper or report deck at agreed intervals. Papers include identification and analysis of the issues and risks, including and equality diversity and inclusion issues.</li> <li>- Papers on EDI issues such as WRES and WDES are disseminated to the executive management team.</li> </ul>		
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Several levers are in place to manage performance and monitor progress with colleagues and patients including:</p> <ul style="list-style-type: none"> <li>- Further investment in EDI team and resource allocation within services to deliver on EDI objectives</li> <li>- Ongoing work on key audit tools including WDES and WDES</li> <li>- Further development of EDI training resources to upskill staff and improve performance</li> <li>- Implementation of positive practice guidelines to address health inequalities and audit against recognised standards</li> <li>- Collection of staff survey data with specific EDI related breakdown – analysis currently underway with subsequent action plan to be developed</li> <li>- Newly formed Quality Group – fixed EDI agenda item, including review of EDI risk register</li> <li>- Closer working between EDI and HR Senior managers</li> <li>- Review and restructure of Freedom to Speak Up and Health and Wellbeing functions</li> <li>- Establishment and maintenance of many feedback mechanisms include direct routes to access VSM. (Freedom to speak up, performance and wellbeing</li> </ul>		
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		meetings, colleague network forums, policy development forums, askderrick@vhg.co.uk)		
<b>Domain 3: Inclusive leadership overall rating</b>				
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b>		<b>Independent Evaluator(s)/Peer Reviewer(s):</b>		



EDS Organisation Rating (overall rating):

Organisation name(s):

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

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

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

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



<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Head of Service – People services Team	2023 – 2024
<b>EDS Sponsor</b>	<b>Authorisation date</b>

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>



<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<p>Interpreter integration at level of access during online referral for all services.</p> <p>If possible, to identify/make use of same interpreter where multiple sessions are needed.</p> <p>Improve access for older adults.</p> <p>Improve access for men.</p> <p>Improve access for those from Asian communities.</p>	<p>Use radio programmes to raise awareness of the service for older people.</p> <p>Proposal for enhanced marketing activity exploring marketing via pharmacy, social media etc.</p> <p>Prioritizing engagement events with older adults, men and Asian communities.</p> <p>Review marketing materials focusing on making the first step in contacting the service.</p> <p>Older adults champion to join Aging Well meetings.</p> <p>Visiting and campaigning with barbers.</p>	
	1B: Individual patients (service users) health needs are met	<p>Communication and integration of champions across services.</p> <p>To clarify the limits of the service</p> <p>Design service with service users in mind</p>	<p>Clarify to external agencies regarding our remit and limitations of the service.</p> <p>The creation and integration of focus groups for service users.</p>	
	1C: When patients (service users) use the service, they are free from harm	To collect and analyse risk by protected characteristic.	Quality improvement plans from incidents, near misses and complaints by protected characteristics	



	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Investigate patient feedback forms to improve ability to differentiate between protected characteristics.</p> <p>Improve data collected for service users.</p> <p>Annual review of feedback for each protected characteristic.</p>	<p>Investigate through different forms of feedback – patient forums, steering groups, etc.</p> <p>Mandatory data collection for protected characteristics.</p> <p>Bespoke quality improvement plans from friends and family and PEQ feedback by protected characteristics.</p>	
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Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Greater clarity/advertising of all support which can be offered to staff so that staff are more aware of everything available to them.	<p>Information is on the intranet, however aware that this is sometimes split up. Think about actions to highlight all the support available. A banner or a central pool of resources were both suggested by stakeholders, as well as a “top tips” style email which is sent out throughout the year.</p> <p>“Health check” that the company could organise - check blood glucose levels, weight, BMI, etc.</p> <p>Improve promotion of all resources available to managers so that they understand the full breadth of what is available for their staff and can then signpost.</p>	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Stakeholders identified that we should focus on feedback given while colleagues are leaving. Unfortunately, a reality that when staff leave an organisation is when they feel most empowered to speak honestly about what they’re going through.	<p>Exit interviews to be completed on a more regular basis.</p> <p>Looking at how to allocate support to ensure colleague experience is improved before they decide to leave.</p>	



	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Like domain 2A, stakeholders felt satisfied with the resource available but wanted it to be more widely advertised.</p>	<p>Information is on the intranet, however aware that this is sometimes split up. Think about actions to highlight all the support available. A banner or a central pool of resources were both suggested by stakeholders, as well as a “top tips” style email which is sent out throughout the year.</p>	
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Greater communication around organisational changes, etc., alongside some more time between communication and changes being made.</p> <p>A more comprehensive induction package could be offered in order to support new colleagues as they find their footing within the organisation.</p>	<p>Appraisal to be made based on induction packages and communication strategy.</p>	





Domain	Outcome	Objective	Action	Completion date
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities			
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients			

