University Hospitals Birmingham **NHS**
NHS Foundation Trust

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

EQUALITY DELIVERY SYSTEM 2 (EDS2) PROGRESS REPORT NOVEMBER 2015

1. Background to Equality Delivery System (EDS) and EDS2

The Equality Delivery System (EDS) was rolled out to the NHS in July 2011 and formally launched in November 2011. The EDS is a generic toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights; how they can improve; and how they get to where they want to be.

EDS was implemented by the vast majority of NHS organisations across England. The design and implementation of the EDS was independently evaluated in November 2012. Based on this evaluation EDS was refreshed. The refreshed EDS, known as "EDS2" has now been published. It includes a core set of outcomes and a more streamlined grading system; and it encourages organisations to use it flexibly and to embrace key local health inequalities.

2. Structure of EDS2

At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals:

- Better health outcomes;
- Improved patient access and experience;
- A representative and supported workforce;
- Inclusive leadership.

These outcomes relate to issues that matter to people who use, and work in, the NHS.

3. Protected Characteristics

EDS2 should be applied to people whose characteristics are protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

4. Additional Disadvantaged Groups

EDS2 can also be applied to people from other disadvantaged groups, including people who fall into "Inclusion Health" groups, who experience difficulties in accessing, and benefitting from, the NHS. "Inclusion Health" was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to:

• People who are homeless
• People who live in poverty
• People who are long-term unemployed
• People in stigmatised occupations (such as sex workers)
• People who misuse drugs
• People with limited family or social networks
• People who are geographically isolated

5. Engagement with local stakeholders

Engagement with local stakeholders is central to the success of EDS2. Stakeholders are individuals, groups and organisations that have an interest in the activities of the Trust. Engagement refers to the process of getting local stakeholders involved in important decisions about the planning, developing, commissioning, management and delivery of health services. In relation to staff, engagement is about involving staff in planning, developing and managing their working environments and activities where the aim is to improve their working lives.

A list of the stakeholders with whom the Trust engages with is as follows:

- Sense
- Guide Dogs
- Action for Blind People
- Action for Deafness
- BITA (Birmingham Industrial Therapy Association) Pathways
- Frost and Snow Bakery
- Midland Mencap
- Thrive Together Birmingham
- Birmingham City Council
- Clinical Commissioning Groups (CCGs)
- Other local trusts
- Health Education England
- Bournville Village Trust
- University of Birmingham and other further education institutes
- The Conservation Volunteers
- The Woodland Trust
- The National Trust
- Public Health England
- Age Concern Birmingham

- The Trussell Trust
- Birmingham LGBT
- Royal Centre for Defence Medicine
- Local Councillors
- Autism West Midlands
- Birmingham Settlement
- Foodcycle Birmingham
- The Prince's Trust

6. Assessing and Grading Performance

Assessing and grading performance against the objectives should be done by the organisation's stakeholders. NHS England guidance states that 'most organisations prefer to self-assess themselves before inviting stakeholders to comment, which is fine as long as stakeholders have a genuine chance to express their views and these views are then taken fully into account'[1].

For the moment we have self-assessed ourselves against the objectives and aim to hold a stakeholders' event in 2015 to enable our stakeholders to grade our performance.

There are 4 grades available under EDS2:

Red Under developed or lack of evidence
Amber Developing
Green Achieving
Purple Excelling

• Undeveloped is if there is no evidence one way or another for any protected group of how people fare or the majority of people in only two or less protected groups fare well;
• Developing if evidence shows that the majority of people in three to five protected groups fare well;
• Achieving if evidence shows that the majority of people in six to eight protected groups fare well;
• Excelling if evidence shows that the majority of people in all nine protected groups fare well.

7. EDS2 Outcomes and Actions Plan

The following table shows University Hospitals Birmingham NHS Foundation Trust's EDS2 Outcomes and Action Plan.

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[1] A refreshed Equality Delivery System for the NHS – EDS2 Making Sure That Everyone Counts November 2013

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	• Patient Carer Council • Engagement with local faith-associated community groups, initially through a community consultation event (2013). Currently listening to ongoing feedback, then report to E&D Operational Group and integrate feedback into spiritual, religious and pastoral care offered.	Amber Developing	• Stakeholder Engagement • Patient and Carer Councils constitution, terms of reference, induction and proformas are currently being reviewed • For PCC members, there has been an introduction of Sage and Thyme training; communications skills for communicating with distressed patients or carers. • UHB's multi-faith Chaplaincy team consult with members of the local Sikh, Hindu, Jewish and Muslim communities in the West Midlands about practical issues relating to the care of UHB patients from those specific communities.
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	• The Trust and the University of Birmingham have developed an education module which will enhance the care of patients who have dementia or associated mental health concerns. The course is designed to support staff as they consider how to show genuine person-centred care and utilises the most up-to-date evidence to support	Amber Developing	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			clinical practice. The course aims to help staff to 'see the person' at all stages of their care journey, with a practical focus to help them to improve practice in their host clinical areas. • Patient Passport: we have continued to work closely with SENSE. There are now 67 service users registered with Patient Passports across the city. Passports have been issued to the Jasmine Suite at the Barberry to address concerns raised regarding deaf mental health users, and also to eighteen service users of the Danshell Group who run Wast Hill House, a residential hospital for patients on the Autistic spectrum. • Action for Blind People: we have received an award from Royal National Institute of Blind People for the work we have done in supporting the ongoing Living with Sight Loss courses. To date, fourteen Living with Sight Loss courses have been run at the QE. Twelve of them were six day courses, one was a four day course, and the recent one in August was a three day course. 166 adults with sight loss have attended the courses. In addition, on each course we have had between two or three carers attending.		• By March 2016, approximately 186 people with sight loss will have attended the course.

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			UHB supports the courses by ensuring they are on site and accessible to service users.		
			UHB are currently working with Action for Blind People, supporting unemployed blind and partially sighted people to find job opportunities within the Trust. Short term placements will be funded by Royal National Institute of Blind People's Extending the Reach project.		
			• The Trust has a multi-faith Chaplaincy team which provides spiritual, religious and pastoral care for patients, visitors and staff. The team visit patients on the ward, support patients and their families during illness and end of life. There are also a number of religious services and prayer services, events and practices that enhance spiritual wellbeing held every week, both in the Faith and Community Centre and on the wards.		• Over the course of the last year, the QE multi-faith chaplaincy has extended its teaching programme amongst nursing, medical and therapy staff. This teaching has developed to better reflect the diversity within the city of Birmingham; particularly in relation to dignity, end of life care and bereavement.
			• Use of the Chaplaincy Database to record referrals and Chaplaincy activity to ensure more efficient working and more effective care for patients and staff		

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			• Our Bereavement Care Service offers a Trust-wide, individualised, culturally sensitive service. It provides comprehensive information, guidance and support for bereaved relatives and friends following the death of a loved one.		
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	• The Trust has a Strategic Working Party for the Development of Transitional and Young Adult Care at UHB 'Teenage and Young Adult Strategy Group'.	Green Achieving	• A working group has been established to address the complex needs of transitional young people, many of who have a learning disability. This will include Cancer, Renal and Liver in the first instance.
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	• Single sex accommodation is provided to ensure patients are treated with dignity and respect. • The Trust has clear mechanisms in place to safeguard its patients from abuse, harassment, bullying or violence from other patients or staff. • The Trust ensures patients are informed and consent is sought and gained whenever possible.	Green Achieving	
	1.5	Screening, vaccination and other health	• Sexual health clinics provide a range of screening, treatment and health	Amber Developing	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
		promotion services reach and benefit all local communities	promotion initiatives. • Umbrella, the Birmingham and Solihull sexual health service, has partnerships with a plethora of services, charities and community groups in order to reach disadvantaged groups within Birmingham and Solihull • Health Pods, where the public can measure their height, weight, body mass index (BMI) and blood pressure are in place and in use. This allows individuals from disadvantaged groups to be able to easily access information about their health. • Weekly meditation sessions are available for patients, staff and the public in the Faith and Community Centre and on the wards. Meditation, in different forms is used by various members of the Chaplaincy team to enhance spiritual care and improve wellbeing. • Orchards project: University Hospitals Birmingham has identified in excess of $16,000m^2$ of land that will either be re-designated for food production or habitat enhancement. From wildflowers to growing fruit and bee keeping to		• In response to requests from patients and medical colleagues, the Chaplaincy team are considering exploring research opportunities around the value of meditation for those living with chronic pain. • In response to Chaplaincy Guidelines 2015 (http://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf), the Chaplaincy

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			woodland walks, the Community Orchard and Gardens project covers a huge variety of areas on the hospital campus that will have a variety of aims but the main focus is on improving the areas for use by the local community, hospital patients, visitors and staff. A formal orchard of fruit trees and more mature trees has been planted. Activities across the project will reach each corner of the hospital site and in total will include improvement and activity on almost four acres of land. • Fruit and Vegetables stall - As part of our health and wellbeing strategy the Trust wanted to make available to staff, patients, visitors and the wider community, fresh competitively priced fruit and vegetables to give everyone healthier options both at work and at home. • Farmers' Market – The Farmers' Market was started in November 2012. This is held on the second and last Wednesday of each month. It has grown from eight stalls to the current nineteen. Key to the establishment of the market was the desire to provide staff, visitors, patients and local people with access to locally produced produce as well as supporting local business. Many of the businesses are		Team are exploring how we might develop an contextually appropriate model of spiritual assessment for our patients • To date some 140 fruit trees have been planted across 4 orchards; 1500 trees have been planted in total. • 15 raised beds will be planted for food production by the end of 2015. • Walk and Talk is an initiative aimed to provide safe exercise and added value sessions for the elderly where our teams will follow a walk with an educational session to improve health and knowledge. Currently in development. • The Trust is in negotiation with Public Health, The Birmingham Settlement and Foodcycle Birmingham regarding the use of produce from across the site to assist in their projects supporting disadvantaged residents of Birmingham. • The Trust will work with Bita Pathways in the provision of

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			regular traders at the Region's Farmers Markets but others are new to selling their produce. Some stalls are run by social enterprises; one assisting homeless people (Frost and Snow) and one people with mental health needs (Park Lane Nurseries). The social enterprise aspect is important to UHB to continue our support for the local communities which we serve in alternative ways; not just healthcare provision. • Food and Clothes Bank - In partnership with The Trussell Trust and the hospital's Faith and Community Centre, the Trust is operating a food collection point to which members of staff, patients or visitors can donate food items to help those in real need. As a result of this partnership, staff will be able to use this resource by giving vouchers to patients who are in need of support. This may come in the form of a Trussell Trust referral voucher, which can be redeemed at a food bank for a three day supply of food, or out-of-hours, staff will be able to supply an emergency food box for those in need. The Trussell Trust food banks are about more than food. People who are referred to them are also offered practical and emotional support by sign		plants for the gardens and in the provision of training for service users.

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			posting other agencies, whether that is financial advice or counselling services or in some cases help with clothing. • The Food bank collaboration expanded in October 2015 to include clothing donations. This enables staff to draw down a clothing parcel in addition to a food parcel for any patient assessed to be in need. We expanded and enhanced the collection points to provide three points across the trust for staff and visitors to donate.		
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	• Changes to the approach taken with patients with mental health conditions in A&E • Guide Dogs: UHB have a rest area for guide dogs for blind or visually-impaired patients whilst they have an appointment. UHB volunteers have been trained to be sighted guiders so they can welcome blind or visually-impaired service users correctly and be able to assist them in navigating around the hospital. • Patient Passport (as previous) • Action for Sight Loss training (as previous)	Green Achieving	• Bereavement Care Service and Chaplaincy team working to ensure effective and compassionate care offered to recently bereaved relatives.
	2.2	People are informed and	• Our interpreters provide an in-house	Amber	

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		supported to be as involved as they wish to be in decisions about their care	translation service for both inpatients and outpatients who require information in foreign languages. If an interpreter is not available, they will arrange for external translators to attend an appointment as required • The one-day British Sign Language (BSL) training programme aims to provide delegates with the basic BSL finger spelling techniques to communicate with deaf BSL users. No previous experience in signing is required as training prepares attendees to interact with deaf people on a basic level. • The Trust offers free health talks for the public with 50-70 attenders per session. http://www.uhb.nhs.uk/health-talks.htm • Patient information leaflets: a readership panel of volunteers read through the information to help make sure that it is written in plain English and can be understood by non-medical professionals • myhealth@QEHB and mystay@QEHB provide patients with access to information about their condition and treatment and stays in hospital. This allows individuals from disadvantaged groups to be able to easily access	developing	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			information about their health. • The Learning and Development department deliver communication skills training to staff so that they can communicate better to patients, staff, colleagues and other visitors to the Trust. The team also provide upon request bespoke training courses to teams, which may be the result of patient feedback, incident etc.		
	2.3	People report positive experiences of the NHS	• The Trust collects feedback from patient surveys electronically via bedside televisions, hand held devices, self-check-in kiosks and web based surveys. Paper versions are also used for areas which don't have access to an electronic version. Responses from inpatients obtained electronically are uploaded onto the ward dashboard every 12 hours, providing staff with real time feedback. Outpatient Friends and Family test responses are also sent to senior staff in near to real-time as possible (negative responses). All other data is reported monthly. Patient Experience feedback results are discussed by the Care Quality Group and actions are agreed to make improvements. The Care Quality group consists of the Executive Chief Nurse, other senior key staff and patient and public governors. The trust's patient experience group receives a full data	Amber Developing	• Traffic light system in restaurant to be introduced so patients and the public can make healthier food choices. • Vending contract is up for renewal via tender in May 2016, healthier eating options will be part of the tender submission along with traditional snack items. • A priority alert system is in place regarding patients who are regular attenders and who have complex needs. Electronic alerts are generated upon admission which enables support to be provided by senior staff to staff, the patient and their carers.

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			set for patient experience. Weekly survey reports, both positive and negative are sent to senior nursing staff to alert them to patient responses so that action can be taken where necessary. Wards with excellent responses are congratulated and best practice is shared. This system has enabled the Trust to focus on areas of patient concern. Key improvements from feedback have included: - Increased training provision around communication skills, including an information portal, and a menu of training opportunities for staff of all levels. - increased help for patients at mealtimes with the introduction of dining companions and the red tray/jug system, which signals that patients need support when eating or drinking. - Food services have also been reviewed and the Trusts Catering department has greatly enhanced the menu choices for patients particularly those with specific dietary needs or preferences. - We have installed from review with Dieticians and SALT (Speech and		- Analysis of survey responses against demographics has started to be undertaken. A more robust method for this type of review needs to be built into the new Patient Experience system currently being scoped. - Provision of internal, volunteer run buggy being scoped following patient feedback on long distances inside the hospital. - Launch of a task and finish group scoping the best ways to obtain feedback from harder to reach groups e.g. those with cognitive impairment, children, and patients with other language or communication barriers. Patient surveys collect demographic data. - Review of carer bed provision and carers' principles

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			Language Therapy), new Ethnic menus for patent feeding. The review was set up from feedback from the Asian community from the chaplaincy. The review involved members of the public and a nominated supplier was rewarded from this collaboration. The menus have been in place since March 2015 and Catering have received no negative feedback since. The menu also improved the choice for Vegetarian Asian / Kosher / Afro Caribbean / Halal meat meals. • Dementia care Rio crockery was installed on four wards W1, W2, 514 and 518 which has led to an improvement in the amount of fluid dementia patients drink in a day. • Launch of a task and finish group scoping the best ways to obtain feedback from harder to reach groups e.g. those with cognitive impairment, children, patients with other language or communication barriers. • Governors and Patient Carer Council members visit wards and departments as part of Adopt a ward/department visits (PCC) and Governor drop ins to Outpatients		

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			(Governors) • Patient surveys collect demographic data. • Orchard project (as previous) • Fruit and Veg (as previous) • Farmers' Market (as previous)		
	2.4	People's complaints about services are handled respectfully and efficiently	• Details of the NHS Complaints Advocacy service, who are able to provide support to complainants throughout the process, are provided to all complainants at the outset. • Responses can be provided in alternative formats (e.g. large font and in other languages) on request. Every effort is always made to accommodate any particular requests wherever possible. • Copies of all complaints with an Equality and Diversity Element are sent to the Trust EDS Lead.	Green Achieving	
Empowered, engaged and well-supported staff	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	• For positions directly appointed by the Trust, applications are made via NHS Jobs which includes equality monitoring for 7 of the 9 protected characteristics. This information is then pulled through into the electronic staff record system (ESR). Applicants have the option to not disclose some of their protected	Amber Developing	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			characteristics should they wish. • Through the staff portal me@QEHB, staff can view their personal information and can request for this to be updated. • The Trust has worked with Autism West Midlands to support people with autism into work placements/paid employment within the Trust. • In 2014/2015, the Learning Hub has enabled some 210 unemployed people to gain employment. A further 35 have been offered jobs and are awaiting Occupational Health and other clearances. This is well ahead of target for the year. Just under a third of those helped into work were young (18 to 24) reflecting the success of the Get into Hospitals programme the Hub delivers for The Prince's Trust https://www.princes-trust.org.uk/. A particularly innovative initiative has been the RISE project. This is aimed at providing intensive training for young homeless people. Three cohorts have been funded by Health Education West Midlands with trainees nominated by St. Basil's Charity and apprenticeships provided by Sandwell and West Birmingham NHS Trust (which also offers accommodation). All three		• A working group has been established to address the complex needs of transitional young people, many of who have a learning disability. • The Learning Hub are part of a large Birmingham City Council ESF bid which is focussed on supporting 18- 24 year olds into employment so there will be a focus over the next 3 years in the delivery of provision for this age group. The Learning Hub has also been shortlisted as a finalist for the national "Training Journal Awards" in the category "Best Public Sector Programme" for our 50+ programme called Gold.

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			cohorts have now completed training at the Learning Hub. 31 homeless clients have been engaged of whom 20 completed training; seven have started an apprenticeship; eight have been offered an apprenticeship and are awaiting clearances to start; one has taken up a permanent NHS job; and two are being helped to apply for NHS jobs. Given the level of disadvantage, this is a very positive outcome. Health Education West Midlands has extended funding for a further three cohorts in 2015/16. • In 2015/16 the Hub has supported 81 clients into employment with a further 25 awaiting start dates. 22% are aged 18-24 however 20 out of the 25 clients awaiting starts are from this age group so this will take it to 33%. We have delivered two Princes Trust programmes so far this financial year (May and Aug) and 100% of the May group now all have job offers (9 out of the 13 jobs are with the NHS). We have delivered two Rise courses to date (Apr and Sept) For the April Rise cohort we had ten referrals of which four did not complete, five have got jobs, one went into further education and we are still working with one. • The Learning Hub has now helped over		

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			almost 1800 unemployed into work – making it one of the largest employer-led training initiatives in the region. The Learning and Development Department have close links with the Learning Hub and are actively involved in the appointment process for Trust apprentices. Learning and Development also work closely with over 30 schools and local colleges to promote the various careers available and Hub/Learning and Development staff attended the major Apprenticeship Show at Millennium Point in March. Following funding from Health Education West Midlands, managed by the Learning Hub, HealthTec at Baverstock School continues to promote job roles within the NHS. HealthTec received both clinical and managerial support from across the Trust.		
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	• The Trust assesses senior manager and director salaries on an annual basis to ensure there are no gender pay gaps. • The Trust utilises Agenda for Change job evaluation which has been legally found to underpin equal pay for work of equal value principles.	Amber Developing	• An analysis of job banding broken down by protected characteristics where available.
	3.3	Training and development opportunities are taken up and positively evaluated	• Mandatory training compliance is 91%. Attendance at training is inputted into ESR so protected characteristics can	Amber Developing	• To continue to monitor course attendance and evaluation feedback to ensure that all

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
		by all staff	be monitored. • All training and development opportunities are displayed via the internal intranet site for staff to attend. In addition staff are reminded to attend training required for their role by a variety of methods to include: - compliance is displayed to Mandatory training on me@QEHB, regular reminders are forwarded by the team as part of the Mandatory and Statutory policy and procedure. Staff are also encouraged to evaluate training sessions attended either by voting pad input and automated feedback forms. • Staff survey 2014: 82% of staff said they had received job relevant training or development in the last 12 months. This was 1% above the best score for acute trusts.		training delivered is fit for purpose and is inclusive to all staff.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	• Staff survey results show a 5% reduction in staff experiencing physical violence from patients, relatives or the public in the last 12 months. This is 3% lower than the average for acute trusts. • The Trust has a Prevention of Harassment and Bullying at Work policy. This supports achieving fairness and consistency in this area. All staff receive an attachment to their payslip	Green Achieving	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			on an annual basis about preventing bullying and harassment.		
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	• Work life balance policy was ratified earlier this year. Any employee can request flexible working arrangements; however, all requests will be subject to the need to deliver high quality service to patients. • 15% of staff who took part in the Staff Survey reported working part-time.	Green Achieving	• Monitoring of requests and take up of flexible working options.
	3.6	Staff report positive experiences of their membership of the workforce	• Staff survey results from 2014 put the Trust in the top 20% of acute Trusts in terms of staff job satisfaction, staff recommendation as a place to work or receive treatment and staff motivation at work. • Health Pods, where staff can measure their height, weight, BMI and blood pressure have been introduced with a proposed plan for staff access. This allows individuals from disadvantaged groups to be able to easily access information about their health.	Amber Developing	• A traffic light system is to be introduced in the restaurant enabling staff to make healthy food choices. • The Orchard project will provide staff with an area where they can exercise and relax.
Inclusive leadership at all levels	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	• The Trust is currently developing Inclusive Leadership champions who are responsible for cascading inclusive leadership education and training across managers as part of the Trust Management and Leadership development programmes. • Equality and Diversity forms an integral	Amber Developing	• To launch a variety of training interventions based around inclusion

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			part of all of the Trust induction programmes and recruitment and selection practice. Equality and Diversity training sessions are advertised via the internal Trust Education website and in addition bespoke training courses are provided by the team.		
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	• All policies and procedures that come before Policy Review Group are impact assessed and this has to be present at PRG. PRG is led by The Director of Corporate Affairs	Red Under developed or lack of evidence	• Undertake risk assessments/audits. • Clarify best practice for this objective with NHS England. • Identify currently where equality risks are currently identified and managed. • Inclusive Leadership champions to further embed this objective via training sessions/presentations/intranet development and newsletters. • Launch of new appraisal form/training which will further embed this objective. • Develop bespoke training sessions for managers in terms of understanding cultural differences. • Develop E and D webpage.

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
					• Work with HR to address any concerns in the staff survey result relating to bullying, harassment and discrimination. • Identify good areas of practice, with HR
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	• Training available for managers – Essential Skills for People Managers which covers managing sickness absence, disciplinary issues, harassment, grievances and equal opportunities. • There is a comprehensive and developing Equality and Diversity training programme package for staff to attend. • Where necessary bespoke programmes are developed to ensure teams are culturally competent. • Learning from complaints – working closely with the Head of Complaints the team when required develop training packages. • A comprehensive programme of communication training is in place to support a newly launched set of Trust communication expectations. A	Green Achieving	• In response to requests made in ongoing training sessions around Spiritual, Religious and Pastoral Care, the Chaplaincy Team have developed a new training opportunity for the Care Certificate programme around Communication and Listening Skills.

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			dedicated web based communication resource has been recently launched and is designed to support all aspects of good communication practice across the Trust. Additionally the Trust has commissioned a group of actors and developed a series of short plays to embed the importance of good communication and being culturally aware. • BSL training is provided to staff/teams and is particularly popular with front of house staff. • All staff joining the Trust receives Equality and Diversity Training as part of Corporate Induction. • All staff working with the Trust are reminded of the Trust Values of Respect, Honesty, Innovation and Responsibility which underpins all training interventions delivered within the Trust. • Information leaflets are produced and distributed to all staff at regular intervals to embed diversity and to value difference. • Recruitment and Selection and Fair selection training is provided to via HR.		

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			• Nurse development training programmes also provide additional training around this area (i.e.) Mental Health training for qualified nurses. • Inclusive Leadership sessions are also promoted for Trust staff to attend. • Equality and Diversity forms part of all Trust Leadership offerings currently provided within the Trust. Equality and Diversity training sessions are advertised via the internal Trust Education website and in addition bespoke training courses are provided by the team. • Chaplaincy team working through regular training opportunities to develop a more culturally & religiously informed workforce relating to end of life care.		