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| NHS Equality Delivery System 2022 |
| EDS Reporting Template |
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| Version 1, 15 August 2022 |

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| Classification: Official |
| Publication approval reference: PAR1262 |

Contents

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## Equality Delivery System for the NHS

***The EDS Reporting Template***

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

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

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| **Name of Organisation** | Vita Health Group | **Organisation Board Sponsor/Lead** |
| Ishmael Beckford – EDI & Sustainability Director |

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| **EDS Lead** | Alexander Tsoukaris – Senior Equality, Diversity & Inclusion Practitioner | | **At what level has this been completed?** | |
|  |  |  |  | **\*List organisations** |
| **EDS engagement date(s)** | **06/02/2024, 09/02/2024, 19/02/2024** | | **Individual organisation** | x |
|  |  |  | **Partnership\* (two or more organisations)** |  |
|  |  |  | **Integrated Care System-wide\*** |  |

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| **Date completed** | 28/02/2024 | **Month and year published** | 02/2024 |
|  |  |  |  |
| **Date authorised** | 22/02/2024 | **Revision date** | / |
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| **Completed actions from previous year** | |
| **Action/activity** | **Related equality objectives** |
| Improve access to our Talking Therapies services for underrepresented groups – with a focus on older adults and men. | Improve access for underrepresented groups in Talking Therapies services – with a focus on protected characteristics of sex and age. |
| Integrate Protected Characteristic Champions within our services. | Improving patient and colleague experience of services |
| Improve data collection – including the ability to filter by protected characteristic. | Reaching greater understanding of the disparities experienced by individuals holding different protected characteristics (including those holding multiple protected characteristics) |
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## EDS Rating and Score Card

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| 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 with scores are below | |
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| **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** |

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| **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 | **Referrals in 2023 (01/01/2023 – 31/12/2023)**    **Total: 27,501**    **Ethnic Minorities:** 5,345 (19.4%)  **18-25:** 6,907 (25.1%)  **26-64:** 18,818 (68.4%)  **Over 65:** 1,434 (5.2%)  **Long term condition:** 6,236 (26.2%)  **Female:** 18,140 (22.7%)  **Not-Straight/Heterosexual:** 3,629 (13.1%)  Self-referral available via telephone and online, with assisted referrals via GPs and health professionals.    Partnership Liaison Officers actively engaging with a wide range of community groups.        **Younger Adults**    Understanding generation cohorts and cultural norms of different age brackets.   * Time to Talk event held in Bristol Uni SU Building, lots of flyers given out to students who were generally very interested in our work * Pop-ups hosted at UWE Frenchay, SGS College campuses, City of Bristol College Green Campus, South Bristol Skills Academy (SBSA) & Ashley Rd Campus, and Weston College. Digital, poster and flyer materials supplied for campuses and onsite wellbeing teams. * Fresher’s Fair events at colleges, UoB and UWE. * Close working with Off the Record – event collaboration, resources sharing. * Links to One front Door Post 16 team, Launchpad Hub at the Galleries and DWP 16-25 workers. * Working with specialist services such as Youth Matters, SEND and You, Young Bristol, local councils, Creative Youth Network and Babassa amongst others to promote access into our service.        * **Older Adults** * Memory cafés and Friends Ageing Better cafes attended with Adorno, Bristol Dementia Action Alliance, Age UK. * Age Event hosted at the Vassal Centre to gather input to our Older Adults Service Improvement plan – over 40 in attendance from partner organisations, patient participation group, Talking Therapies Service. * Older Adult Service Development Improvement plan produced – actions monitored and feedback incorporated from above event, and digital and verbal surveys. * Promoting our services in care homes, sheltered accommodation, and extra care housing where residents are predominately older and often isolated / low. * Training provided for trainee Social Workers on access to service. * Working with older people's forums and networks across the patch to talk about what we have available for older people. * Working with partner services such as Second Step, Southern Brooks, Age UK, AWP, GPs and Social Prescribers, Acute Trusts, Social Care, Sirona, D2A pathways and others to make sure staff know how to talk about our services to those they work with. * Working with Carers Support Centre, Bristol Black Carers, Rethink and others to talk about how we can help those who are caring for someone whilst also looking after themselves. * Older Peoples Panel with membership from previous service users. A forum where older people can talk about issues they found in our service and discuss ways of improving these things, as well as reviewing any changes we are considering to our service to make sure they will be beneficial for their demographic. Surveys, focus groups and mailings done with this group.     **Disability**   * Recite (text to speech) service on website. * Large print & easy read resources/letters. * Disability Awareness Training for all staff. * LTC (long term conditions) training for practitioners. * Plan within the service that all practitioners 1yr+ post-qualified to complete top-up training. * Staff training and support session with Vision North Somerset, who support the visually and auditory impaired. Resources shared. * Service “Learning Disability and Neurodiversity” champions – supply CPD and support for all practitioners on supporting LD and Neurodiversity. Link to Bristol Autism Support Service and other partner orgs. * Drop in at JIGSAW, Thornbury: supporting children and carers with additional needs/disabilities. * Linked with statutory providers like the CLD Team in Sirona, and BASS, to make sure that their service users understand our offering and that it is appropriate for them. * Engaged with VCSE organisations like WECIL, Auti-MS and others that work with people with physical and learning disabilities       **Pregnancy, Maternity, Paternity**   * Hosted a stand at Inns Court Community / Childrens Centre alongside Food Club and young mums’ group, good level of interest and gave out flyers to all attendees * Information and support given to BRI Maternity ward, training running in March, * Promo material given to departments in Southmead, BRI and Cossham for distribution and display in key areas. * Ran session for North Somerset Childrens Centres and East Bristol Childrens Centre managers and South Bristol Children's Centre team. * Training and information session for Families First, South Gloucestershire Children’s Centres. * Regular input to Bristol Families in Focus newsletters – North, South and Inner City and East. * Engagement with Holiday Activities and Food clubs' coordinators – information shared with networks and in newsletters. * Multiple children’s centre summer, Christmas and Family Hub launch events attended across Bristol and North Somerset. * Baby Hubs visited and supported across Bristol. * Training and information materials given to community Health Visiting and Midwife teams on service access. * Service perinatal referral priority, including for those who have experienced stillbirth and miscarriage. * Perinatal service champions providing service wide CPD, links to system Multidisciplinary settings and perinatal partners/community services. * Regular catchups with Bluebell before their closure, as partners delivering peer support for new and expectant parents struggling with their mental health.     **Race**   * Recite (text to speech) service and translation on website. * On demand Interpreter Services available to support access to the service. * Common practice to adjust for patient comfort re. gender of clinician, interpreter, involvement of partner, etc. * Attended Race and the City 3 Jobs Fair at Bristol City Hall. * RACE Champions supporting CPD and partner organisation relationships across the service. * Working with / providing training and support for a range of specialist services set up to help local communities. Groups such as SARI, Nilaari, Race Equality Networks, Black South West Network, Avon Chinese Group, Somali Resource Centre, Bristol Black Carers, Malcolm X Centre. * Working closely with HOPE service and the Haven to support asylum seekers and refugees on their journey to settle. * Key public appearances such as UJIMA radio to promote our work to a diverse demographic.       **Religion/Belief**   * Common practice to adjust for patient comfort re. gender of clinician, interpreter, involvement of partner, etc. * Event attended to explore gaps in support for women living with FGC/M. Links to organisations in attendance. * Good links with Renew Wellbeing Baptist church network south-west coordinator and several of their venues. Drop-ins to support venues volunteers, supply materials etc. * Service clinician linked to Kintsugi Hope church wellbeing programme. * Attendance at Wellspring city-wide Eid celebration event and links to organisations in attendance.         **Sex**   * Men’s Mental and Health and Wellbeing network established with key partners and community contributors. Working towards 2024 actions and event. * Men’s Mental Health Service Development and Improvement Action Plan in progress. * Drop in at Bristol Drugs Project Women’s group. * Regular drop-ins at Phoenix house women’s supported accommodation and Ron Jones House – men’s supported house * Service Women’s Health Champions with links to key women-focussed community partners. * Service Men’s Champions group established to support improvements for men.       **Sexual Orientation & Gender Reassignment**   * Patient registration details adhering to SOMIS (Sexual Orientation Monitoring Information Standard) requirement by NHS, and additional options for gender being investigated. * Produced signage alongside VHG People Team to display on events stand encouraging people to ask for our names and pronouns. * Links to North Somerset LGBTQ Forum. * Service clinical LGBTQIA champions providing service CPD and point of contact for community partners. * Consulted with groups like The Diversity Trust and Off the Record to make sure we are accessible to the LQBTQIA+ community, and to hear the challenges they have in accessing our services.   Attended LGBTQIA+ café meetings, where informal groups gather to talk about their experiences in a safe place. Use these as an opportunity to link individuals into our support, but also to hear their views and opinions. | Black Mothers Matter: **1**  Diversity Trust: **2**  Off the Record: **2**  University of West of England: **2**  Dhek Bal: **1**  Phoenix Place: **2**  Age UK South Gloucestershire: **2**  WECIL: **1**  **Final Score: 2** | Service Lead – BNSSG |
| 1B: Individual patients (service users) health needs are met | Recovery data shows most patients health needs are met (55.8% recovery rate vs 50% national target).    **2022 vs 2023**  **Ethnic Minority Groups:** 55.2% - 53%  **18-23:** 44% - 47.1%    **Over 65:** 70.6% - 67.1%  **Long term condition:** 55.2% - 49.9%  **Female:** 56.4% - 55.2%  **Male:** 60.7% - 57.6%  **Not straight/Heterosexual:** 46.4% - 46.3%  **Non-Binary:** 36% - 45.2%  **Perinatal:** 55.5% - 56.1%  **Ex-Armed Forces:** 74.4% - 59.7%  **Carer:** 47.1% - 43.6%  **Does not speak English:** 54.5%- 42.2%    **Age**   * Treatment materials available in different formats, large print and easy read available. * Different modes of communication available for those who are hard of hearing including captioning and the offer of face-to-face therapy. * Face to face clinical appointments in local areas.     **Disability**   * Video or face to face sessions available for those who lip read, BSL Interpreters available. * Materials printed on coloured paper backgrounds, larger font size, easy read, etc. * Following NHS Good Practice Guides. * Service allows extended sessions which include stretch breaks, as well as shorter sessions to accommodate as needed. * Follow STAMP/STOMP NHS guidance to reduce those with neurodiverse needs reliance on medication. * Flexible DNA policy. * Allowance of extra sessions beyond the standard IAPT structure.     **Pregnancy, Maternity, Paternity**   * Pre-natal and post-natal waitlist prioritisation. * Dedicated post-natal webinar co-produced with the health visiting lead. * Flexible appointments to best accommodate around childcare, including breaks between or during sessions. * Direct link to perinatal mental health team to allow escalation and de-escalation between teams as well as discussion of referrals. * Offering face to face appointments in a children’s centre as an accessible venue. * Practitioners undertaking additional top-up training in perinatal mental health.     **Race**   * Interpretation and translation services available, longer sessions available for these as well as greater flexibility in days, times, etc. * A diverse team of practitioners, looking to expand with bilingual therapists. * Recovery rates at 50%.         **Religion/Belief**   * Practitioners make effort to understand religion and how religion may affect treatment. * Adapting for prayer time with appointment booking and rescheduling. * Responsive to requests for service users to have a male or female practitioner.         **Sex**   * Responsive to requests for service users to have a male or female practitioner.       **Sexual Orientation**   * Asking patients whether their sexual orientation is something that they want to feature in their therapy.       **Gender Reassignment**   * Asking patients whether their gender is something that they want to feature in their therapy. | Black Mothers Matter: **1**  Diversity Trust: **1**  Off the Record: **1**  University of West of England: **1**  Dhek Bal: **1**  Phoenix Place: **1**  Age UK South Gloucestershire: **2**  WECIL: **1**  **Final Score: 1** | Service Lead – BNSSG |
| 1C: When patients (service users) use the service, they are free from harm | **Complaints & Incident Stats**   * Zero Tolerance Policy & Training. * Safeguarding Policy & Training. * Governance, Quality & Risk meetings held on a monthly basis to review trends and share best practice. * Monthly meeting with the ICB to feedback on Safeguarding and identified risk. * Clinical Lead for safeguarding and risk with Regional & National Leads available for escalation. * Clinical Lead regularly feeding back identified safeguarding case study examples and actions taken in each to clinical colleagues. * Clinical Duty system to screen service users presenting with risk at assessment and provide on call support for risk/safeguarding concerns. * 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. * Robust supervision process that prioritises patients presenting with risk. * 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. | Black Mothers Matter: **0.5**  Diversity Trust: **2**  Off the Record: **2**  University of West of England: **1**  Dhek Bal: **2**  Phoenix Place: **2**  Age UK South Gloucestershire: **3**  WECIL: **2**  **Final Score: 2** | Service Lead – BNSSG |
| 1D: Patients (service users) report positive experiences of the service | **PEQ Feedback January 2023 – December 2023:**    We gather feedback primarily through two different methods.    Firstly, we have the Friends and Family Test (FFT) Questionnaire. This is a questionnaire that is included on a link on any discharge form sent to patients, whatever stage they finish with the service. This breaks down individuals by some, but not all, PCs. We track gender identity, sexual orientation, age, and ethnicity. These questions are not mandatory so are not always answered, but generally we get a good level of response.    Through this we could of course break down data and feedback by different groups, which we have done in the past. In 2023 we received approximately 1477 completed forms through this method, and completion is voluntary.    Secondly, we have the Patient Experience Questionnaire. This is a questionnaire that is ideally sent at the end of an assessment, and at the end of treatment. These are anonymous when returned so we are not able to easily track any demographic information. We typically get about a 10% response rate for these forms, which works out as slightly lower response than the FFT. However, these are not sent out automatically and rely on the clinician remembering to tick a box, so may not be offered as routinely as the FFT.    Whilst these are our main two methods of capturing feedback, we also get ad-hoc feedback whilst out and about in our roles which we will feed through the appropriate channels and bring to Clinical Lead /Senior Management Team when needed. We also run surveys, focus groups and events where we capture feedback that we use to help inform any changes that might be coming up in our service.    Additionally, we have formed a ‘Participation Community’ made up of around 500 previous service users who are keen to contribute to future developments within our service, to make improvements for anyone else who might need support. This community is consulted with on major changes coming to our service, and smaller sub-communities are formed when specific action is needed. | Black Mothers Matter: **2**  Diversity Trust: **2**  Off the Record: **1**  University of West of England: **1**  Dhek Bal: **2**  Phoenix Place: **1**  Age UK South Gloucestershire: **3**  WECIL: **1**  **Final Score: 2** | Service Lead – BNSSG |
| **Domain 1: Commissioned or provided services overall rating** | | | **7** |  |

## Domain 1: Commissioned or provided services

## Domain 2: Workforce health and well-being

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 2:***  ***Workforce health and well-being*** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions | * Creation of paid Health & Wellbeing roles within the EDI (Equality, Diversity, and Inclusion) & Sustainability team in addition to the existing H&WB Service Champions. * Revamping of the employee Health & Wellbeing Hub. * EAP Resources: Wecare, MyStrength, Benenden Health EAP, Silver Cloud Programmes, Financial Guidance, Nutrition information. * Mindfulness for Wellbeing weekly live sessions. * Yearly Health & Wellbeing Calendar * Wellbeing Action Plans. * Reasonable Adjustment Policy improvement including improved Workplace Adjustment Passports and appeals process. * Access to OH Support where needed. * Mental Health Advocates initiative. * Freedom to Speak Up Guardians. * Health and Wellbeing Newsletter. | Developing **(1)**  **Feedback received to improve score:**   * How we communicate what’s on offer to colleagues throughout the organisation. * Some of the EAP resources were mentioned to provide “generic” information such that could be found on a general NHS app or similar. * Draw upon the expertise that exists within the organisation to support staff – both with the Physiotherapists and Talking Therapies practitioners. * Resources being developed to support staff in some service areas could be implemented across the organisation. * EDI & Sustainability team to join team meetings across the organisation to talk about what we offer and broaden awareness. * Wait times could be shorter, particularly for mental health support. * The Mindfulness for Wellbeing sessions could be recorded to support colleagues who may not be available when they are held. * Feedback on the Reasonable Adjustment process uncovered a negative experience on the part of some colleagues. These colleagues will be met following the EDS (Equality Delivery System) event and their feedback will inform changes to the RA (Reasonable Adjustment) process to avoid a repeat of these incidents. | Director - HR |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Departments answer to question in 2022 Employee Survey (2023 survey results not yet available):   * Admin and Support Roles – **68%** * MSK – **72%** * BNSSG – **78%** * LLR – **68%** * WE – **78%** * B&B – **75%** * AQPs – **80%** * Newcastle – **82%** * Dermatology – **80%**   Relevant EDI Policies/Initiatives:   * Bullying & Harassment Policy * Code of Conduct Policy * Equality and Diversity in the Workplace Policy * Freedom to Speak-Up Guardians * Microaggressions training/guidance * Reset & Mediations Guidance * WDES/WRES * Zero Tolerance Policy | Developing **(1)**  **Feedback received to improve score:**   * It was raised that in any patient-facing or phone job, there will always be an exposure to verbal abuse and a risk of physical violence. * Champions to support vulnerable colleagues. * Communication produced regarding formal processes (grievance, zero-tolerance, etc.) in the form of videos. * Work to be done with the Diverse-Ability Network, bringing the Network into the conversation. * Robust signposting resources to be produced clearly and simply detailing all support available to colleagues. * Work to be done between central services and line managers to clearly communicate expectations of Zero Tolerance policy to avoid colleagues needing to tolerate abuse. * Make formal processes more accessible for colleagues who may need to make use of them. | Director - HR |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Support and advice options:   * Freedom to Speak Up * Carer’s Network * Diverse-Ability Network * Faith Network * LGBTQIA+ Inclusion Network * Race Equality Network * WITA (Women in Vita) * Wellbeing Champions * EAP Support * Occupational Health referrals * EDI Champions within services * Wellbeing Champions * Mental Health Advocates | Developing **(1)**  **Feedback received to improve score:**   * Some networks less active than others – listening to the needs of colleagues belonging to the individual networks and catering to them. * Wider awareness of who the EDI Champions/Network Chairs/FTSUs/MHAs/etc. are. * Central support from a resourcing/diary management perspective to help colleagues who wish to be involved in colleague networks. * More guest-speaker events in networks. * Creation of a forum for EDI/HWB champions * Improved new-starter induction with better signposting to support resources. * Manager training for supporting direct reports. * Network chairs to collate resources i.e. helplines, charities, etc. for colleagues that need help. | Director - HR |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Departments answer to question in 2022 Employee Survey (2023 survey results not yet available):   * Admin and Support Roles – **92%** * MSK – **87%** * BNSSG – **90%** * LLR – **87%** * WE – **86%** * B&B – **96%** * AQPs – **94%** * Newcastle – **82%** * Dermatology – **100%** | Excelling **(3)** | Director - HR |
| **Domain 2: Workforce health and well-being overall rating** | | | **6** |  |

## Domain 3: Inclusive leadership

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| **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 | Statement by Director of Performance, Planning, and Insight:   * “Delivery of our Older People Service Delivery Improvement plan in our Bristol, North Somerset & South Gloucestershire service – the delivery of this programme of work has expanded over the last year and has also involved system wide partnership within the localities to ensure we prioritise the needs of this client group. The programme has been built on ideas and feedback from our participation community. Record of the progress made to date in this area has been captured in our Quality Improvement Plan and hence is reported to our Executive Management Team for oversight. * Expansion of our Talking Therapies services in the Kent & Medway locality has required the recruitment to a new Service Lead position. Like with all roles, interviews were carried out for this role with a diverse panel of existing VSM staff thereby continuing to support our diversity agenda. * As a VSM I also further demonstrate my commitment to this agenda by attending EDI training & actively seeking out training opportunities for our staff to further enhance their learning. Examples of these include – commissioning bespoke training from an LGBTQIA+ charity to further enhance our therapist understanding of the most helpful ways to engage with this community. This training was also attended by VSM. * The equality & diversity agenda is a regular topic of discussion on our social media platforms both internally and externally. I am aware of VSM who routinely post content or visibly engage with EDI related content that is posted by others on internal communication channels such as Yammer, staff communication via e-mail and our social media platforms. In my view this supports and demonstrates our organisation’s commitment to this agenda whilst also evidences how as leaders we model desired behaviours by indicating an interest in EDI, promoting its importance to the wider business and amplifying the voices of others. * A further example would be VSM involvement with EDI policy development/sign off/ratification – examples of this would include EDI informed reasonable adjustment policy. The latter has been re-launched across the company in response to staff and VSM feedback.”   Executive training:  Evidence of executive managers completing training including – Anti-Racism training, LGBTQIA+ Inclusion Training, Microaggressions Training, Disability Awareness Training, Equality Impact Assessment Training, Unconscious Bias Training.  Race Equality Week initiative – undergoing Race Equality Matters 5-day challenge. Several board members completed the Big Promise alongside the People Services Team. The CEO and EDI & Sustainability also produced statements for the Race Equality Matters website as VHG (Vita Health Group) was a featured organisation.  All-company comms sent by the CEO following events that may cause distress to colleagues including the murder of Brianna Ghey and the Israel Gaza conflict. These emails contained detailed information regarding how to seek additional support. | Achieving **(2)**  **Feedback received to improve score:**   * Communication with the Notts service area could do with improvement on multiple levels. * The feedback mechanisms that senior leaders are using to make decisions could be communicated and displayed more widely. * Can we identify/display a throughline between the work undertaken at a VSM level and improvements to our clients. * Ensure that initiatives produced in certain services are replicated across the organisation wherever possible/applicable. | Executive Management Team |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Statement by Director of Performance, Planning, and Insight:  “I am aware of board or committee papers identifying equality and health inequality related risks and impacts. Examples of this include:     * The Operations Board meetings notes and actions log. Alongside this sits a risk & issues log whereby equality & health inequality related risks & impacts are recorded. Mitigations on how to identify these identified risks are included within the log following clear discussions at Operations Board. Any risks identified as greater than 12 are escalated to EMT for their awareness. * Quality Improvement Plans (QIP) are recorded for all NHS funded services. The plan is devised based on identified unmet need in the area and includes clear steps to enhance service delivery to meet the needs of the population is serves. The information from QIPs (Quality Improvement Plans) is reported to our Senior Clinical Leadership team thereby giving them oversight of any trends and opportunities for shared learning across the organisation.”   Minutes were provided to stakeholders detailing EDI Objectives discussed in monthly Executive Management Team meetings.  The Stakeholders also had the opportunity to review:   * Customer Board – EDI Paper 2023 * EDI & Sustainability Executive Board Report * Executive Meeting – People Strategy Quarterly Update * Operations Board – EDI Update Presentation 2023 | Achieving **(2)**  **Feedback received to improve score:**   * Better communication of discussions taking place at VSM level. Colleagues were impressed by the extent to which EDI was being discussed but wouldn’t have been aware of this if it was not for the EDS Stakeholder session. * A “meeting highlights/key points newsletter” to be circulated without any confidential information included. | Executive Management Team |
| 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 | Statement by Director of Performance, Planning, and Insight:  “Across our organisation multiple levers are in place to manage performance and monitor progress with staff and patients alike including:   * Investment into Health & Wellbeing teams across the organisation – led by staff groups to ensure their needs are met with a view to focus on staff retention, reduce burn-out and further promote job satisfaction. * Launch of our ‘People Strategy’. The over-arching strategy is owned by HR however is led by our Service Leads in each of our services. It builds on the feedback collected from our staff surveys that includes EDI related data. * Commitment to deliver EDS events requiring system partnerships in each of our services ensuring clear feedback mechanisms are in place with our key stakeholders. * On-going capturing of Friends & Family and Patient Experience Questionnaires demonstrate our continued commitment to review our performance and how well we are meeting patient need. * Implementation of positive practice guidelines to address health inequalities and audit against recognised standards – these are clinically led & build on NICE guidance. * Continued closer working between EDI and HR Senior managers. * Review of our Governance structures and implementation of a new ‘Business Governance’ structure ensures clear visibility of the performance of each service & whereby key performance indicators are not being met, clear mitigations are listed & implemented. * Maintenance of many feedback mechanisms include direct routes to access VSM (freedom to speak up, performance and wellbeing meetings, staff network forums, policy development forums, direct email link to CEO for employees).”   EDI Measures and Indicators published on external website:   * Equality Delivery System * Workforce Race Equality Standard * Workforce Disability Equality Standard * Freedom to Speak Up * Gender Pay Gap Reporting   Recruitment-based schemes:   * Armed Forces Covenant * Disability-Confident Scheme (VHG is a Disability Confident Leader organisation) * Ethnicity-Matters Scheme * Gender-Matters Scheme   EDI & HR-based schemes:   * Bullying & Harassment Policy * Code of Conduct Policy * Equality and Diversity in the Workplace Policy * Freedom to Speak Up Guidance * Microaggressions Guide * Reset Meetings and Mediation Guidance * Zero Tolerance Policy | Developing **(1)**  **Feedback received to improve score:**   * Invite representatives from every service to future EDS/similar processes to ensure a broader range of feedback rather than limiting to those reached out to through colleague networks. | Executive Management Team |
| **Domain 3: Inclusive leadership overall rating** | | | **5** |  |

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| EDS Organisation Rating (overall rating): **18 (Developing)** |
| Organisation name(s): Vita Health Group |
| 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** |

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| **EDS Action Plan** | |
| **EDS Lead** | **Year(s) active** |
| Alexander Tsoukaris | 2022 - present |
| **EDS Sponsor** | **Authorisation date** |
| Ishmael Beckford | 22/02/2024 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | Improve the accessibility of referral forms.  Evidence impact of outreach work/charity work undertaken by the organisation. | Service users with protected characteristics may be disproportionately affected by either needing internet access or to complete wordy/lengthy forms to access care. Undertake activities to improve digital inclusion and reduce barriers to referral form completion.  Prioritise outreach work with a measurable impact to the service user. | 28/02/2025 |
| 1B: Individual patients (service users) health needs are met | Improve service user understanding the remit of the Talking Therapies service and expected appointment wait times.  Remove the use of the term BAME whenever possible (with the understanding that this term is still in wide use within NHS-mandated systems and forms) | Measure patient expectations of the service at the point of access and provide wider range of guidance on what to expect.  Review internal language guidance and non-NHS-mandated forms/language to remove outdated terms wherever possible and provide context around residual usage. | 28/02/2025 |
| 1C: When patients (service users) use the service, they are free from harm | Improve support measures for individuals awaiting treatment. | Add more immediate personal resources for those in a wait list for Talking Therapies treatment. | 28/02/2025 |
| 1D: Patients (service users) report positive experiences of the service | Improve ability to filter feedback via protected characteristic/individuals with multiple protected characteristics. | Implement the Friends and Family survey or equivalent in all service areas.  Investigate collecting feedback in ways other than PEQs and the Friends and Family Survey. | 28/02/2025 |

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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 | Improve colleague awareness of support available to them. | Greater signposting at induction level.  Frequent communications made throughout multiple channels – email, internal social media, intranet and line management, etc. | 28/02/2025 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Improve colleague awareness of the formal policies and processes available to them.  Robust signposting resources to be produced clearly and simply detailing all support available to colleagues. | Work to bring Network Chairs into conversations with HR/the EDI team or bring new proposed policies/initiatives to networks for their comments.  Communication produced regarding formal policies/processes (grievance, zero-tolerance, etc.) in the form of videos. | 28/02/2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Improve colleague awareness of who the EDI Champions/Network Chairs/FTSUs/MHAs are.  Increase benefits of network membership and leadership for colleagues. | Work with the line manager of network chairs to ensure they have time to dedicate to their networks.  Continue to curate external/ guest-speaker events in networks.  Creation of a forum for EDI/HWB champions and network chairs.  Revamping induction materials and manager training materials to equip line managers to better support their direct reports when suffering from stress, abuse, bullying or physical violence. | 28/02/2025 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Improve experience of colleagues during TUPE. | Additional resource to be dedicated to ensure that new TUPE colleagues feel as supported as possible. | 28/02/2025 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 3:**  **Inclusive leadership** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Improve colleague awareness of organisational priorities at a VSM level.  Improve equity of colleague experience to EDI/H&WB initiatives across organisation | Communicate and display feedback mechanisms being used by senior leaders.  Encourage all staff inc. Service Leads, network chairs and champions to bring service-based initiatives to VSM so that they can be more widely implemented. | 28/02/2025 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Improve colleague awareness of discussions taking place at VSM level. | A “meeting highlights/key points newsletter” to be circulated without any confidential information included. | 28/02/2025 |
| 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 | Ensure organisation-wide feedback received during key processes such as EDS.  Make formal processes more accessible for colleagues who may need to make use of them. | Invite representatives from every service to future EDS/similar processes.  Support for colleagues making use of formal processes – either through the networks or EDI/H&WB colleagues by promoting processes and increasing accessibility of key stakeholders such as EDI, HWB and HR teams. | 28/02/2025 |

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